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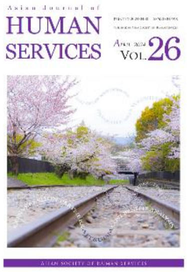

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ORIGINAL ARTICLE

A Pragmatic Study of School Bullying in *Wonder* Movie

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ABSTRACT

This study explores the phenomenon of bullying as a prominent element within the American film "*Wonder*." Movies serve the dual purpose of providing amusement to audiences while also conveying messages of communication, morality, culture, society, and education. The problem of this study lies in understanding how language is used in the context of school bullying to exert power, control, and harm others. It involves examining the speech acts, discourse patterns, and pragmatic strategies employed by bullies. It tries to fill the gap left unbridged by other studies where many pragmatic aspects are addressed in different data. The data are subjected to analysis based on pragmatic theories, viz., speech act theory and theory of impoliteness. The questions the paper tries to answer are: what are the types and directness of verbal bullying, what are the types of speech acts, what are the illocutionary acts and the directness of speech acts, and what are the impoliteness strategies? This study aims to identify the types and directness of verbal bullying, investigate the types of speech acts in the selected data whether it is used directly or indirectly, identifying the illocutionary acts, and investigating the impoliteness strategies and it is sub-types in *Wonder* movie. Accordingly, it is hypothesized that direct verbal bullying of verbal abuse is the predominant type, all the types of speech acts are employed by bullies, the impoliteness strategies are used equally. The results indicate that the predominant kind of bullying observed is direct verbal bullying, characterized by instances of verbal abuse and name-calling. The direct expressive speech acts of mocking/taunting are widely used, and that positive impoliteness strategy is the most frequent strategy.

Keywords: School Bullying, Speech Act, Impoliteness Strategies

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1. Literature Review

Bullying is an action repeated many times by someone stronger to attack a less powerful one. It is used to show power over others. Bullying is a phenomenon that is not fully comprehended by parents, educators, and scholars alike. The study at hand is a multifaceted topic that persists in perplexing researchers and educators in the present day. The study of bullying holds global significance. The presence of this phenomenon has been extensively recorded in scholarly literature, spanning across several countries such as the "United States," "England," "Canada," "Australia," "Ireland," "New Zealand," "Sweden," "Norway," and "Japan"[1].

The language of school bullying refers to the specific words, phrases, and behaviors used by individuals engaged in bullying within a school setting. It encompasses the verbal and nonverbal communication tactics employed by bullies to target, intimidate, and harm their victims. The problem of this study lies in understanding how language is used in the context of school bullying to exert power, control, and harm others. It involves examining the speech acts, discourse patterns, and pragmatic strategies employed by bullies. This includes analyzing the intentions, effects, and interpretations of verbal communication in bullying situations. This research paper tries to answer the following questions: What are the types and directness of verbal bullying used? What are the speech acts, and directness of speech acts employed to convey bullying? What are the main and sub impoliteness strategies used by bullies?

Accordingly, this study aims at investigating the types and directness of verbal bullying; identifying the types and directness of speech acts; and investigating the main and sub impoliteness strategies. In this regard, it is hypothesized that verbal abuse is the predominant type of verbal bullying and that direct verbal bullying is used widely by bullies; different types of speech acts are employed by bullies with different directness; and that various impoliteness strategies and different subtypes are used by bullies.

1.1. Definitions of Bullying

Stephenson et al. define traditional bullying as "a form of social interaction in which a more dominant individual [the bully] exhibits aggressive behavior which is intended to and does in fact, cause distress to a less dominant individual [the victim]. The aggressive behavior may take the form of a direct physical and/or verbal attack or may be indirect when the bully hides a possession that belongs to the victim or spreads false information about the victim"[2] (p. 45).

There is no universally agreed definition of this phenomenon; anyway, a pervasive and effective definitions of bullying is that of Olweus "a student is being bullied or victimized when he or she is exposed repeatedly and over time to negative actions on the part of one or more other students"[3] (p. 9). "Negative actions " are fulfilled by words (verbally) for example, by threatening, teasing, taunting him or her and calling him or her by hurtful names. Bullying is a negative action when others hit, push, kick, pinch or restrain an individual physically. Negative actions can be carried out by doing faces expression or gestures, intentionally ignoring and excluding an individual from a group of friends.

Bullying is an action that can only be easily recognized when individuals experience it. Bullying can happen to absolutely everyone at any age and anywhere whether at school, home or even in a workplace[4].

1.2. Related Terms

Academic researchers often employ various terminologies to describe similar processes, which may eventually become established as independent concepts and subfields. As a result, the phenomenon of bullying, characterized by one child subjecting another to verbal or physical abuse, has been examined by various scholars who have proposed alternative terms such as “mobbing,” “aggression,” “verbal aggression,” “school violence,” “teasing,” “harassment,” “peer victimization,” “rejection,” and “insult or abuse”[5].

1.2.1. Mobbing

Mobbing is defined as "ganging up on someone", "bullying", and "psychological terror". In this type, the victim is exposed to a systematic, stigmatizing process and infringement of his or her civil rights. Mobbing does not have the characteristic of bullying, because it is done in a very sensitive way with stigmatizing effects. Bullying is described by physical aggressive acts while mobbing is described by sophisticated behaviors for instance, isolating the victim socially[6].

1.2.2. Aggression

Baron & Richardson (1994) as cited in Krahe define aggression as “any form of behavior intended to harm or injure another living being who is motivated to avoid such treatment"[7] (p. 2). The term "harm" encompasses various types of undesirable treatment inflicted upon persons, including physical injury, emotional distress, the dissemination of rumors, and the disruption of their social connections. Olweus points out that bullying can take the form of physical and emotional aggression (direct or indirect), but bullying differentiates from aggressive behavior that it has two criteria, repetitive behavior and imbalance of power[3].

1.2.3. Violence

Olweus defines violence as " aggressive behavior where the actor or perpetrator uses his or her own body or an object (including a weapon) to inflict (relatively serious) injury or discomfort upon another individual"[3] (p. 12). Violence as with aggression is hurtful or damaging and is also intended. According to Olweus, violence needs to be physical acts, but bullying does not need to be physical and must include individuals as perpetrators and victims[8].

1.2.4. Peer Victimization

Peer victimization is utilized to indicate to "a form of peer abuse in which a child is frequently the target of peer aggression"[9] (p. 1305). Therefore, bullying is a specific case of peer-victimization; since the ultimate does not include similar criteria of repetition, intent and imbalance of power which are included in the bullying's definition[10].

1.2.5. Harassment

Harassment is another term of bullying which is very identical to bullying, specifically in terms of repetition or persistence. It tends to be utilized more in situations of bias bullying. Essentially as in sexual harassment and racial harassment[8].

1.2.6. Abuse

This term is also identical to bullying. Abuse involves an imbalance of power. It tends to be utilized more in the family contexts as in kids abuse, which may be physical or sexual[8].

1.3. Types of Bullying

In order to establish a comprehensive understanding of the concept of bullying, scholars have put forth many models that aim to delineate its distinct forms. As an illustration[3], posits the existence of two forms of bullying: "direct" bullying, which occurs in face-to-face interactions, and "indirect" bullying, which is characterized by implicit actions and may include a third party, such as spreading rumors or engaging in exclusionary behaviors[11]. In his classification, Rigby has placed emphasis on the concept of intent, distinguishing between two types of bullying: 'malign' bullying, characterized by deliberate and intentional actions, and 'non-malign' bullying, which is perceived by the perpetrators as harmless or only a kind of amusement[12]. In his analysis of 'non-malign' bullying, the author elucidates the notion of educational bullying, wherein adults, such as teachers, engage in actions that may cause harm, albeit without any deliberate desire to do so[11]. According to Rigby, the concept of malign bullying refers to a form of bullying that is characterized by a conscious intention to cause harm to another individual. This type of bullying involves the deliberate exploitation of a power imbalance, which is considered to be the source of its malicious nature[12].

1.4. School Bullying

In recent decades, the issue of bullying in educational settings has garnered significant attention from scholars and authors alike. When Dan Olweus starts his studies in Scandinavian schools, School bullying; indeed, it is mainly pupil-pupil bullying which becomes the focus of research up until now. The main types of bullying include physical and verbal bullying such as hitting, kicking, teasing, name-calling and social exclusion and indirect bullying such as excluding a person from social groups and spreading nasty rumors[13].

According to Olweus, a significant portion of bullying incidents occur within the school environment, namely in areas such as corridors, classrooms, and playgrounds. As individuals progress through the stages of development. Pupils' self-reports indicate a decrease in engagement with the bullying process, or a shift towards different forms of bullying as they age, transitioning from physical and direct bullying to more indirect and relational forms[3]. Boys are more than girls to be bullies, but girls' bullies use indirect and relational bullying while boy bullies use physical and direct bullying. School bullying is widespread and most children probably experience it at some stage. Either as bullies, victims or as witnesses. Large-scale surveys exhibit that it happens across the world, though it can include different behaviors and have different meanings in different countries[14].

1.5. “Wonder” Movie

"Wonder" is a 2017 American drama film directed by Stephen Chbosky, based on the 2012 novel of the same name by R.J. Palacio. The movie follows the story of August "Auggie" Pullman, a young boy with a facial difference, as he navigates the challenges of starting fifth grade in a mainstream school for the first time. "Wonder" addresses the topic of bullying, particularly within the context of a school setting. It portrays Auggie's journey of self-acceptance and resilience, highlighting the impact of kindness, empathy, and friendship. It explores the themes of bullying, inclusion, and the power of compassion in overcoming adversity. Auggie's experiences not only affect him but also his family, friends, and classmates, as they learn valuable lessons about acceptance, understanding, and embracing differences. The story serves as a reminder to look beyond appearances and treat others with compassion and understanding. It highlights the struggles and triumphs of a young boy facing adversity, ultimately spreading a message of acceptance, inclusion, and embracing diversity.

While "Wonder" offers valuable insights into the effects of bullying and the importance of fostering a supportive environment, it is just one portrayal among many possible narratives related to school bullying in American culture. Bullying is a complex issue with various dynamics, and experiences can vary significantly from person to person and from one school or community to another.

1.6. Previous Studies

In surveying the previous studies conducted in the same field, it can be noticed that no studies are similarly tackled as the current study. However, the closest studies to this study in dealing with school bullying are those by Hanoon et al. entitled *A linguistic analysis of verbal bullying expressions in selected schools in Machakos town sub-county*[15], and *Friendship and Bullying Patterns in Children Attending a Language Base in a Mainstream School* by Khadum, et al.[16]. The aim after these studies is to investigate the types of speech acts and to identify the types of bullying from a linguistic, social, and psycholinguistic perspective. They utilize Searle's speech act theory[17] in their analyses. They also deal with different types of bullying (Physical and Verbal). The current study differs from the previous studies in tackling the verbal bullying only from a pragmatic perspective. The difference lies also in the types of data analyze where the *Wonder* movie is investigated. In addition to Searle's speech act theory, this study adopts Culpeper's Model of Impoliteness to identify the main and subtypes of impoliteness strategies are involved[18].

2. Methodology

This section will elucidate several aspects pertaining to the methodology employed in the study, including the research design, data selection, techniques of analysis, adopted model, and other relevant considerations.

2.1. Research Design

The design of the present study is of a mixed method; that is qualitative and quantitative method. The qualitative method is used to analyze bullying phenomenon because it allows comprehending the bullying language used. In addition to, it is appropriate for analyzing the speakers' intentions. The quantitative method is frequency used to quantify the number of the repetition of bullying language '*Wonder*' movie.

2.2. Data Selection

The current paper has chosen '*Wonder*' movie for the analysis of the bullying phenomenon. This study encompasses elementary school students and examines the phenomenon of antisocial conduct known as bullying, which entails the targeted mistreatment of a socially or mentally vulnerable student by one or more individuals. The researcher proceeded to acquire the complete video recordings of the movie, then followed by obtaining the corresponding transcripts. The video of ***'Wonder'*** is taken from the website https://youtu.be/PNc19M_KywQ[19]. Besides that, the script video of ***'Wonder'*** movie is taken from the website https://www.scripts.com/script/wonder_23635[20].

2.3. Procedures of Analysis

1. Watching ***"wonder"*** movie and checking the accuracy of the transcript
2. Selecting the dialogues which contain bullying according to Searle's felicity conditions[21].

3. Applying Stephenson and smith's[22] model to analyze the types of bullying
4. Applying Searle's[21] model to examine the kinds of speech acts are employed in the ***"wonder"*** movie
5. This study aims to utilize Culpeper's[18] model in order to analyze the various types of impoliteness methods that are employed throughout the film "***Wonder"***.

2.4. Adopted Models

The present study employs an eclectic model, wherein each component of the model addresses specific aspects of data processing. These models facilitate the sociopragmatic analysis of the phenomenon of bullying. The subsequent section describes the model utilized in this study: Stephenson et al. for identifying the types of verbal bullying[22], Searle's for classifying speech acts[17], and Culpeper's model foe classifying impoliteness[18].

2.4.1. Stephenson and Smith (2002) Model of Bullying

Stephenson et al. classify bullying behavior into two main categories: verbal and physical, further distinguishing between direct and indirect manifestations. Verbal bullying in its direct form encompasses the utilization of language to inflict harm onto the targeted individual, often through means such as name-calling or verbal abuse. Conversely, direct physical bullying entails the perpetration of actual acts, such as engaging in physical assault. Indirect verbal bullying includes spreads rumors, gossiping, or insulting a victim, whereas indirect physical bullying may include defacing or hiding possessions or exclusion from social groups[22].

Table 1. Bullying Types

Directness	***Verbal***	***Physical***
Direct	Name-calling Verbal abuse	Physical attack Hiding or defacing
Indirect	Spreading rumors Belittling victims in their absence	possessions Excluding from the group

2.4.2. Searle's (1979) Theoretical Framework

The term 'speech acts' is derived from the work of the British philosopher J.L. Austin (1911-1960) and the American philosopher J.R. Searle (1969). And now is utilized widely in linguistics, to indicate to a theory which examines the role of utterances in relation to behavior or attitudes of the interlocutors in interpersonal communication. It considers the intention of the speaker and the influence of his speech on the listener[23]. The underlying principle of the theory of speech acts posits that the act of uttering words, whether by oral or written means, is not merely a form of communication but rather an action in and of itself. Consequently, the act of speaking encompasses a performative dimension. The theory of speech actions can be considered fundamentally pragmatic in nature due to its incorporation of both the speaker's intention and the hearer's inference (Birner, 2013, as cited in Yassir) [24].

John Searle is a prominent philosopher who has extensively studied speech acts in his influential work "Speech Acts: An Essay in the Philosophy of Language" published in 1969. Searle[17] identifies five main categories of speech acts. The specific classifications are as follows:

1. **Representatives:** speech acts that commit the speaker to the truth of the expressed proposition. They include making stating, asserting, claiming, and describing.
2. **Directives:** speech acts that are intended to make the hearer perform a particular action. They are characterized by the speaker's attempt to get the hearer to do something. Examples include commanding, requesting, or advising.
3. **Commissives:** speech acts that commit the speaker to a further course of action. They include making a promise, offering, or vowing.
4. **Expressives:** speech acts that express the speaker's psychological state or attitude. They are used to convey emotions, attitudes, or personal opinions. For example: apologizing, thanking, or congratulating.
5. **Declarations:** speech acts that bring about a new state of affairs solely by the utterance itself. Declarations have a performative function, meaning they perform what they say. For example: pronouncing someone married, or declaring war.

2.4.3. Culpeper's (1996) Model of Impoliteness

A discussion of impoliteness is imperative given that the bullying phenomenon is the central focus of this study. Bullying constitutes an act of impoliteness in its own right. Departing from a pragmatic standpoint, this section therefore addresses impoliteness. In reality, the theoretical framework surrounding impoliteness is not readily apparent. In spite of this, the term "impoliteness" has developed as a result of surveys conducted in this field and Culpeper et al.'sendeavor to define it. They reexamined the framework for impoliteness that Culpeper had delineated[18]. Culpeper, et.al have reformulated the original definition of impoliteness into a briefer one. They state that impoliteness is "communicative strategies designed to attack face and thereby cause social conflict and disharmony" (p.1546). However, this definition focuses on the speaker and does not regard the role of the hearer[26].

According to Culpeper, the utilization of impoliteness tactics is aimed towards undermining an individual's face rather than enhancing or preserving it. Then Culpeper's, definition is not revisited, simply is restated in a briefly and clearly form as Impoliteness arises from two main factors: (1) the deliberate act of the speaker to engage in face-attack during communication, and (2) the perception and/or interpretation of the recipient, wherein they perceive or construct the behavior as an intentional face-attack. It is also possible for impoliteness to occur as a result of a mix of both factors (1) and (2). The salient feature of this definition is in its explicit elucidation of the fact that impoliteness is a product of the dynamic interplay between the speaker and the hearer during a conversation. He also refers to two points about his revisited definition; first, intention is regarded as the central aspect of this definition. Second, the notion of face still shows the understanding offence[27].

Culpeper covers both intentionality and the perception of the hearer in his definition of impoliteness[27]. Culpeper's impoliteness theory is utilized as a framework for examining the tactics employed in American films to depict instances of bullying. Culpeper adheres to the politeness paradigm developed by Brown and Levinson. Culpeper has posited a theoretical framework consisting of five distinct ways for expressing impoliteness[18]. The aforementioned strategies encompass:

1. Bald on record impoliteness: The strategy contrasts with Brown and Levinson's blatant on-record politeness, in which the face-threatening act (FTA) is unintentionally committed by the speaker. In this case, the speaker directly, overtly, and unambiguously executes the FTA as a deliberate attempt to indicate that their threat is intentional.

2. Positive impoliteness: The primary objective of this method is to undermine the positive social identity of the recipient. Culpeper provides a compilation of sub-positive tactics employed by a speaker[18). The aforementioned comprises (p.357):

(a) “Ignore/ snub the other; fail to acknowledge the other’s presence”;

(b) “Exclude the other from an activity”;

(c) “Disassociate from the other for example avoid sitting together”;

(d) “Be disinterested, unconcerned, unsympathetic;”

(e) “Use inappropriate identity markers for example use title and surname when a close relationship pertains, or a nickname when a distant relationship pertains;”

(f) “Use obscure or secretive language for example, mystify the other with jargon, or use a code known to others in the group, but not the target;”

(g) “Seek disagreement, like selecting a sensitive topic;”

(h) “Make the other feel uncomfortable;”

(i) “Use taboo words, like swearing;”

(j) “Call the other name;”

3. Negative Impoliteness Strategies: the aim of this strategy is to destroy the negative face needs of the listener. In another words, the individual delivering the message exhibits a tendency to undermine the listener's desire for autonomy. Culpeper[18)] provides a compilation of sub-negative tactics employed by a speaker (p.358). This concept encompasses:

(a) Frightening-instill a belief that action detrimental to the other will occur;”

(b) Be contemptuous;”

(c) Condescend, scorn or ridicule, emphasize your relative power;”

(d) Invade the others space-literally (e.g., position yourself closer to the other than the relationship permits) or metaphorically (e.g., ask for or speak about information which is too intimate given the relationship);”

(e) Belittling the other (e.g., use diminutives);”

(f) Do not treat the other seriously;”

(g) Explicitly associate the other with a negative aspect-personalize, use the pronouns ‘I’ and ‘you’;”

(h) Put the other’s indebtedness on record;”

4. Sarcasm or mock politeness: In this situation, the speaker frequently employs conflicting or fake politeness techniques in an effort to avoid offending the recipient. Sarcasm and mockery are similar to the leech's interpretation of irony[18)].

5. Withhold politeness: Impoliteness can occur when there is no attempt at civility, such as when the speaker neglects to show gratitude. It indicates that he is rude[28)].

3. Data Analysis

The eclectic model developed in the previous section is used for analyzing the bullying situations in ‘*Wonder’* movie under study (see 3.1). Data are analyzed according to the qualitative and quantitative analysis.

3.1. Qualitative Analysis

Within the qualitative analysis the data are analyzed as follows:

a. Verbal bullying Type Identification: Verbal bullying type is identified: whether it is direct or indirect verbal bullying.

b. Pragmatic Analysis: Bullying expressions are pragmatically analyzed. The pragmatic analysis examines the representation of speech acts within the data, specifically focusing on the utilization of illocutionary acts by the characters, both in a direct and indirect manner. Additionally, it investigates the various impoliteness methods employed by the bullies.

These are all shown in the table below where (14) situations holding numerous utterances are analyzed:

Table 2. The Qualitative Analysis of the *Wonder* Movie

Utterance of Bullying	***Verbal Bullying***		***Speech Act***			***Impoliteness Strategy***
	Type	**Directness**	**Type**	**Illocutionary act**	**Directness**	
1. ***"****Julian: hey, Charlotte! Don't you ever stop talking. so, this is the cafeteria. The food here is okay for school food". **"Or do you eat special food?"***	Verbal abuse	Direct	Expressive	Insulting/ Offending	Indirect	Positive impoliteness/ Unsympathetic
2. *"Julian: so the science elective, is supposably really hard." **"So you probably won't be spending much time here. No offence, but if you're never been in a real school before…*** *Jack Will: dude, he's been homeschooled."* *"Julian: okay, I'm just saying science is supposably really hard, but you're taking it, too, right?"* *"(CHUCLING) hey, maybe you could fail together."*	Verbal abuse	Direct	Expressive	Mocking/ taunting	Indirect	Sarcasm or mock politeness
3. *"Jack Will: why don't you get away, so he can check it out?"* *"Julian: okay. I mean there is nothing much to see desks, chairs, the incubator, Bunsen burners. Those are some really gross science posters."* ***"Oh! And this is an eraser."*** *"Charlotte: he knows what an eraser is."* *"Julian: how am I supposed to know what he knows? He doesn't say anything."* *"Charlotte: you know what an eraser is, right?"* *"Jack Will: [WHISPERS] dude, you have to say something."* *"Auggie: yeah, I know what an eraser is. Is…….is your name is Jack or Jack Will?"*	Verbal abuse	Direct	Expressive	Mocking/ Taunting	Indirect	Sarcasm or mock Politeness
"Julian: (GIGGLES) you thought his name was Jack Will?"	Verbal abuse	Direct	Expressive	Humiliatio n	Indirect	Negative impoliteness/ Personalizing

4. "Julian: actually, I've got a question for Auggie. ***What's the deal with your face?"*** *"Jack Will: dude"* *"**Julian: I mean were you in car crash or something?"*** *"Charlotte: Julian!"* *"Julian: what? Tushman said we could ask questions if we wanted to."* *"Charlotte: not rude questions, besides, he was born like that, Mr. Tushman said."* *"**Julian: yeah I know. I just thought maybe was like in a fire, too"***	Verbal abuse	Direct	Expressive	Mocking/ Taunting& Humiliatio n	Indirect	Negative impoliteness/ space invading
5. "Julian: oh! I actually have a question for Auggie. ***What's the deal with the braid in the back of your hair?*** *Is it like a Padawan thing?"* *"Charlotte: what's a Padawan thing?* *Julian: oh. It's from Star Wars. Padawan is a Jedi apprentice."* *"Who's your favorite character, Auggie?"* *"Auggie: Boba Feff"* *"**Julian: what about Darth Sidious? Do you like him"***	Verbal Abuse Verbal Abuse	Direct Direct	Expressive Expressive	Mocking/ Taunting Mocking/ Taunting	Indirect Indirect	Negative impoliteness/ Negative association Negative impoliteness/ Negative association
6. "Julian: hey, can I sit there? Auggie: sure!" *"Julian:* ***you eat like the Sarlacc monster."*** *"Julian:* ***My young Padawan (CHUCKLING)."***	Verbal Abuse Name-calling	Direct Direct	Expressive Expressive	Mocking/ taunting & humiliatio n Mocking/ taunting & humiliatio n	Direct Direct	Negative impoliteness/ Negative association Positive impoliteness/ Name calling
*7. "**Julian: hey Darth Hideous. Julian (continues): did you hear?"*** ***"Padawan braids were lame 15 years ago.*** *Supposedly with" a "D"* *Miles: dude!* *"Henry: more like they were always lame"* *"Julian: See you tomorrow* ***Miles: later, Barf Hideous!"***	Name-calling Verbal Abuse Name-calling	Direct Direct Direct	Expressive Expressive Expressive	Mocking/ Taunting Mocking/ taunting Mocking/ taunting	direct Indirect Direct	Positive impoliteness/ inappropriate identity markers positive impoliteness/ calling names Positive impoliteness/ inappropriate identity markers

8. ***"Jack Will: it really does look like him. I mean, he's always reminded me of, like the shrunken head, you know?"*** ***"Amos: or an orc"*** ***"Julian: yeah if I looked like him, I'd swear I put a hood over my face."*** ***"Jack Will: if I looked like him I think I'll kill myself."*** *"Julian: why do you hang out with him so much, Jack?"* Miles: yeah *"Jack Will: I dunno. Tushman asked me to be his welcome buddy and now he just follows me around everywhere."* *"Julian: well, that must stink! That must stink (Kids laughing)"* *"Amos: oh, yeah just like him (Continuous laughing) (Growls) (Laughing)"*	Verbal Abuse Verbal Abuse Verbal Abuse Verbal Abuse	Direct Direct Direct Direct	Expressive Expressive Expressive Expressive	Mocking/ Taunting Insulting/ Offending Insulting/ Offending Mocking/ Taunting	Direct Direct Direct Direct	Negative impoliteness/ Negative association Positive impoliteness/ Calling names Positive impoliteness/ inappropriate identity markers Negative impoliteness/ Negative association
9. *"Jack Will: hey, what's wrong? Auggie: go away"* *"Julian: oh hey, Jack* come sit with us. *Amos: yeah, come on, man."* *"Charlotte: I wonder what happened.* ***Ximena: maybe Jack touched Auggie and couldn't wash his hands in time; Jack finally got" the "Plague"*** *"Charlotte: that's not very nice"*	Belittling Victims	Indirect	Expressive	Mocking/ Taunting	Indirect	Sarcasm or mock politeness
10. *"Ms. Petosh: so, it'll be team of two. Your partner will be your tablemate."* *"Julian: uh, Ms. Petosh? I know we're supposed to be in pairs, but* Jack, Amos and I had this science *fair project idea that we wanted to work on together."* *"Ms. Petosh: okay, maybe we can switch."* *"Jack Will: Uh, no"* *"Ms. Petosh: sorry?"* *"Julian: what?"* *"Jack Will: no, um, it's okay. I'll stay with who I've got. I'll stick with Auggie"* *"Julian: hey! What did you do that for?"* *"Jack Will: dude, I don't want to switch."* **"Julian: why not? Do you really wanna be partners with that freak?"**	Name-]calling	Direct	Expressive	Excluding/ Ignoring	Indirect	Positive impoliteness/ Ignoring and calling names

11. Julian: Auggie, Freddy Kruger	Name-calling	Direct	Expressive	Mocking/ Taunting	Direct	Negative impoliteness/ Negative association
12. ***Julian: No freaks allowed***	Name-calling	Direct	Expressive	Excluding ignoring & Insulting/ offending	Direct	Bald on records impoliteness
13. ***Julian: Do a favor and Die!***	Verbal abuse	Direct	Expressive	Excluding/ ignoring & Insulting/ Offending	Direct	Positive impoliteness/ Unsympathetic
14. ***The boy: "holy crap! Look at his face!"*** ***Eddie: "I've never seen anything that ugly in my life"*** ***"The boy: maybe it's an orc"*** *"Jack Will: dude, let's go"* *"Eddie: go where?"* ***Hey, talking to you, Gollum this is the one mask to rule them all? My precious*** *Jack Will: "hey, what's your problem?* ***Eddie: Groans, your boyfriend my problem"***	Verbal abuse Verbal abuse Name-calling Name-calling Verbal abuse	Direct Direct Direct Direct Direct	Expressive Expressive Expressive Expressive Expressive	Mocking/ Taunting Humiliation Mocking/ Taunting Mocking/ Taunting Insulting/ offending &Excluding/ ignoring	Direct Direct Direct Direct Direct	Positive impoliteness/ Unsympathetic Positive impoliteness/ Unsympathetic Negative impoliteness/ Negative association Negative impoliteness/ Using inappropriate identity markers Positive impoliteness / Make him feel uncomfortable

3.2. Quantitative Analysis

The subsequent part provides a quantitative examination of the data. The analysis has multiple stages that aim to validate or disprove the hypotheses through the utilization of frequencies and percentages. The initial segment provides a quantitative examination the types of verbal bullying. The subsequent section presents an overview of the speech acts identified within the dataset. The final portion comprises a quantitative analysis of the tactics employed to convey impoliteness, along with its various subtypes.

3.2.1. Types of Verbal Bullying in *'Wonder'* movie

This section centers on the types of verbal bullying that the bullies in the film *'Wonder'* endure. Bullying that is verbal may be direct or indirect. Table (3) and Figure (1) present the frequencies and percentages of verbal abuse employed by the antagonists in the film *'Wonder'*.

As shown in Table (3) and Figure (1), the total number of verbal bullying used by the bullies is (26). Direct verbal bullying of verbal abuse represents the most commonly used super strategy in the data under study with (17) with a percentage of (65.83%) followed by direct verbal bullying of name-calling with (8) with a percentage of (30.76%). While indirect verbal bullying of belittling victims comes with (1) with a percentage of (3.84%) whereas indirect verbal bullying of spreading rumors has not been used.

Table 3. Frequencies and Percentages of Types of Verbal Bullying in '*Wonder'* Movie

Verbal bullying	***Frequency***	***Percentage***
Direct verbal bullying of verbal abuse	**17**	**65.384%**
Direct verbal bullying of name-calling	**8**	**30.769%**
Indirect verbal bullying of spreading rumors	**0**	**0%**
Indirect verbal bullying of belittling victims	**1**	**3.847%**
Total	**26**	**100%**

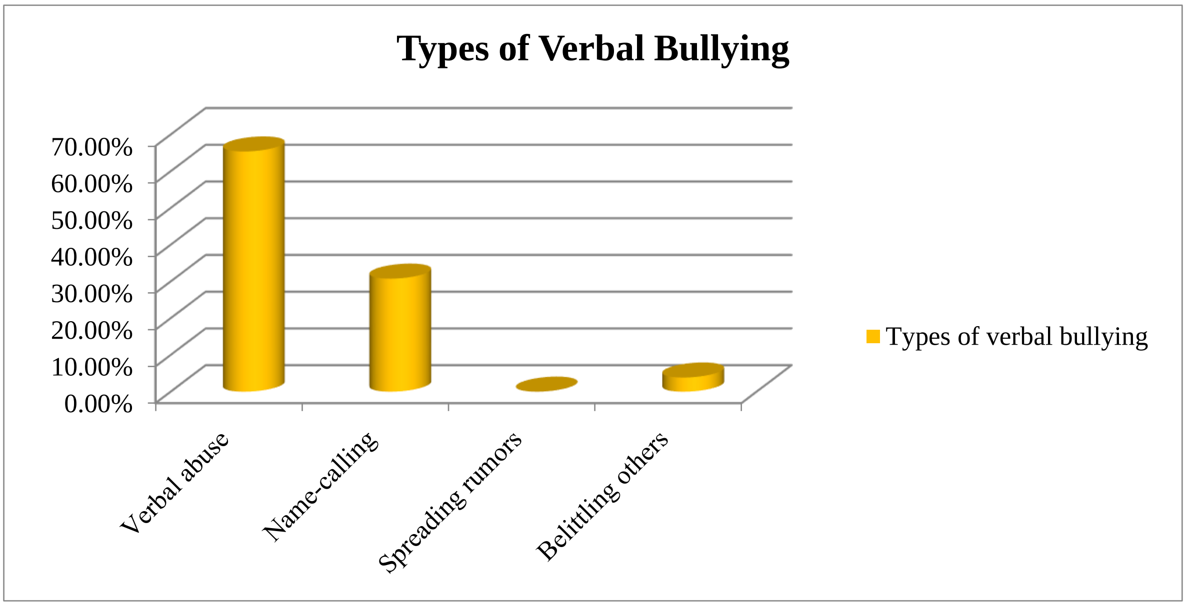

Figure 1. Percentages of Types of Verbal Bullying in '*Wonder'* Movie

3.2.2. Speech Acts in '*Wonder'* Movie

This section focuses on the direct and indirect expressive speech acts of mocking/taunting, insulting/offending, excluding/ignoring, humiliation, and triangulation that are exploited by bullies in *'Wonder'* movie.

As indicated in Table (4) and figure (2), the total number of expressive speech acts is (26). Direct expressive speech acts of mocking/taunting represent the most commonly used in *'Wonder'* movie with (10) at (38.46%) and followed by indirect expressive speech acts of mocking/taunting with (7) at (26.93%) then direct expressive speech acts of insulting/offending with (5) at (19.23%).

Table 4. Frequencies and Percentages of Speech Acts in *'Wonder'* Movie

Speech Acts	***Frequency***	***Percentage***
Direct expressive speech act of mocking/taunting	**10**	**38.46%**
Indirect expressive speech acts of mocking/taunting	**7**	**26.93%**
Direct expressive speech act of insulting/offending	**5**	**19.23%**
Indirect expressive speech acts of insulting/offending	**1**	**3.84%**
Direct expressive speech acts of humiliation	**3**	**11.54%**
Total	**26**	**100%**

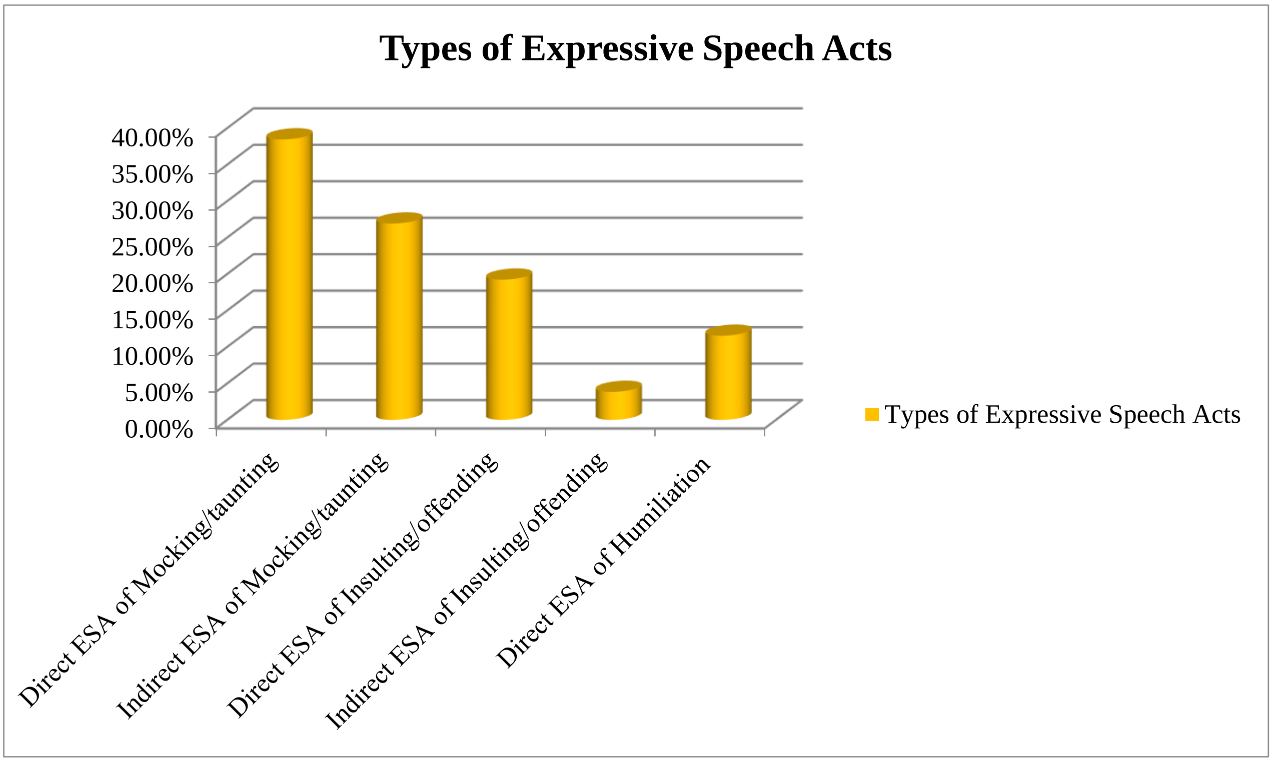

Figure 2. Frequencies of Types Expressive Speech Act in *'Wonder'* Movie

3.2.3. Impoliteness Strategies in *Wonder* movie

This section focuses on the impoliteness strategies which are exploited by bullies in *'Wonder'* movie. As indicated in Table (5) and Figure (3), the total number of expressive speech acts used by bullies in *Wonder* movie is (26). The most commonly used impoliteness strategy by bullies is positive impoliteness strategy with (13) at (50%). Within this, unsympathetic and inappropriate identity markers are employed at (4) for each one with the percentage of (30.77%). Then negative impoliteness strategy which are used with (9) at (34.616%). The least used strategies are the sarcasm or mock politeness with (3) with a percentage of (11.538%) and bald on record strategy with (1) at (3.846%).

Table 5. Frequencies and Percentages of "Impoliteness Strategies" in *Wonder* Movie

Impoliteness Super strategies	**Impoliteness sub-strategy**	**Frequency**	**Percentage**	**Total**	
				Frequency	**Percentage**
Bald on record				1	3.846%
Positive impoliteness	Unsympathetic	4	30.77%	13	50%
	Inappropriate identity markers	4	30.77%		
	Name-calling	3	23.076%		
	Ignoring & name-calling	1	7.692%		
	Make him feel uncomfortable	1	7.692%		
	Total	13	100%		
Negative impoliteness	Negative association	7	77.78%	9	34.616&
	Space invading	1	11.11%		
	Personalizing	1	11.11%		
	Total	9	100%		
Sarcasm or mock politeness				3	11.538%
Withhold politeness				0	0.00%
Total				26	100%

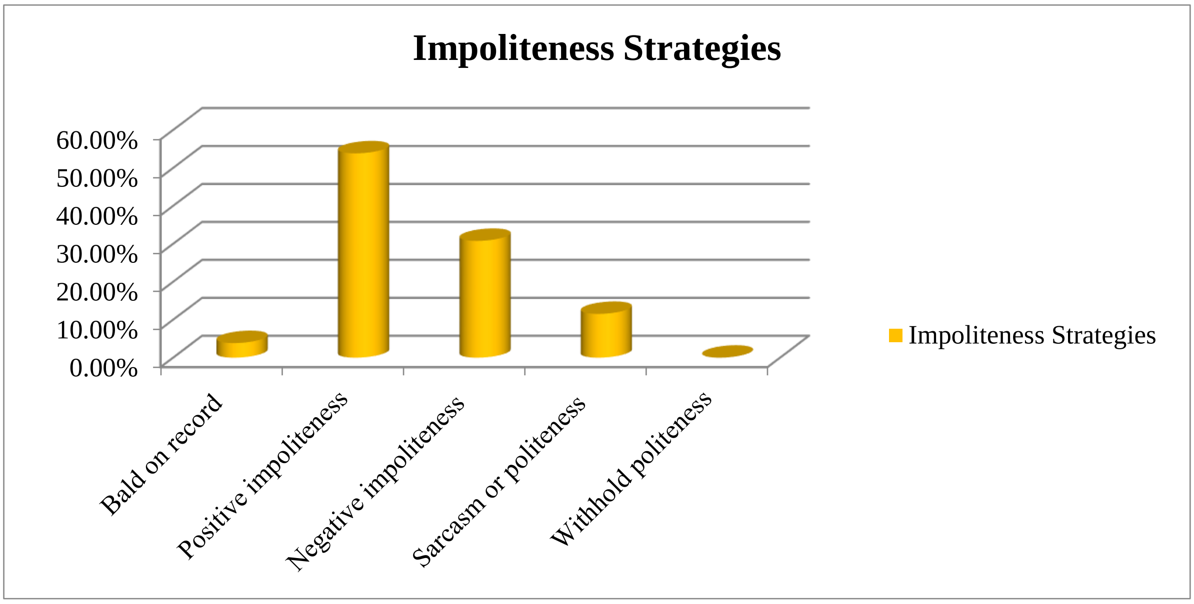

Figure 3. Percentages of Impoliteness Strategies in *'Wonder'* Movie

3.3. Results of Analysis

The results show that direct verbal bullying is the most frequent type with (25) times for verbal abuse and name-calling while indirect verbal bullying is used only once. This is may be because of the main character, Auggie, has a facial deformity, which makes him a target of direct verbal bullying and name-calling. By using hurtful language, insults, or derogatory remarks, bullies aim to intimidate, demean, and establish dominance over others.

Bullies use direct speech act with (18) times of mocking/taunting, insulting/offending, and humiliation while indirect speech act is used with (8) times of mocking/taunting and insulting/offending to assert their dominance and power over the victim, and bullies may use this way to reinforce their social hierarchies and to maintain their superiority within a friend group.

It is noticed that positive impoliteness strategy is the most frequent strategy followed by negative impoliteness strategy. The reason behind is that actions designed to damage the positive face of the victim and his need to be included in the friend group.

4. Conclusions

Based on the preceding analysis undertaken, it is possible to derive the following conclusions:

1. The study has determined that the most prevalent forms of verbal bullying are direct verbal bullying, specifically verbal abuse and name-calling. The utilization of direct ways by bullies to assault their victims serves as a means to demonstrate power, assertiveness, and strength. The correlation between the utilization of direct verbal bullying and the bully's social influence and peer backing can be established.
2. Bullies employ direct expressive speech acts of mocking/taunting, insult/offending, and humiliation with the highest frequency, while indirect expressive speech acts of mocking/taunting, insult/offending, and humiliation

are utilized the least. The cause may be the bullies want to demonstrate their power and dominance over the victim or to uphold their social position between peers.

3. Positive impoliteness strategy is the most frequent strategy, the cause may be that bullies often seek power and control over their victims. Positive impoliteness may be tool for mocking, they intentionally use disrespectful or sarcastic language to demean and humiliate the victim. Bullies in this data also use negative impoliteness strategy that involves directly mocking and humiliating the victim by comparing him with monster characters and name-calling him directly with bad nicknames.

5. Pedagogical Implications

Linguistics can play a crucial role in addressing school bullying by promoting effective communication, fostering empathy, and raising awareness about the power and impact of language. Here are some linguistics recommendations for addressing school bullying:

1. Encourage the use of respectful and inclusive language that respects and acknowledges the diversity of the student body. This includes avoiding derogatory terms, slurs, and offensive language that target specific individuals or groups.
2. Teach the students about the power of language and how it affects others. Discuss the consequences of hurtful words and the long-lasting impact they can have on the well-being and self-esteem of individuals.
3. Promote positive communication skills through teaching students' effective communication strategies that encourage understanding and empathy.

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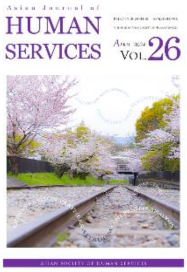

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ORIGINAL ARTICLE

Experiences of People with Visual Impairment Interacting with Others after the COVID-19 Pandemic in Japan; A Qualitative Study

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ABSTRACT

Introduction: This study aimed to clarify the experiences of visually impaired Japanese in their interactions with others after the COVID-19 pandemic. **Methods**: Participants of this study were ten individuals (six women) aged 30 to 70 years, with severe visual impairment, who required a guide helper to navigate their way in the outdoor environment. Semi-structured interviews were conducted, and the data were analyzed using qualitative content analysis. **Results**: The following major themes formed the core of the interview questions: (1) approaching guide helpers in view of infection control measures, (2) lack of understanding by society/worrying about being judged by others, (3) maintaining connections with persons familiar to them and friends, and (4) facing the challenges of exchanges and interactions using information and communications technology. **Discussion**: Based on the participants' experiences of interacting with others after the COVID-19 pandemic, the support systems and strategies required for people with visual impairment to continue their social activities in the event of a disaster such as the pandemic could be clarified. **Implications for Practitioners**: Ensuring the quality of guide helpers as professionals, removing the disparity between the various types of providers, and preventing the social isolation of people with visual impairment by creating a support system that allows them to have multiple people to depend on during normal times are essential.

Keywords: Visual impairment, COVID-19, Guide helper, Interacting, Qualitative research

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1. Introduction

The COVID-19 pandemic not only resulted in considerable losses of life, but also isolated people from their communities and societies[1) owing to stringent strategies such as globally imposed lockdowns, which led to chronic loneliness[2,3)]. Such loneliness associated with social isolation during COVID-19 is a significant risk factor for developing mental health problems[4)]. To address this, various interventions have been implemented to reduce social isolation and loneliness after the COVID-19 pandemic[5)].

However, more recently, the stringent strategies against COVID-19, such as lockdowns, have been replaced by more accommodative strategies, such as social distancing measures that limit physical contact with others and maintain distance between oneself and others in public settings. The stringency index, an indicator of the stringency of government policies for COVID-19, has declined significantly since the early stages of the pandemic[6)]. Strict strategies such as lockdowns are becoming less common worldwide, with accommodating strategies becoming predominant. In other words, during the prolonged pandemic, people could participate in communities and society while adopting mitigating strategies such as social distancing measures.

Meanwhile, people with visual impairment struggled to implement social distancing properly when interacting with others because of their difficulty in visually recognizing the distance between themselves and others[7)]. In fact, after the COVID-19 pandemic, people with visual impairment found it difficult to go out even when accommodative strategies were implemented against the pandemic. They were unable to gain access to medical institutions owing to their struggle in using public transportation[8)]. People with visual impairment are generally considered to have little social participation and social roles[9)]. However, after the COVID-19 pandemic, things worsened as communities between people with visual impairment themselves were lost,[10)] reducing their engagement with others in the long-term. In other words, in a prolonged pandemic, while people with sight were beginning to rejoin their communities and societies by adopting accommodative strategies against the pandemic, those with visual impairments continued to find it difficult to interact with others even under such accommodative strategies. Therefore, supporting those with visual impairments in ways that can help them connect with others even during a pandemic is critical.

Despite its criticality, the experiences of people with visual impairment regarding their interactions with others after the COVID-19 pandemic have not been examined so far. This study, therefore, aimed to bridge this gap by exploring the experiences of individuals with visual impairments interacting with others after the COVID-19 pandemic in Japan so that measures to provide appropriate support systems that can help them overcome these difficulties can be developed.

2. Methods

2.1. Study Design

In this qualitative descriptive study, semi-structured interviews were conducted with people with visual impairments in Japan. The participants belonged to three organizations for the visually impaired located in Hyogo Prefecture, Japan.

This study's ethical considerations are as follows: In addition to the standard versions (word and text) of the request form, consent form, and withdrawal of consent form used in the selection process of research collaborators, we prepared enlarged, braille, and audio versions of these forms as needed. The consent form was signed by a family member or guide helper on behalf of the participant or by the participant himself/herself using a signature guide. In some cases, a seal or voice signature was also feasible. If transportation to and from the interview site was required, the lead investigator, who was qualified to act as a guide helper, offered such assistance upon request. The study was approved by the Institutional Review Board of the College of Nursing Art and Science, University of Hyogo (approval number: 2021F02).

2.2. Participants

Participants were recruited from three organizations for the visually impaired; three to four participants were recruited from each organization and the sample comprised 10 research participants. The eligibility criteria were that the participants must be 18 years or older at the time of the interview, and they must have a government certification confirming their visual impairment. The exclusion criteria were any physical or cognitive problems that would make it difficult to interact during the interview. Those who wished to participate in the study were provided an explanation of the study purpose, and their written and oral consent to participate was obtained.

2.3. Data Collection

Semi-structured interviews were conducted in-person or by telephone, depending on the participants' preference. Interview guides created by the researchers were used, and the focus was on the participants' experiences of interacting with others in their daily life after the COVID-19 pandemic. After obtaining permission from participants, the interview content was recorded using an IC recorder, transcribed verbatim using Microsoft Word (Microsoft Corporation, Redmond, WA), and converted into text data. The interviews were conducted by two of the authors for about 60 minutes each from July 2022 to December 2022.

2.4. Analysis

The analysis involved repeatedly reading the verbatim transcripts obtained from the interviews with each individual research participant until the content was clear. Using the qualitative content analysis method of Elo and Kyngäs,[11] we read and extracted the context around sentences that were considered the "experiences of people with visual impairment interacting with others after the COVID-19 pandemic." We then conducted our analysis through the open coding, category creation, and abstraction processes. To ensure reliability, the 10-interview data were independently coded by two qualitative content analysis experts (Chizuru Yamaoka and Kenji Awamura) during the study, and the verbatim transcripts were read several times. The coding, classification matrix, and disagreements were then discussed in detail by the team of researchers until consensus was reached.

3. Results

3.1. Participant Characteristics

Table 1 presents the characteristics of the study participants. The participants were six females and four males, aged 30 to 70 years. Most of the participants had severe visual impairments, and two were born blind. Three participants lived alone, and most of the participants had difficulty walking independently using a white cane; hence, they used a guide helper when going out.

Table 1. Participant Characteristics

ID	Sex	Age	Disease	Extent of Disability	Time of Blindness	Living Conditions	Use of a Guide Helper*1
A	Female	50s	RP	Blindness	50s	With others	Daily
B	Male	30s	OA	Blindness	Adolescence	With others	1–2 times a month*2
C	Female	60s	RP	Blindness	40s	With others	Daily
D	Male	60s	CSC	Blindness	50s	Alone	Daily
E	Male	60s	RP	Low vision	Not applicable	With others	Once a month*2
F	Male	50s	MD	Low vision	Not applicable	With others	Several times a year*2
G	Female	60s	RP	Blindness	50s	With others	Daily
H	Female	60s	Glaucoma	Blindness	20s	With others	Daily
I	Female	70s	ROP	Blindness	Since birth	Alone	Daily
J	Female	60s	Anophthalmia	Blindness	Since birth	Alone	Daily

Note. *1Guide helper in Japan refers to a person who assists visually impaired people in their daily movements/activities, provides them information, and helps them read/write.
*2 They are basically able to go out alone with a white cane, but they use a guide helper when they go to unfamiliar places.
Abbreviations: RP, Retinitis Pigmentosa; OA, Optic Atrophy; CSC, Central Serous Chorioretinopathy; MD, Macular Dystrophy; ROP, Retinopathy of prematurity

3.2. Themes

The analysis identified 4 main themes and 30 sub-themes. The 4 main themes were (1) approaching guide helpers considering the infection control measures, (2) lack of understanding by society/worrying about what others think of them, (3) maintaining connections with familiar persons and friends, and (4) facing the challenge of having exchanges with others using information and communications technology (ICT). Table 2 shows the 30 sub-themes under these main themes.

Table 2. Interaction Experiences of People with Visual Impairment during COVID-19

Theme	Sub-theme
Approaching guide helpers considering infection control measures	Concerns about ambiguous infection control measures left to the individual discretion of guide helpers
	Prohibition of use/restricted access to guide helpers from the office
	Concerns of infection risk to guide helpers and refraining from going out
	Gauging the guide helper’s reactions and responses when deciding where to go and what to do
	Cannot work well with guide helper owing to strict infection control measures at outdoor locations
	Difficulty adjusting to the social distancing measures in all situations
	Paying close attention to avoid being a transmitter of infection because many guide helpers assist older adults
	Increased anxiety about infection if not accompanied by the usual guide helper
	Restrictions on going out, as well as on registering with a new office
	Refrain from approaching or contacting the guide helper even if feeling slightly unwell
Lack of understanding by society/worrying about what others think of them	Being warned by others about not taking appropriate infection control measures
	Inability to receive money when shopping and concerns about being judged by others
	Strict infection control measures required depending on outing location, and no flexible response provided
	Voices blocked by partitions, masks, etc., making two-way communication difficult
	Concerned about the involvement of other people with disabilities and feeling that society does not understand people with disabilities
	Touch is essential for people with visual impairment, but there are concerns about being judged by people who consider it a way to spread infection
	A feeling that others are not approachable
	A hesitancy in asking for support
Maintaining connections with familiar persons and friends	Difficulty in finding motivation until resumption of activities after disrupted habits and routines
	Fewer places where people can casually gather with friends, and difficult to refresh oneself mentally
	Stakeholder group members continue to care, so a positive feeling emerges
	Contact with familiar means (telephone, email) makes communication easier
	Valuing interactions and connections with sighted people other than people with visual impairment
	Continuing with the existing social roles
Facing the challenge of exchanges using ICT	Lacking confidence in using ICT or not good at using ICT
	Few people with visual impairment use PC devices in social circles
	High barriers to entry for using ICT because practical and immediate technical support cannot be obtained
	Gradually becoming accustomed to ICT development and ability to use it smoothly
	Facing the challenge of interacting with new sighted people using a remote system
	Facing the challenge of interacting with people with visual impairment using a remote system

3.2.1. Approaching Guide Helpers Considering Infection Control Measures

Many of the respondents had issues interacting with guide helpers. When the pandemic began, many guide helper offices were closed, and the participants were unable to go out. Even after the restrictions were gradually eased and participants could use guide helpers, they were concerned about contracting the virus from guide helpers and realized that they were refraining from many activities that they usually performed.

> "I felt bad toward the guide considering the infection aspects, so I refrained from going out and started negotiating with the guide for everything but essential activities."
> "I began to refrain from participating in leisure activities, which are a low priority in my life, because I was worried about infecting my guide helper."

Additionally, one respondent mentioned being worried because they did not know what infection control measures were taken unless they were accompanied by the guide helper who was usually in charge of their affairs.

> "I don't know the range of activities unless I am with the helper I'm used to, so I'm worried."
> "I'm paying attention to infection aspects, but my helper isn't, so it's problematic."

Meanwhile, people with congenital blindness had stronger convictions that guide helpers were professionals and thus had fewer concerns than people who developed visual impairment during their lives.

> "Guide helpers are professionals, so it is clear that infection control measures are being followed properly."
> "The guide helper and I are both protecting ourselves, so there is no need for unnecessary concern."

3.2.2. Lack of Understanding by Society/Worrying about What Others Think of Them

When the pandemic began, there were concerns about its impact on the mental health of those with visual impairments due to the nature of their disabilities. People with visual impairments communicate through touch and voice. However, in a situation where restrictions were imposed on touch and partitions and ventilation systems made it difficult to hear voices, the result was a feeling that society lacked understanding.

Respondents recognized society's lack of understanding of their needs caused by their visual impairments. Specifically, their feelings were worsened on being treated like sighted people, especially when they were shopping or dining.

> "When I went out to eat with a guide helper, there was a partition in front of me so I couldn't hear and receive support... usually, they would let us remove the partition, but in some places they did not."

Additionally, respondents with low vision were particularly concerned about how society viewed the restrictions on touching.

> "When the pandemic started, when I went shopping, I would pick up an object and view it under a magnifying glass before I decided to buy it. But, if I put it back after deciding not to buy it, there was some resistance to that action ... I thought it made people uncomfortable."

Meanwhile, several respondents recognized touching as an essential act.

> "I cannot know anything about an object without touching it, so I do not worry about what others think at all."

3.2.3. Maintaining Connections with Familiar Persons and Friends

Most of the respondents had some experience of social participation (e.g., stakeholder groups, sports for people with disabilities, various workshops, leisure activities) and played a social role. These activities were conducted at places where they could refresh themselves and maintain their health. However, the pandemic changed all that, and the lives of participants became monotonous; their motivation decreased, and they found it difficult to resume their activities.

> "Right now, I do play table tennis and baseball, but what I worked so hard for before COVID is gone, and now I don't really feel like DOIng my best again."

The participants were unable to meet familiar persons and friends and there was uncertainty about resuming activities; however, they continued to make efforts to maintain connections with these friends using the telephone and the Internet.

Many of the people with visual impairment were older adults; so, there were obstacles to using ICT, but by using their phones to stay connected, they felt a sense of caring for each other. Additionally, continued interactions with sighted peers helped maintain their connections. After restrictions on movement are eased and movement returns to normal, the participants were able to smoothly return to their original activities without losing their communities.

3.2.4. Facing the Challenges of Exchanges Using ICT

It became clear that ICT was both supportive and challenging for some respondents. However, some respondents who felt that they were not good at ICT or had few visually impaired friends who used PC devices preferred to meet in person. One respondent said that they could not use ICT because they were unable to get practical technical support and that the barriers to using ICT are high when one does not own a device.

Additionally, respondents who originally owned a device had developed the practice of making bar code payments due to unpleasant experiences while shopping and in other situations. These respondents began to search for ways to use ICT to make their lives easier based on their own experience. Using remote systems, people with visual impairments who found it difficult to go out gained more opportunities to interact with other people and engage in more activities.

4. Discussion

To the best of our knowledge, this is the first study to investigate the interactions of people with visual impairment with others in Japan since the COVID-19 pandemic. This study highlights issues not seen prior to the COVID-19 pandemic or during the strict lockdown period.

Most importantly, this study showed that the relationship with a guide helper who assists those with visual impairments with daily outings is important for them as they begin to resume social activities while taking the necessary infection control measures. Previous studies have shown that after the COVID-19 pandemic, people request assistance from family and friends, and that close family and friends are the main source of support to facilitate social activities[12)]. In the present study, most of the participants lived with their families, but they had been using guide helpers before the COVID-19 pandemic and routinely had opportunities to go out for shopping, leisure, and other activities. Previous studies have reported the psychological burden of assistance by informal caregivers such as close family members and friends[13)14)], and in this study, we aimed to reduce the burden on the family members living with the participant as much as possible by using the formal guide helpers. It can be inferred that the services were used. From the themes presented in this study, it was found that people with visual impairments faced difficulty in engaging with guide helpers while taking measures against infection by COVID-19. Concerns have emerged due to the necessity for infection control through contact, making it difficult to request assistance while going out, as casual touching of external objects has been found to be a cause for concern[15)]. A similar situation was observed in this study, but it was not only a one-way concern from the person with visual impairments, but also a concern for two-way transmission between the person with visual impairments and the guide helper, which may have led to a sense of difficulty in engaging with the guide helper. However, for individuals with severe visual impairment, such as those in the present study, going out alone is difficult, and this may lead to unhealthy decisions such as suspending or shortening the time of going out.

Furthermore, as demonstrated in this study, leaving infection prevention to the discretion of individual guide assistants may exacerbate the fears of people with visual impairments without their knowledge. In Japan, guide helpers are also responsible for people who do not have professional qualifications in nursing care or welfare, and it is desirable to establish a support system that allows guide helpers to respond to health and disaster-related situations such as COVID-19 without anxiety.

The second important aspect of this study was that in their relationship with the community, they experienced discriminatory ways of being viewed by others while taking infection control measures. Due to the characteristics of their disability, people with visual impairments had difficulty adapting to new lifestyles[16)] because they rely on senses other than sight. According to the study findings, partitions and masks impeded good two-way communication in scenarios where information was delivered. In addition, there was an increasing sense of incomprehension toward those with visual impairments, such as being warned about not taking appropriate infection control measures when out and about, and not being given flexible responses even when necessary for support. There was an increased lack of understanding of the COVID-19 pandemic related to infection control measures, such as concerns about being judged, especially by those who consider contact as a factor in the spread of infection, a sense of difficulty in approaching others, and hesitancy in seeking assistance from strangers. Opportunities to recognize the stigma associated with infection control measures existed. Because stigma is something that individuals with disabilities routinely carry with them as they participate in daily life, work, and other activities[17)], it is conceivable that individuals with visual impairments experienced more stress during the pandemic than they did in their daily lives. Like them, others in the community felt various stigmas in complying with infection control measures, so it can be assumed that there were difficulties in responding in a tolerant manner, even though they felt that contact and voice were necessary support for those with visual impairments. As a measure, it is contended that if supporters understand stigma and respond appropriately, it may deepen society's understanding of disability and reduce the level of stigma.

The third important aspect of this study is that when the COVID-19 pandemic was prolonged and participation in leisure and social activities was restricted, persons with visual impairments remained connected to their friends and maintained relationships, which facilitated their participation once activities resumed. This contrasts with the findings of Gombas and Csakvari[18)] who reported that persons with visual impairments had difficulty continuing leisure activities and hobbies, especially outdoor activities, after the strict infection control measures implemented after the COVID-19 pandemic[19]. As noted above, this was not the case for the respondents in this study. Although they were unable to meet for extended periods of time during the tight blockade, participants remained in contact as members of the stakeholder group, waiting for the resumption of activities and maintaining a positive attitude. This is a characteristic and strength of the participants in this study.

Furthermore, the use of ICT was also a way to maintain contact with others. However, as shown in previous studies, older adults with visual impairments often ask their sighted relatives to operate digital devices[20]. Furthermore, many people with visual impairments who use ICT in the workplace need the support[18]. The diffusion of ICT has had a positive impact on people with visual impairments who can use it, such as meeting new friends, having more hobbies, and being able to shop without fear of infection. On the contrary, some participants had difficulty utilizing ICTs because of significant barriers to participation such as lack of technical support or lack of devices.

Therefore, flexible choices regarding the use of ICTs need to be made based on the strengths and weaknesses of the participants. Maintaining connections with known people improves the mental health of people with visual impairments who are prone to loneliness[21]. Future strategies should include the establishment of support systems that enable people with visual impairments to communicate with each other even in vulnerable situations where connections are severed, such as after the COVID-19 pandemic.

This study has several limitations. First, the majority of the participants in this study suffered from severe visual impairment, and these individuals had been using guide helper services since before COVID-19 to secure opportunities to go out. Therefore, although we present the experiences of individuals with visual impairment who use guide helpers in Japan, we cannot apply the results to individuals who do not use guide helpers on a daily basis and have a relatively mild visual impairment. Second, as the gender, age, and the severity of individuals' visual impairment was not included in the selection criteria for recruiting participants, it is impossible to predict how the experience differs depending on the individual attributes of the participants. Future studies should expand the number of participants and control for individual attributes.

5. Conclusions

Based on the experiences of those with visual impairment in Japan after the COVID-19 pandemic, four main themes were identified for this study. It is necessary to develop specific strategies to support those with visual impairment in resuming social activities in the context of a health crisis or pandemic such as COVID-19, so as to not be cut off from their community, connections, and interactions with others.

6. Implications for Practitioners

This study clarified the vulnerability of the support systems for people with visual impairments in the event of an unexpected disaster. Ensuring the quality of guide helpers as professionals and correcting the disparities between providers are necessary to expand the options for people with visual impairment and ensure their safety. Additionally, in this study, respondents who had been participative in society prior to the COVID-19 pandemic did not experience a loss of community; hence, it is suggested that having multiple people to depend on during normal times can prevent social isolation and lead to the creation of a disaster-resistant support system.

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Conflicts of Interest

None

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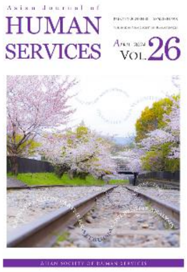

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ORIGINAL ARTICLE

Factors Associated with Eating Disorder Tendency in University Students after the COVID-19 Pandemic

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ABSTRACT

University students are at a vulnerable age to develop eating disorders, particularly owing to the impact of the COVID-19 pandemic. Hence, identifying the factors related to eating disorder tendencies among university students is necessary for early intervention. This study aimed to identify the factors associated with eating disorder tendencies among university students after the COVID-19 pandemic in Japan. A questionnaire survey, in both offline and online form, was administered to 561 students from four universities. Eating disorder tendencies, depressive symptoms, narcissistic vulnerability, stress management, self-esteem, and the impact of COVID-19 on their life were assessed and analyzed. The characteristics of students with eating disorder tendencies were related to gender, social networking service interaction, club/circle activity status, depressive symptoms, narcissistic vulnerability, stress coping, and self-esteem. In addition, depressive symptoms and characteristics of "distraction" and "planning" also influenced eating disorder tendencies. Our findings clarified that university students with eating disorder tendencies were characterized by depressive symptoms, narcissistic vulnerability, and low stress coping and self-esteem. Owing to their tendency to seek support to alleviate distress and achieve emotional stability, self-help groups and peer support activities are suggested in universities for early intervention and to deter these tendencies from reaching a clinical stage.

Keywords: COVID-19, Depression, Eating disorder tendencies, University students.

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1. Introduction

Eating disorders, such as anorexia nervosa, are characterized by low body mass index (BMI) of ≤ 18.5 kg/m2, a strong fear of obesity, and impaired self-perception of weight, which leads to a feeling of being fat despite being thin and frequent weigh-ins[1]. In Japan, the estimated number of patients with eating disorders during a one-year period from 2014 to 2015 was 24,506, and the number has remained high since the 2000s[2]. Despite the high incidence, the number of patients may have been underestimated owing to a large number of undiagnosed cases[3]. A sub-clinical group of young people may not meet the diagnostic criteria for eating disorders; however, they present partial symptoms, such as extreme food restriction, overeating, or vomiting, and can be described as having eating disorder tendencies[4,5]. There are more people with eating disorder tendencies than those who meet the diagnostic criteria for eating disorders[6]. Those with eating disorder tendencies, although thin, may not experience significant difficulties in their current daily lives and present themselves clinically to avoid being diagnosed. Hence, it is also important to consider not only eating disorders but also eating disorder tendencies as a disease[7]. Furthermore, the characteristics of those with eating disorder tendencies are related to the characteristics of those with eating disorders[8]. Given the increasing incidence for both eating disorders[3,9] and eating disorder tendencies among youths[5,10], examining eating disorder tendencies in university students would be useful. Eating disorders are a complex interplay of cultural and social factors, such as a diet culture shaped by a disdain for obesity and desire to be thin; biological factors, such as dysfunction of central eating behavior regulatory mechanisms; and psychological factors, such as personality and body image disorders, cognitive distortions, obsessive-compulsiveness and adherence, and perfectionistic onset[5,11-13]. They are often accompanied by depressive symptoms[11,14,15], sensitivity to others' evaluation, vulnerability and high need for approval[16-18], emotional restlessness, maladaptive behaviors during stressful situations[8,19], and low self-esteem[11]. University students are at the most vulnerable age for developing eating disorders and have higher depressive symptoms[20] and narcissistic vulnerability[21]. Self-affective vulnerability is defined as vulnerability in processing anxiety and hurt and maintaining positive self-esteem and psychological stability[22]. Those with high self-affective vulnerability are less likely to regulate and alleviate their anxiety and emotions and seek regulation and alleviation from others[22,23]. In addition, university students often experience stressful situations and tend to have unstable self-esteem[24]. Hence, these factors are closely associated with eating disorders and eating disorder tendencies.

The COVID-19 pandemic resulted in major changes in people’s daily life, particularly students’ university life, such as the implementation of online classes and changes in club and circle activity patterns[25,26]. This may have led to an increase in their dissatisfaction[27]. Furthermore, compared to before the COVID-19 pandemic, the number of first-time outpatients and new inpatients with anorexia nervosa increased approximately 1.6 and 1.4 times, respectively, in 2020[9]. In a survey by the Japanese Eating Disorders Association[28], approximately 30% of the patients with anorexia nervosa reported decreased food intake compared to the pre-COVID-19 period. Furthermore, more than half of the patients with bulimia nervosa reported increased overeating and discharging behaviors and worsened eating disorder symptoms. In addition to eating behavior problems, anxiety and depression had also increased in approximately 50% to 70% of the patients, which suggested that COVID-19 had a significant impact on eating disorders[28]. Given the similarity in the characteristics of those with eating disorder tendencies and those with eating disorders[8], the COVID-19 pandemic was assumed to have also affected eating disorder tendencies. A similar trend was observed overseas. Jennifer Wildes, an associate professor of psychiatry and director of an outpatient eating disorder program at the University of Chicago Medicine, stated that patients with eating disorder had nearly doubled compared to before the COVID-19 pandemic and that the pandemic had created treacherous conditions for the development of eating disorders[29]. Hence, this study aimed to determine the factors associated with eating disorder tendencies among university students after the COVID-19 pandemic.

2. Methods

2.1. Participants

The participants were university students from four comprehensive universities in Japan, aged 18 years or older, who agreed to cooperate. The number of faculties ranged from two to 10, including the faculties of science, humanities, and medical courses.

2.2. Survey methodology

A cross-sectional survey was conducted using a self-administered, unmarked questionnaire or an online questionnaire via Google Forms between July to October 2022. The survey required approximately 15 minutes to complete.

2.3. Survey contents

2.3.1. Participants' background

Responses were obtained regarding participants' gender, age, grade, eating habits, height, and weight as well as the impact of COVID-19. Questions regarding eating habits were based on Shiba and Mori's questionnaire[30] and elicited information about their meal partner, meal preparation, concern for nutritional balance, and thoughts regarding eating. Questions regarding the impact of COVID-19 were based on the National Federation of University Co-operative Associations' questionnaire[31] and included their club, club activity status, method of interacting with friends (face-to-face/social networking service [SNS]), and so on.

2.3.2. Eating disorder tendency

The Japanese version of the Eating Attitudes Test-26 (EAT-26) by Mukai et al.[32] measured eating disorder tendency. The α coefficient was .79, which ensured internal consistency[32]. In total, 26 questions, which included "I want to lose weight" and "I feel fat," were answered on a six-point scale, and the total score was calculated. Higher total scores indicated a higher tendency toward eating disorders.

2.3.3. Depressive symptoms

The Japanese version of the Quick Inventory of Depressive Symptomatology (QIDS-J) by Fujisawa et al.[33] assessed depressive symptoms. The α coefficient was .86, which ensured internal consistency[33]. In total, 16 items were rated on a scale from 0 to 3. Higher total scores indicated a higher degree of severity.

2.3.4. Narcissistic vulnerability

The Narcissistic Vulnerability Scale short version (NVS short version) by Kamiji and Miyashita[34] measured narcissistic vulnerability. The α coefficients were .79–.86, which ensured internal consistency[34]. The following four types of narcissistic vulnerabilities were identified: "Self-Expression Suppression" or the tendency to suppress self-revelation unnaturally due to shame; "Self-Relaxation Deficiency" or the tendency to have weak self-regulatory abilities for anxiety and depression, expecting others to relieve them; "Latent Sense of Privilege" or the desire for special treatment and consideration from others; and "Approval/Admiration Hypersensitivity" or hypersensitivity to recognition and praise from others and the tendency to be hurt when expected recognition is not received. The scale consisted of 20 items in total, five for each of the four subscales. Responses were rated on a five-point Likert scale that ranged from 1 (not at all) to 5 (often). Scores for each subscale and the total score were calculated. Higher scores indicated higher propensity and narcissistic vulnerability on each subscale.

2.3.5. Stress management

The Tri-Axial Coping Scale (TAC-24), a coping strategy scale based on Kamimura et al.'s three-dimensional model[35), was used to measure stress coping. The α coefficients were .65–.84, which ensured internal consistency[35). The scale comprised eight subscales that assessed the following coping strategies: "Information Gathering," which involved seeking strategies for problem solving from others; "Abandonment/Giving up," which involved making cognitive judgments to avoid problem solving; "Positive Interpretation," which involved recognizing the positive aspects of the problem situation; "Planning," which involved making efforts to solve the problem; "Avoidant Thinking," which involved trying not to recognize the problem; "Distraction" to forget the problem by performing different activities with others; "Catharsis" to solve the problem by listening to others; and "Responsibility Shifting" to escape from the problem. The questionnaire consisted of 24 items, with three items for each of the eight subscales. The higher the score, the higher the tendency to cope with stress on each subscale.

2.3.6. Self-esteem

The Japanese version of the Rosenberg Self-Esteem Scale (RSES-J) by Mimura and Griffiths[36) was used to measure self-esteem. The α coefficient was .81, which ensured internal consistency[36). In total, 10 questions were answered on a four-point Likert scale that ranged from 1 (strongly disagree) to 4 (strongly agree). The total scores were calculated. Higher scores indicated higher self-esteem.

2.4. Survey procedures

At the target facilities, the researchers posted posters or distributed instructions and questionnaires to recruit participants. Students who wished to participate online were asked to scan the QR code on the poster, read the instructions in the Google Form, and decide. Students who wished to respond on paper were given an explanation of the study's purpose, survey content, methods, and ethical considerations on the instruction sheet. If they agreed to participate and wished to respond online, they were asked to submit their data by checking the consent box in the Google Form before they completed the questionnaire. For those who responded on paper, a self-administered, unmarked questionnaire was administered. Collection boxes, the contents of which were not visible, were placed in designated locations within each facility, and the individual response forms were collected so that they could not be identified. IBM SPSS Statistics version 28 was used for data analysis, with a statistical significance level of 5%.

2.4.1. Participants' background

Descriptive statistics of participants' gender, age, grade, eating habits, and changes in life due to COVID-19 were calculated to understand their personal background. For physical data based on gender, the median, mean, and standard deviation of their height, weight, and BMI were calculated; for BMI, descriptive statistics were calculated according to the criteria defined by the World Health Organization (WHO) and Japan Society for the Study of Obesity, with a BMI of <18.5, 18.5–25.0, and ≥25.0 defined as thin, standard, and obese, respectively. The following statistics were calculated. Questions regarding the impact of COVID-19 included students' club, club activity status, and method of interacting with friends (i.e., face-to-face or via SNS).

2.4.1.1. Relationship between eating disorder tendency and participant background.

In accordance with Nakai's[2] cutoff, two groups were classified as per their EAT-26 scores: >15 (group with eating disorder tendency) and <15 points (group without eating disorder tendency). Chi-squared tests were conducted for the two groups and gender, age, grade, eating habits (meal partner, meal preparation, concern for nutritional balance, and thoughts regarding eating), face-to-face and SNS interactions with friends, and club and circle activity status.

2.4.1.2. Comparison of depressive symptoms, narcissistic vulnerability, stress coping, and self-esteem due to eating disorder tendencies.

To examine the association between eating disorder tendency and each variable, comparisons were made between the scores of the two groups on the QIDS-J, NVS short version, TAC-24, and RSES-J via a Mann–Whitney U test.

2.4.1.3. Factors influencing eating disorder tendency.

To examine factors that influenced eating disorder tendency, the EAT-26 scores of the two groups were used as dependent variables, and the QIDS-J; NVS short version subscales of "Self-Expression Suppression," "Self-Relaxation Deficiency," "Latent Sense of Privilege," and "Approval/Admiration Hypersensitivity"; TAC-24 subscales of "Information Gathering," "Abandonment/Giving up," "Positive Interpretation," "Positive Interpretation," "Planning," "Avoidant Thinking," "Distraction," "Catharsis," and "Responsibility Shifting"; and RSES-J were used as independent variables. Logistic regression analysis was conducted. A correlation analysis confirmed that there were no problems with multicollinearity, and the forced entry method was used.

2.5. Ethical considerations

This study was approved by the Ethics Committees of the University of ○○○○ (Notice No. blinded for review) and the institute where the research was conducted. The study purpose and voluntary participation were explained to the participants in writing. Responses were obtained anonymously, and those who checked the consent box icon were deemed to have provided consent.

3. Results

A total of 715 students from four universities responded. After excluding those who did not consent to the survey and those with missing responses on the scales and for height and weight, 561 participants (valid response rate 78.5%) were included in the analysis.

3.1. Participants' characteristics

3.1.1. Basic attributes

Of the 561 participants, 107 (19.1%) were men, and 449 (80.0%) were women. Furthermore, 187 (33.3%) and 369 (65.8%) were in their teens and 20s or older, respectively. Of these, 134 (23.9%), 179 (31.9%), 132 (23.5%), 113 (20.1%), 1 (0.2%), and 1 (0.2%) were in the first, second, third, fourth, fifth, and sixth grade of study, respectively. Regarding eating habits, 286 (51.0%) ate alone, and 267 (47.6%) had a dining partner. Regarding meal preparation, 315 (56.1%) prepared their own meals or purchased meals, 168 (29.9%) had family members prepare meals, and 53 (9.4%) ate out or used other methods (e.g., dormitory food). In addition, 330 (58.8%) were concerned about their nutritional balance, while 231 (41.2%) were not. Furthermore, 226 (40.3%) felt that their overall dietary habits were good, while 335 (59.7%) felt they were bad. Regarding changes due to COVID-19, 334 (59.5%) were enrolled in club and circle activity, while 225 (40.1%) were not. Compared to before the COVID-19 pandemic, face-to-face interaction with friends increased, remained the same, and decreased for 61 (10.9%), 189 (33.7%), and 309 (55.1%) respondents, respectively, after the COVID-19 outbreak. SNS interaction with friends increased, remained the same, and decreased for 209 (37.3%), 318 (56.7%), and 32 (5.7%) respondents, respectively.

3.1.2. Physical data

Mean (M) and standard deviation (SD) for height (cm), weight (kg), and BMI (kg/m2) were calculated by gender. Men's height, weight, and BMI were M = 171.3 (SD = 5.3), M = 58.8 (SD = 7.5), and M = 20.0 (SD = 2.3), respectively. For women, they were M = 158.0 (SD = 5.5), M = 50.6 (SD = 6.0), and M = 20.3 (SD = 2.1), respectively. Of the total participants, 113 (20.1%) were thin, 433 (77.2%) were standard, and 15 (2.7%) were obese. Among men, 22 (20.6%) were thin, 82 (76.6%) were standard, and three (2.8%) were obese. Among women, 90 (20.0%) were thin, 347 (77.3%) were standard, and 12 (2.7%) were obese.

3.1.3. Relationship between eating disorder tendency and participants' background

Of the total participants, 95 (16.9%) had eating disorder tendencies, and 466 (83.1%) did not. A chi-squared test was performed to examine the association between the two groups and participants' background (Table 1). Eating disorder tendencies were associated with gender, and the "no eating disorder tendency" and "eating disorder tendency" groups had more men and women, respectively (χ^2=4.332, df=1, *p*=.037). Eating disorder tendencies were associated with changes due to COVID-19, and more participants in the eating disorder tendency group had increased "SNS interactions with friends" (χ^2=5.951, df=1, *p*=.015). However, more participants in the "without eating disorder tendency group" were members of "club and circle activities" (χ2 =9.987, df=1, *p*=.002). No association was found between eating disorder tendencies and age, grade, meal partners, meal preparation, concern for nutritional balance, thoughts regarding eating habits in general, and face-to-face interaction with friends.

Table 1. Associations between Eating Disorder Tendencies and Participant Background

	Eating habits																
	Meal partner				Meal preparation					Concern for nutritional balance				Thoughts regarding eating			
		Alone	With partners	*p*		Self-catering or Purchase	Family	Eating out or Other	*p*		Do not care	Care	*p*		Bad	Good	*p*
	n	286	267		*n*	315	168	53		*n*	231	330		*n*	335	226	
EAT-26																	
No eating disorder tendency	460	240	220	.633	443	259	143	41	.409	466	199	267	.104	466	274	192	.327
Eating disorder tendency	93	46	47		93	56	25	12		95	32	63		95	61	34	

	Changes due to COVID-19											
	Face-to-face interaction with friends				SNS interaction with friends				Club and circle activities			
		No change or Decreased	Increased	*p*		No change or Decreased	Increased	*p*		Did not join	Joined	*p*
	n	498	61		*n*	350	209		*n*	225	334	
EAT-26												
No eating disorder tendency	465	414	51	.926	464	**301**	163	.015	464	173	**291**	.002
Eating disorder tendency	94	84	10		95	49	**46**		95	**52**	43	

Note. N=536～561; Chi-square test; EAT-26: Eating Attitudes Test-26; SNS: Social Networking Service; p: p-value

3.1.4. Comparison of each scale by eating disorder tendency

Table 2 shows the results of the comparison of the QIDS-J, NVS short version, TAC-24, and RSES-J in the two eating disorder propensity groups. Scores on the QIDS-J were significantly higher (p<.001) in the group with eating disorder tendency (Mdn=8.0, SD=5.1) than in the group without (Mdn=4.0, SD=4.0). For the total score on the NVS short version, the group with eating disorder tendency (Mdn=62.0, SD=18.2) scored significantly higher than the group without (Mdn=55.0, SD=16.3; p=.001). In addition, scores on all of the subscales were significantly higher in the group with eating disorder tendency (Mdn=12.0–18.0, SD=5.6-6.1) than in the group without (Mdn=10.0–16.0, SD=4.3–5.6; p=.003–.030). TAC-24 scores on the subscales of "Information Gathering," "Planning," "Distraction," and "Catharsis" were significantly higher in the group with eating disorder tendency (Mdn=11.0–12.0, SD=3.0–3.3) than in the group without (Mdn=9.0–11.0, SD=2.8–3.0; p <.001– =.016). No significant differences were found for the subscales "Abandonment/Giving Up," "Positive Interpretation," "Avoidant Thinking," and "Responsibility Shifting." The RSES-J scores were significantly lower in the group with eating disorder tendency (Mdn=25.0, SD=6.3) than in the group without (Mdn=26.0, SD=4.9; p=.005).

Table 2. Comparison of Each Scale by Eating Disorder Tendencies

		QIDS-J			NVS short version															RSES-J		
					Total scores			Self-expression suppression			Self-relaxation deficiency			Latent sense of privilege			Approval/Admiration hypersensitivity					
EAT-26	*n*	*Mdn*	*M*	*p*	*Mdn*	*M*	*p*	*Mdn*	*M*	*p*	*Mdn*	*M*	*p*	*Mdn*	*M*	*p*	*Mdn*	*M*	*p*	*Mdn*	*M*	*p*
No eating disorder tendency	466	4.0	5.3	<.001	55.0	53.9	.001	16.0	15.8	.003	14.0	14.1	.012	10.0	10.5	.005	14.0	13.5	.030	26.0	25.8	.005
Eating disorder tendency	95	8.0	8.7		62.0	60.4		18.0	17.6		15.0	15.7		12.0	12.3		15.0	14.8		25.0	24.1	

		TAC-24																							
		Information gathering			Abandonment/ giving up			Positive interpretation			Planning			Avoidant thinking			Distraction			Catharsis			Responsibility shifting		
EAT-26	*n*	*Mdn*	*M*	*p*	*Mdn*	*M*	*p*	*Mdn*	*M*	*p*	*Mdn*	*M*	*p*	*Mdn*	*M*	*p*	*Mdn*	*M*	*p*	*Mdn*	*M*	*p*	*Mdn*	*M*	*p*
No eating disorder tendency	466	9.0	9.3	<.001	8.0	7.7	.401	11.0	10.7	.834	10.0	10.2	<.001	9.0	8.9	.317	10.0	9.9	.001	11.0	10.3	.016	6.0	6.0	.851
Eating disorder tendency	95	11.0	10.5		7.0	7.5		11.0	10.8		12.0	11.4		9.0	9.2		11.0	11.0		11.0	11.0		6.0	6.2	

Note. N=561; Mann-Whitney U test; Mdn: Median; M: Mean; p: p-value; EAT-26: Eating Attitudes Test-26; QIDS-J: The Japanese version of the Quick Inventory of Depressive Symptomatology; NVS: Narcissistic Vulnerability Scale; RSES-J: The Japanese version of the Rosenberg Self-Esteem Scale; TAC-24: The Tri-Axial Coping Scale

3.1.5. Factors influencing eating disorder tendencies

Logistic regression analysis was conducted using the two groups as dependent variables. The results are shown in Table 3. The QIDS-J (B=0.18, p<.001) had the strongest effect on eating disorder tendency with an odds ratio (OR) of 1.195 at 95% confidence interval (CI): 1.120–1.275. The TAC-24 subscales "Planning" (B=0.13, p=.030) and "Distraction" (B=0.14, p=.010) had an OR of 1.137 (95% CI: 1.012–1.277) and 1.149 (95% CI: 1.034–1.277), respectively, and influenced eating disorder tendency. The results of the Hosmer–Lemshow test showed p=.190, which indicated a good fit for the model.

Table 3. Factors Associated with Eating Disorder Tendencies

Independent variables	Partial regression coefficients	Odds ratio	95% COI	*p*
QIDS-J	0.18	1.195	1.120-1.275	<.001
NVS short version				
Self-expression suppressio	0.01	1.014	0.958-1.073	.625
Self-relaxation deficiency	0.01	1.007	0.945-1.072	.836
Latent sense of privilege	0.05	1.056	0.985-1.132	.128
Approval/Admiration hypersensitivity	-0.05	0.948	0.885-1.015	.122
TAC-24				
Information gathering	0.06	1.060	0.950-1.183	.295
Abandonment/Giving up	-0.11	0.895	0.798-1.005	.060
Positive interpretation	-0.10	0.904	0.798-1.023	.111
Planning	0.13	1.137	1.012-1.277	.030
Avoidant thinking	0.03	1.030	0.927-1.145	.584
Distraction	0.14	1.149	1.034-1.277	.010
Catharsis	0.01	1.012	0.900-1.137	.842
Responsibility shifting	0.04	1.040	0.914-1.183	.555
RSES-J	0.02	1.015	0.959-1.075	.604

Note. N=561; Logistic regression analysis with forced entry method; Hosmer-Lemeshow test p=.190; Judgmental success rate 84.3%; QIDS-J: The Japanese version of the Quick Inventory of Depressive Symptomatology; NVS: Narcissistic Vulnerability Scale; TAC-24: The Tri-Axial Coping Scale; RSES-J: The Japanese version of the Rosenberg Self-Esteem Scale

4. Discussion

4.1. Research survey period

The survey period was from July to October 2022. The number of newly infected COVID-19 cases gradually began to increase in early July 2022 and reached a record high in August 2022 in Japan. However, beginning in late August, the cases gradually decreased and remained between 30,000 and 40,000 during October[37]. No behavioral restrictions were required during this period[38], and some universities resumed face-to-face classes, while others held school festivals and events for the first time in three years[39,40]. Thus, the gradual increase in face-to-face interactions, although not as much as before the COVID-19 pandemic, may have impacted university students' eating disorder tendencies.

4.2. Participant characteristics

4.2.1. Basic attributes

In a previous study before the pandemic, approximately 38.7% of the respondents ate alone[41]. However, our study showed that approximately half of the respondents ate alone, 60% catered for their own meals and paid attention to nutritional balance, and only 40% felt that their overall dietary habits were good. Thus, the tendency to eat alone increased post-pandemic. As concern for nutritional balance, feelings regarding one's diet in general, and actions to improve one's diet are related[30], they may have had an effect on university students' eating habits, as one group prepared their own meals and were concerned regarding their eating habits. Regarding the changes due to COVID-19, our participants were university students affected by COVID-19 and consequently faced decreased face-to-face interactions with friends and increased SNS interactions.

4.2.2. Relationship between eating disorder tendency and participants' background

Our study confirmed an association between eating disorder tendency and gender, with more men and women in the groups “without eating disorder tendency" and “with eating disorder tendency,” respectively. Previous studies reported that women were more likely to be patients with eating disorders and have eating disorder tendencies than men[42,43]. An association between eating disorder tendency and life changes due to COVID-19 was confirmed as those with eating disorder tendency showed increased social networking with friends. Patients with eating disorders had a strong desire for support[17], as did those with eating disorder tendencies[8]. Hence, they sought connection with others. Although COVID-19 restrictions were relaxed during this study's investigation period, face-to-face interaction may not have occurred to the same extent as before the pandemic. It was likely that more people interacted with their friends via SNS. More students in the group "without eating disorder tendency" were members of clubs and circle activities compared to those with such tendencies. A previous survey reported that many students found their school life unfulfilling as they could not participate in club and circle activities due to COVID-19[27]. This lack of a sense of fulfillment in school life and poor relationships because of school closures could trigger the onset of dieting and development of eating disorders[44] and may be the reason why those with eating disorder tendencies were not involved in club or circle activities.

4.2.3. Narcissistic vulnerability, stress coping, and self-esteem characteristics of those with eating disorder tendencies

Yamatsuta et al.[45] noted that those with higher narcissistic vulnerability were more likely to engage in extreme and risky dieting, be more obsessed with food, and transition to an eating disorder. In this study, those with eating disorder tendencies had higher total scores on the NVS short version and all the subscales than those without eating disorder tendencies, which suggested that narcissistic vulnerability was related to eating disorder tendencies.

Those with eating disorder tendencies scored higher on the "Information Gathering" subscale of the TAC-24 than those without, which indicated that they gathered information from others to solve their problems. While "Information Gathering" is an adaptive stress-coping strategy[35)], it includes seeking advice from others to solve problems. Patients with eating disorders may suffer from brain atrophy due to low body weight and nutritional status, which could result in decreased attentional focus, reaction time, and cognitive speed[11)] and extensive cognitive dysfunction[46)]. Thus, they may also experience widespread problems in thinking[17)]. Given that those with eating disorder tendencies may also exhibit similar characteristics due to low body weight, it is likely that they sought advice from others regarding coping strategies for stress-causing problems rather than thinking of them on their own. Those with eating disorder tendencies scored higher on the TAC-24 subscale "Catharsis" than those without. Catharsis is an attempt to bring on emotional venting[47)], which is triggered through the expression of feelings and verbalization of thoughts[48)]. Higher scores indicated that people expressed their mentally painful feelings to others and acted in search of support. Those with eating disorder tendencies had difficulty handling mental problems on their own and sought support from others[8)]; hence, they might have had higher scores on "Catharsis." Evaluating their ability to cope with stress even if it was by relying on others and supporting them in finding a partner or a place to express their mentally painful feelings is necessary.

Patients with eating disorders had low self-esteem, and they sought to enhance their self-esteem by gaining a sense of self-control by controlling their weight and body shape[11)]. A study on female university students reported that students with moderate and severe eating disorder tendencies had lower self-esteem than healthy students[49)]. Our results were also consistent with previous findings in that those with eating disorder tendencies showed low self-esteem and RSES-J scores. Furthermore, low narcissistic vulnerability, "Information Gathering" and "Catharsis" stress coping, and low self-esteem were not directly associated with eating disorder tendencies. However, the Mann–Whitney U test showed significant differences in these variables between the two groups, suggesting that these factors may be associated as characteristics of those with eating disorder tendencies.

4.2.4. Factors influencing eating disorder tendencies

Logistic regression analysis showed that higher scores on the QIDS-J, that is, more depressive symptoms, had the strongest effect on the tendency to have an eating disorder. The association between eating disorders and depressive symptoms have been described in previous studies[11,14)]. Under the influence of COVID-19, among patients with eating disorders, more than half experienced worsened original anxiety, and approximately 70% experienced increased depressive symptoms[28)]. This indicated that COVID-19 made their eating behavior problems increasingly apparent[50)]. Furthermore, COVID-19 reportedly increased depressive symptoms in college students[51)], which suggested that anxiety and depressive symptoms could lead to eating behavior problems and influence eating disorder tendencies in college students. In a comparative study, those with eating disorder tendencies had higher scores on the QIDS-J and more depressive symptoms than those without. Depressive symptoms appeared as a physiological response to starvation due to low body weight and anxiety and were caused by inadequate nutrition to the brain due to low nutritional intake[52,53)]. Thus, eating disorders and depressive symptoms were interrelated, and our results also supported previous research.

Logistic regression analysis indicated that higher scores on the TAC-24 subscale "Distraction" had an effect on the tendency to have an eating disorder. In addition, a comparison of stress coping showed that those with eating disorder tendencies scored higher on this subscale than those without. The "Distraction" scale consisted of "enjoying sports and trips," "killing time by shopping, gambling, and chatting," and "having drinks and eating favorite foods with friends," which indicated the tendency to take actions to forget stress through distraction by interacting with others and is categorized as emotion-focused stress coping[19,34,54)]. Patients with eating disorders and university students with a high tendency for eating disorders have been reported to have emotion-focused stress coping[19,55)]. Based on these findings, we hypothesized that stress coping using "Distraction" influenced eating disorder tendency. Moreover, "Distraction"—understood as acting to avoid problems—represents a tendency to act to forget stress through distraction by interacting with others. It is a positive behavior of coping with one's problems[19)]. Distraction by shopping or enjoying hobbies with others is considered to be an adaptive and effective stress-coping behavior for an individual[54)]. Thus, observing those engaging in "Distraction" stress coping and evaluating their stress-coping behaviors, such as engagement in hobbies and interaction with others to avoid problems, as well as introducing peer support activities are essential to encourage them to adopt more adaptive stress-coping behaviors [56)].

Logistic regression analysis also indicated that higher scores on the TAC-24 subscale "Planning" had an effect on the tendency to have an eating disorder. In addition, a comparison of stress coping between those with and those without eating disorder tendency showed that those with eating disorder tendency scored higher on this subscale, which indicated that they made detailed plans to solve their problems[35)]. While planning is an adaptive stress-coping strategy[35)], it could also be interpreted as a tendency to stick to one thing. Patients with eating disorder can be stubborn, inflexible, and have a high tendency to adhere and low flexibility[17,57)]. In addition, stubbornness was observed as an over-adaptive approach to studies and club activities without cutting corners and a first-time attitude toward university entrance exams[58)].

Furthermore, university students may feel more worthy and experience higher self-esteem in being able to control their weight by acting systematically and making plans to lose weight[15,59)]. Similar to previous studies' findings, those with eating disorder tendencies were found to have higher levels of stubbornness and adherence tendencies as well as to be more systematic in their planning to lose weight. These characteristics can also be understood as taking a "Planning" stress-coping approach[15)]. However, it is necessary to observe those with these characteristics to identify whether they are overly obsessive about food and weight to prevent the development of eating disorders.

4.3. Implications for health guidance for university students

4.3.1. Assistance in seeking support to solve problems

Increased depressive symptoms were strongly associated with eating disorder tendency, and those with eating disorder tendencies sought support to alleviate depressive symptoms and achieve emotional stability. Hence, it is important to utilize close friends and family as support resources[60,61,9)]. Self-help groups for eating disorder patients may provide emotional support and improve symptoms by sharing experiences[62)]. In addition, activities at universities were important to support students who developed eating disorders and prevent the prolongation of their symptoms[56)]. Thus, providing a place where those with eating disorder tendencies can seek support from others, such as a university health center, can enable early intervention and deter them from reaching a clinical stage.

4.3.2. Responding to others' interactions

People with eating disorder tendencies sought connection and interaction with others, and as the COVID-19 pandemic increased the incidence of patients with eating disorders due to decreased connection with others[28], active engagement with others is important to prevent the worsening of symptoms[50]. In universities, peer support activities among students[56] and both face-to-face and SNS interactions[63] could help students with eating disorder tendencies gain emotional support from each other.

4.3.3. Support for adherence

As people with eating disorder tendencies are characterized by a high degree of adherence[15,17,57], persistence in solving problems may cause a sense of inferiority when things do not work out or a sense of inadequacy when efforts are not recognized[64]. Underlying the increased adherence is the fear of losing control over weight, appetite, and so on, and such fear arises from low self-esteem and lack of self-confidence, which prevents them from expressing their thoughts and feelings. Hence, waiting until a person expresses their feelings in words rather than engaging in a directive manner is important. This approach could help patients gain self-confidence and alleviate the fear of loss of control, which, in turn, could lead to a reduction in adherence.

4.4. Limitations and future implications

As college students are at the prime age when eating disorders develop, particularly owing to the impact of COVID-19, it is necessary to identify related factors among college students for early intervention. The present study contributed to providing evidence. However, some limitations must be considered. First, the participants were predominantly women. Hence, the generalizability of the results is limited. In the future, students from various faculties should be surveyed to consider the gender differences and devise a method that will reflect college students with eating disorder tendencies in general.

Second, as this was a cross-sectional survey, it was not possible to compare the characteristics of those with eating disorder tendencies before the COVID-19 pandemic. Future studies should consider a longitudinal survey based on our results and examine the effects of changes due to the COVID-19 pandemic to clarify the relationship between COVID-19 and eating disorder tendencies in further detail. This would allow us to examine more effective intervention methods for those with eating disorder tendencies.

5. Conclusion

This study aimed to determine the factors associated with eating disorder tendencies among university students after the COVID-19 pandemic. The results indicated that eating disorder tendency was associated with gender, club/collective activity status, SNS interaction with friends, and purpose of SNS use. Those with eating disorder tendencies were characterized by depressive symptoms, narcissistic vulnerability, stress coping, and self-esteem.

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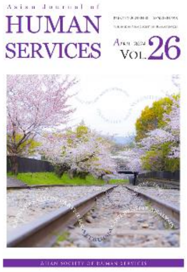

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ORIGINAL ARTICLE

Contingencies of Self-Worth, Contentment of Sources of Self-Worth, and Self-Esteem among Japanese High School Students

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ABSTRACT

This study aimed at developing scales for Japanese high school students to assess their contingencies of self-worth and contentment of sources of self-worth and to clarify the relationship between contingencies of self-worth, contentment of sources of self-worth, and self-esteem among students. A web-based survey of 192 Japanese high school students was conducted. Two scales with sufficient degree of validity and reliability were developed after determining discriminant and convergent validity and internal consistency through alpha coefficients. A single regression analysis was conducted with self-esteem as the objective variable and with each factor of contentment of sources of self-worth as the explanatory variable. The results showed that athletic competence, academic competence, interpersonal relationships, and enthusiastic activity affect self-esteem.

Keywords: Contingencies of self-worth, Contentment of sources of self-worth, Self-esteem, High school students

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1. Introduction

Good mental health is an essential aspect of good health. Unfortunately, a tendency toward mental health challenges has been noted among Japanese high school students. When 338 Japanese high school students were administered the General Health Questionnaire (GHQ), a typical scale for measuring mental health, 47.6% of them were above the cutoff value and had poor mental health[1)].

One measure often considered an indicator of mental health is self-esteem[2)]. According to Rosenberg[3)], self-esteem is a positive or negative attitude toward oneself and can be assigned two different meanings: “very good” and “good enough.” “Very good” implies the superiority of the self over others. However, in the case of “good enough,” the self feels worthy without comparison to others, which leads to an attitude of self-respect, recognition of one’s own limitations, and the expectation that one will overcome one’s own shortcomings and engage in personal growth and improvement. Furthermore, Rosenberg[3)] developed a scale to measure the latter “good enough” form of self-esteem. This scale has been used worldwide for about half a century.

Using Rosenberg’s Scale[3)], Orth et al.[4)] revealed the lifespan development of self-esteem from ages 16 to 97. They found that self-esteem, which was low in adolescence, increased toward adulthood, peaked around the age of 50, and then declined in old age. A study on the lifespan development of self-esteem among Japanese persons found low self-esteem among high school students[5)]. Low self-esteem is associated with higher levels of depression (e.g., Kuroda et al.[6)]); self-esteem support may reduce depression and lead to better mental health. Therefore, self-esteem support is recommended, and it can play a role in improving the current situation of Japanese high school students with mental health issues.

A literature review by Orth et al.[7)] found the use of multiple models to examine the relationship between self-esteem and depression. For example, Kuster et al.[8)] explain the relationship between self-esteem and depression through the mediated vulnerability model. According to the mediated vulnerability model, low self-esteem, mediated by repeated ruminations about threats can lead to depression; conversely, a certain level of self-esteem may prevent depression. Nevertheless, negative aspects of self-esteem have also been noted. These include people with high self-esteem displaying aggressive behavior toward others when their egos are threatened[9)]. Scholars have also noted the importance of viewing self-esteem from dimensions other than high and low self-esteem. One such dimension is contingencies of self-worth, which are a measure of how much self-esteem is contingent with domains to which the self-assigns value[10)]. Contingencies of self-worth indicate the extent to which self-esteem is contingent with different sources of self-worth, such as academic and athletic competence, for different individuals. Sargent et al.[11)] identified two types of contingencies of self-worth: contingencies of self-worth that tend to be associated with depression and contingencies of self-worth that are not. Specifically, higher approval from others, appearance, competition, and academics have been shown to predict higher depression, whereas God’s love and virtue are not related to higher depression. Thus, there may be other domains of contingencies of self-worth that have an impact on mental health.

In considering mental health, it is important to examine contentment of sources of self-worth in relation to contingencies of self-worth. Contentment of sources of self-worth is an indicator of how satisfied the sources of self-esteem are[12)]. Ito et al.[13)] use the term “contentment of sources of self-esteem,” but in this study we used the term “contentment with sources of self-worth” to correspond to the term contingencies of self-worth. Furthermore, Ito et al.[12)] found that even if the sources of self-worth for the self and others are the same, the meaning of the sources of self-worth may be different whether those sources are fulfilled or not. When self-esteem is dependent on an individual’s appearance, those who are satisfied with their appearance feel a sense of self-worth, while those who are not satisfied with their appearance feel a threat to their self-esteem[12]. For example, for whom academic competence is a source of self-esteem (when contingencies of self-worth in academic competence are high), self-esteem is likely to increase if academic performance is good (i.e., contentment of sources of self-worth in academic competence is high). However, for whom academic competence is not a source of self-esteem (when contingencies of self-worth in academic competence are low), it is unlikely that the person's self-esteem will be enhanced even if the person's academic performance is good (contentment of sources of self-worth in academic competence is high). In other words, even if the same good academic performance is achieved, the effect on self-esteem may differ depending on whether the person has high or low contingencies of self-worth in academic competence.

In the relationship between contingencies of self-worth and contentment of sources of self-worth, higher contingencies of self-worth reportedly correlate with higher contentment of sources of self-worth[12]. Given the demonstrated relationship between contingencies of self-worth and motivation[14], people are more motivated to actively work on objects with high contingencies of self-worth, resulting in higher levels of contentment of sources of self-worth. Therefore, it may be effective to examine contingencies of self-worth and contentment of sources of self-worth.

However, no scales of contingencies of self-worth and contentment of sources of self-worth are available to be used for Japanese high school students who are prone to mental health challenges. It is hoped that clarifying the actual situation and the relationship between contingencies of self-worth, contentment of sources of self-worth, and self-esteem will provide knowledge that can be used in supporting high school students' self-esteem. Self-esteem can be clarified elaborately by clarifying contentment of sources of self-worth and contingencies of self-worth. Overall, the significance of this study lies in its contribution to improving the mental health of a sample of Japanese high school students by accumulating knowledge on self-esteem, especially for those who have been diagnosed with low self-esteem[5]. In this study, the six factors of "athletic competence," "academic competence," "interpersonal relationships," "others' approval," "appearance," and "enthusiastic activity" were assumed for each of the Contingencies of Self-Worth Scale and Contentment of Sources of Self-Worth Scale for high-school students. For "athletic competence," high-school students have many opportunities to engage in physical activities in school classes and extracurricular activities. In fact, a link has been shown between "athletic competence" and self-esteem[15]. With regard to "academic competence," a relevant factor is the intelligence factor, consisting of "being smart" and "being able to do well academically"[16]. Ito[16] showed that higher self-esteem was correlated with a higher level of contentment of the source of intelligence. In terms of "interpersonal relationships" and "others' approval," the term "school caste" related to interpersonal relationships in schools has been gradually recognized in recent years in Japan; according to Mizuno et al.[17], school caste is a status disparity between groups within Japanese school classes, which—like the caste system in India—creates hierarchical relationships with low status variability. School caste is said to occur mainly among junior high school and high school students[18]. Those placed lower in the school caste encounter problems, such as loss of self-esteem and loss of enjoyment of school life; notably, these problems continue even after graduation[19]. With regard to "appearance," previous studies[15,20] have indicated a relationship between "appearance" and self-esteem. As for "enthusiastic activity," in what is similar to the factor of enthusiastic activity, the factor of activities is to be involved in, consisting of content, such as "I am able to work on something I am interested in" and "I have something to devote myself to"[16]. Ito[16] showed that higher self-esteem was correlated with a higher level of contentment of the source of enthusiastic activity to be involved in.

The purpose of this study is twofold: first, to develop the scales of contingencies of self-worth and contentment of sources of self-worth for Japanese high school students and to confirm the validity and reliability thereof and, second, to clarify the actual situation and relationship between contingencies of self-worth, contentment of sources of self-worth, and self-esteem among Japanese high school students.

2. Method

2.1. Procedure

We conducted an online survey in March 2021, commissioning Cross Marketing Inc., a Japanese web-based research company. 300 Japanese high school students (96 males and 204 females) responded to the survey, and 192 subjects (96 males and 96 females) out of them were analyzed, with the average age being 16.9 years and the ages ranging from 15–18. Moreover, 192 high school students were distributed as follows: 73 freshmen (36 males and 37 females), 55 sophomores (27 males and 28 females), and 64 juniors (33 males and 31 females).

2.2. Structure of the questionnaire

2.2.1. Personal characteristics

The gender, age, occupation, grade, and area of residence of the respondents were ascertained.

2.2.2. Measurement of contingencies of self-worth and contentment of sources of self-worth

To develop the Contingencies of Self-Worth Scale and Contentment of Sources of Self-Worth Scale for high school students, we developed 48 items that were considered to be appropriate for the categories contingencies of self-worth and contentment of sources of self-worth for high school students, with reference to previous studies[12,21,22]. Consequently, there were 24 in each scale, and the two scales were created to correspond with each other. For example, the question “When I am good at my studies, I feel satisfied with myself” in the Contingencies of Self-Worth Scale corresponds to “I think I am good at studying” in the Contentment of Sources of Self-Worth Scale. The responses were based on a 5-point rating scale method ranging from “very true (5 points)” to “not true at all (1 point).”

2.2.3. Measurement of self-esteem

A 10-item scale modified from Rosenberg’s[3] Self-Esteem Scale[23] was used. The scale[23] is a plain-language scale that can be applied to high school students, including those with developmental disabilities, and both its content validity and reliability have been demonstrated. The responses were based on a 4-point rating scale from “very much” to “not at all.”

SPSS (Ver. 28) was used for statistical analysis.

2.2.4. Statistical analysis

First, an exploratory factor analysis was performed to examine the factor structures of the Contingencies of Self-Worth Scale and Contentment of Sources of Self-Worth Scale. Second, to validate both scales, a correlation analysis was conducted between these scales and Rosenberg’s Self-Esteem Scale[3]. Specifically, discriminant validity was assessed by calculating the correlations between the Contingencies of Self-Worth Scale and the Self-Esteem Scale[23]. Furthermore, convergent validity was tested by calculating the correlations between the Contentment of Sources of Self-Worth Scale and the Self-Esteem Scale[23]. A two-factor analysis of variance was conducted to examine the differences according to the high school students' gender and grade level. Finally, a single regression analysis was performed to determine the relationship between contingencies of self-worth, contentment of sources of self-worth, and self-esteem. After classifying the groups into high and low contingencies of self-worth groups, the extent to which contentment of sources of self-worth influences self-esteem was examined.

2.2.5. Ethical considerations

The consent of the high school students themselves was obtained for the implementation of this study. At the time of implementation, we explained that the survey was conducted based on the free will of the survey subjects, that the survey subjects would not be disadvantaged even if they did not respond, and that privacy would be protected. In addition, this study was conducted with the consent of the Research Ethics Committee of the University of Tsukuba (2020-198A).

3. Results

3.1. Examination of the factor structure of the scale

The ceiling effect (Mean+1SD) and floor effect (Mean−1SD) were checked. When the descriptive statistics of the Contentment of Sources of Self-Worth Scale were checked, a ceiling effect was found for one item. Therefore, one item of the Contentment of Sources of Self-Worth Scale and one item of the Contingencies of Self-Worth Scale, which corresponded to that question, were deleted. Next, the descriptive statistics of the Contingencies of Self-Worth Scale were checked, and the ceiling effect was found in six items. However, although the ceiling effect was observed for the item, "It is important for me to work on things that interest me," we decided not to delete the item because we judged them to be particularly important in considering support. As a result, the five items of the Contingencies of Self-Worth Scale and the question items of the Contentment of Sources of Self-Worth Scale corresponding to those five items were deleted.

Factor analysis (unweighted least squares method and Promax rotation) was conducted on the 18 items of the Contentment of Sources of Self-Worth Scale. Items with factor loadings of .40 or less were excluded, and factor analysis was repeated. As a result, 16 items with four factors were extracted (Table 1), and the percentage of total variance explained by the four factors was 63.58%.

Because the first factor of the Contentment of Sources of Self-Worth Scale consisted of questions about competence to perform academic activities, such as "I think I have good grades in school," the factor was named "academic competence." The second factor was named "athletic competence" because it consisted of questions related to physical competence, such as "I think I have good motor skills." The third factor was named "enthusiastic activity" because it consisted of questions about participation in various activities, such as "I think I am working on something I am interested in." The fourth factor was named "interpersonal relationships" because it consisted of questions about interpersonal relationships, such as "I have friends with whom I can talk about anything."

Next, 16 items of the Contingencies of Self-Worth Scale corresponding to the 16 items extracted in the Contentment of Sources of Self-Worth Scale were extracted, and factor analysis (unweighted least squares method and Promax rotation) was conducted. As a result, no items had factor loadings below .40, and no items were deleted. Similar to the results of the Contentment of Sources of Self-Worth Scale, 16 items with four factors were extracted as the Contingencies of Self-Worth Scale (Table 2). The percentage of the total variance that can be explained by the four factors was 55.61%.

Table 1. Factor analysis of the Contentment of Sources of Self-Worth Scale

	F1	F2	F3	F4
Factor 1: Academic competence				
24 I think I have good grades in school	**.94**	.01	-.09	-.01
14 I think I am good at studying	**.90**	.02	-.11	-.07
4 I think I achieve good scores on school tests	**.84**	.01	-.01	.02
19 I think I can understand the content of the class	**.70**	-.11	.14	.03
Factor 2: Athletic competence				
6 I think I have good motor skills	.07	**.89**	.05	-.05
21 I think I achieve good results in sports	.02	**.88**	.06	-.03
18 I think I get good grades in physical education	.06	**.85**	-.01	-.08
8 I think I am not good at sports*	-.20	**.73**	-.14	.13
Factor 3: Enthusiastic activity				
9 I think I am working on something I am interested in	-.02	-.04	**.92**	-.06
13 I think I am enthusiastic about what I like	-.09	-.02	**.89**	.04
5 I think I have something to devote myself to	.01	.02	**.85**	-.04
Factor 4: Interpersonal relationships				
10 I don't think I have any good friends*	-.17	-.03	-.22	**.76**
15 I have friends with whom I can talk about anything	.05	-.07	.05	**.72**
23 I think my friends like me	.10	.13	.07	**.59**
16 I think others are dependent on me	.18	.08	.20	**.55**
20 I don't think I am accepted by others*	-.01	-.03	.01	**.42**
Cronbach's alpha coefficient (α)	.90	.89	.89	.79
% of Variance	34.77	12.90	8.16	7.75
Factor correlations				
F2	.40			
F3	.54	.30		
F4	.39	.42	.35	

*Item was reversed scoring.

Table 2. Factor analysis of the Contingencies of Self-Worth Scale (unweighted least squares method, Promax rotation)

		F1	F2	F3	F4
Factor 1:	Athletic competence				
18	I feel more confident when I do well in physical education	**.84**	.05	-.05	-.03
6	Being good at sports is important to me	**.81**	-.09	-.01	.05
8	I feel satisfied with myself when I can play sports well	**.76**	-.14	.13	.15
21	I get depressed when I don't do well in sports	**.68**	.17	-.01	-.05
Factor 2:	Academic competence				
4	I lose self-confidence when I get a bad score on a school test	-.08	**.75**	.02	-.03
19	I get depressed when I don't understand something in class	-.04	**.74**	.00	-.11
24	Good grades in school are important to me	.10	**.72**	-.03	.01
14	When I am good at my studies, I feel satisfied with myself	.06	**.57**	.06	.09
Factor 3:	Enthusiastic activity				
13	I feel confident when I am enthusiastic about something I like	-.02	.02	**.90**	-.21
5	I am satisfied with myself because I have something to devote myself to	.22	.02	**.71**	-.17
9	It is important for me to work on things that interest me	-.05	-.02	**.67**	-.04
Factor 4:	Interpersonal relationships				
23	Being liked by my friends makes me feel good about myself	.08	.04	.03	**.78**
15	If I don't have friends I can talk to about anything, I don't feel confident about myself	.03	.20	-.24	**.67**
20	It is important for me to be accepted by others	-.15	-.02	.36	**.66**
10	I don't mind if I don't have good friends*	.05	-.14	-.21	**.59**
16	I am satisfied with myself when people depend on me	-.02	.03	.41	**.48**
Cronbach's alpha coefficient (α)		.87	.79	.75	.80
% of Variance		35.37	8.66	6.69	4.90
Factor correlations					
F2		.42			
F3		.51	.46		
F4		.47	.58	.62	

*Item was reversed scoring.

3.2. Internal consistency of each scale

To check the internal consistency of the Contentment of Sources of Self-Worth Scale, Cronbach's alpha coefficient was calculated. The results were as follows: athletic competence was .89; academic competence was .90; enthusiastic activity was .89; and interpersonal relationships was .79. Similarly, the Cronbach's alpha coefficient of the Contingencies of Self-Worth Scale was calculated. Athletic competence was .87; academic competence was .79; enthusiastic activity was .75; and interpersonal relationships was.80. The Cronbach's alpha coefficient of the self-esteem scale was calculated as .87. However, in Kojima et al.[23)], it was noted that deleting item 8 would increase internal consistency. Therefore, Cronbach's alpha coefficient was calculated as .90 by deleting item 8. Accordingly, in this study, we decided to conduct the analysis after deleting item 8.

3.3. Correlation coefficients between the Contentment of Sources of Self-Worth Scale, the Scale of Contingencies of Self-Worth, and the Self-Esteem Scale

To verify the convergent validity of the Contentment of Sources of Self-Worth Scale, the correlation coefficients between each factor score of the Contentment of Sources of Self-Worth Scale and the self-esteem score were calculated (Table 3). As a result, the correlation coefficients between self-esteem scores and the subfactors of the Contentment of Sources of Self-Worth Scale, "athletic competence" (r = .45, p < .01), "academic competence" (r = .50, p < .01), "interpersonal relationships" (r = .61, p < .01), and "enthusiastic activity" (r = .46, p < .01), showed a moderately significant positive correlation.

To verify the discriminant validity of the Contingencies of Self-Worth Scale, the correlation coefficients between each factor score of the Contingencies of Self-Worth Scale and the self-esteem score were calculated (Table 3). As a result, the correlation coefficients between self-esteem scores and the subfactors of the Contingencies of Self-Worth Scale, such as "athletic competence" (r = .28, p < .01) and "enthusiastic activity" (r = .35, p < .01), were weakly and significantly positively correlated. However, little correlation was found between self-esteem scores on the one hand and "academic competence" and "interpersonal relationships" on the other.

Table 3. Correlation coefficients between the scores of each sub-factor of contingencies of self-worth scores, contentment of sources of self-worth scores, and self-esteem scores

	Contingencies of self-worth				Self-esteem
	Athletic competence	Academic competence	Interpersonal relationships	Enthusiastic activity	
Contentment of sources of self-worth					
Athletic competence	.51**	.10	.19**	.20**	**.45****
Academic competence	.25**	.25**	.01	.27**	**.50****
Interpersonal relationships	.28**	.04	.32**	.29**	**.61****
Enthusiastic activity	.18**	.04	.06	.45**	**.46****
Self-esteem	**.28****	**.02**	**.10**	**.35****	

**p < .01

3.4. Basic statistics of each scale and grade and sex differences

The basic statistics of each scale and the grade and gender differences are shown in Table 4. A two-factor analysis of variance was conducted with the subfactor scores of the Contentment of Sources of Self-Worth Scale and the Contingencies of Self-Worth Scale and Self-Esteem Scale scores as the dependent variables, and the gender and grade of the high school students as the independent variables, and no interaction and main effect were found.

Table 4. Basic statistics of each scale and differences in year and gender

	Male			Female			Main effect				Interaction	
	First-year	Second-year	Third-year	First-year	Second-year	Third-year	Year		Gender		Year×Gender	
	$N=36$ (SD)	$N=27$ (SD)	$N=33$ (SD)	$N=36$ (SD)	$N=27$ (SD)	$N=33$ (SD)	F	η_p^2	F	η_p^2	F	η_p^2
Contingencies of self-worth												
Athletic competence	3.26 (1.20)	3.39 (1.05)	3.33 (0.93)	3.44 (1.00)	3.30 (1.17)	3.32 (1.06)	0.02	0.00	0.03	0.00	0.28	0.00
Academic competence	3.48 (0.94)	3.71 (0.75)	3.24 (1.13)	3.67 (0.80)	3.65 (1.10)	3.62 (0.88)	1.06	0.01	1.53	0.01	0.83	0.01
Interpersonal relationships	3.54 (1.00)	3.85 (0.73)	3.64 (0.97)	3.83 (0.84)	3.47 (0.98)	3.89 (0.82)	0.22	0.00	0.19	0.00	2.58	0.03
Enthusiastic activity	4.29 (0.70)	4.10 (0.60)	4.08 (0.87)	4.06 (0.75)	3.96 (0.90)	4.10 (0.75)	0.57	0.01	1.02	0.01	0.44	0.01
Contentment of sources of self-worth												
Athletic competence	2.49 (1.15)	2.74 (1.23)	2.30 (1.05)	2.52 (1.07)	2.56 (1.22)	2.05 (1.12)	2.83	0.03	0.70	0.00	0.29	0.00
Academic competence	2.85 (1.13)	3.14 (1.07)	2.95 (1.11)	3.23 (1.07)	2.76 (1.02)	2.95 (1.03)	0.16	0.00	0.00	0.00	1.91	0.02
Interpersonal relationships	3.02 (1.09)	3.18 (0.80)	3.10 (1.02)	3.17 (0.81)	3.12 (0.99)	3.14 (0.80)	0.05	0.00	0.11	0.00	0.20	0.00
Enthusiastic activity	3.90 (1.22)	3.78 (0.72)	3.55 (1.21)	3.56 (1.06)	3.57 (1.20)	3.62 (1.05)	0.33	0.00	0.97	0.01	0.60	0.01
Self-esteem	2.48 (0.78)	2.64 (0.40)	2.50 (0.71)	2.54 (0.80)	2.45 (0.73)	2.22 (0.64)	1.20	0.01	1.79	0.01	1.11	0.01

3.5. Relationship between contentment of sources of self-worth and self-esteem in high and low contingencies of self-worth groups

To examine the relationship between self-esteem and contentment of sources of self-worth in the high- and low-contingency groups, the participants were grouped based on the mean of each factor of the Scale of Contingencies of Self-Worth. A single regression analysis was conducted with self-esteem as the objective variable and each factor of the Scale of Contentment of Sources of Self-Worth as the explanatory variable (Table 5). Significant association with self-esteem was found in the high contingency group in athletic competence (F(1, 98) = 28.06, p < .01, R^2 = .22), low contingency group in athletic competence (F(1, 90) = 9.92, p < .01, R^2 = .10), high contingency group in academic competence (F(1, 94) = 51.03, p < .01, R^2 = .35), low contingency group in academic competence (F(1, 94) = 18.67, p < .01, R^2 = .17), high contingency group in interpersonal relationships (F(1, 111) = 63.69, p < .01, R^2 = .37), low contingency group in interpersonal relationships (F(1, 77) = 24.80, p < .01, R^2 = .24), high contingency group in enthusiastic activity (F(1, 93) = 19.48, p < .01, R^2 = .17), and low contingency group in enthusiastic activity (F(1, 95) = 20.36, p < .01, R^2 = .18).

Table 5. Relationship between contentment of sources of self-worth and self-esteem in the high and low contingencies of self-worth groups in the single regression analysis

Group	Objective variable	Explanatory variable	β	t	R^2	F
High contingency group in athletic competence	Self-esteem	Contentment of athletic competence	0.47	5.30**	0.22	28.06**
Low contingency group in athletic competence			0.32	3.15**	0.10	9.92**
High contingency group in academic competence	Self-esteem	Contentment of academic competence	0.59	7.14**	0.35	51.03**
Low contingency group in academic competence			0.41	4.32**	0.17	18.67**
High contingency group in interpersonal relationships	Self-esteem	Contentment of interpersonal relationships	0.60	7.98**	0.37	63.69**
Low contingency group in interpersonal relationships			0.49	4.98**	0.24	24.80**
High contingency group in enthusiastic activity	Self-esteem	Contentment of enthusiastic activity	0.42	4.41**	0.17	19.48**
Low contingency group in enthusiastic activity			0.42	4.51**	0.18	20.36**

$^{**}p < .01$

4. Discussion

4.1. Validation and reliability of the scale

As a result of factor analysis, a scale consisting of four factors, athletic competence, academic competence, interpersonal relationships, and enthusiastic activity, was developed in the Scale of Contentment of Sources of Self-Worth and the Scale of Contingencies of Self-Worth.

To examine the convergent validity, the correlation coefficients between the subfactor scores for contentment of sources of self-worth and the scores for self-esteem were calculated, and a moderately positive correlation was found. The results were similar to those seen in previous studies[13)]. To examine the discriminant validity, the correlation coefficients between the subfactor scores for contingencies of self-worth and the scores of self-esteem were calculated, and no correlation or a weak correlation was found. The correlation between the scores for contingencies of self-worth and self-esteem was also non-existent or weak in Ohtani et al.[21)]. Positive correlations were found between the Scale of Contentment of Sources of Self-Worth, and no or weak correlations were found between the Scale of Contingencies of Self-Worth and self-esteem scales, similar to previous studies[13)21)]. Therefore, it is thought that a certain degree of the validity was demonstrated for the Scale of Contentment of Sources of Self-Worth and the Scale of Contingencies of Self-Worth developed in this study.

To verify the reliability of the scale, it was examined from the viewpoint of internal consistency. The results showed that the alpha coefficients of the subfactors of the Contentment of Sources of Self-Worth Scale ranged from .79 to .90, and the alpha coefficients for the subfactors of the Scale of Contingencies of Self-Worth ranged from .75 to .87. This indicates a certain level of reliability.

4.2. Relationship between contentment of sources of self-worth and self-esteem in the high and low contingencies of self-worth groups

In both the high and low contingencies of self-worth groups in the category of athletic competence, self-esteem was affected by contentment of sources of self-worth in athletic competence to a certain extent. The explanatory rate of the high athletic competence group was 22%. However, the explanatory rate of the low athletic competence group was 10%, which was the lowest explanatory rate among the other groups. Oba[24] applied the achievement motivation process model in physical education for 752 Japanese junior and senior high school students. The results indicated that high motor ability competence predicted high self-esteem. Specifically, one reason for such competence was the expectation for improving one's motor ability competence due to praise and support from friends. Being good at sports or getting good grades in physical education can give them a sense of self-worth, which in turn can lead to higher self-esteem, as they are valued by their friends.

In both the high and low contingencies of self-worth groups, contentment of source of academic competence influenced self-esteem to a certain extent. This suggests that academic competence has a certain influence on self-esteem among both Japanese high school students whose self-esteem is strongly and not so strongly based on academic competence. Contingencies of self-worth have also been shown to be related to motivation. For example, students with high academic contingency of self-worth tend to be motivated to increase their academic achievement[14]. In this regard, such students may perform academically better than those with low academic contingency of self-worth. Furthermore, self-esteem is higher in the high academic competence group because it is easier to get good scores and grades on tests when one's academic competence is high, which may lead to a feeling of self-worth and praise from others, which in turn may lead to higher self-esteem. According to the Parent–Child Survey on Children's Life and Learning 2019[25], 39.0% of high school students answered, "I like studying"; 84.9% answered, "I care about test scores"; and 76.2% answered, "I like studying because I want to pursue a career in the future." Though the majority of high school students dislike studying, a high percentage study with a sense of purpose and are interested in test scores. Many high school students feel a certain value in their schoolwork, and achieving results in their schoolwork, which they feel is valuable, is thought to lead to an increase in their self-esteem. However, even in the low-self-worth group, a sense of contentment of source of academic competence affected self-esteem to a certain extent because their classmates or parents may place a high value on academic success even if the student does not. High academic competence results in praise from classmates and parents, but if academic competence is low, a student will not be praised by classmates and parents and may even be criticized. Therefore, it is thought that the degree of academic competence affects self-esteem even if the individual does not value academic competence.

In both the high and low contingencies of self-worth groups, contentment of source of interpersonal relationships affected self-esteem to a certain extent. The explanatory rate was 37% in the high interpersonal relationships group and 24% in the low interpersonal relationships group, which was the highest among the explanatory rates in the other groups. These results indicate that interpersonal relationships influence self-esteem not only in the high-contingency group of individuals of interpersonal relationships but also in the low-contingency group. Okada[26] showed that adolescents, including high school students, have a process for acceptance and non-rejection by their friends. They take care to ensure that both they and their friends do not hurt each other's feelings, thereby raising and maintaining the level of their self-esteem.

However, some risks are also associated with an excessive source of self-worth in interpersonal relationships. If students at the bottom of the school caste have excessive sources of self-esteem in their interpersonal relationships, they will likely have lower self-esteem. The lower self-esteem may lead to negative behaviors and a vicious cycle that perpetuates their low caste[19]. Therefore, it may be necessary to consider psychological support for those who are at the lower end of the school caste when the source of their excessively low self-esteem is their interpersonal relationships.

In both the high and low contingencies of self-worth groups, contentment of source of enthusiastic activity affected self-esteem to some extent. In light of the questionnaire on contentment of source of enthusiastic activity, it can be speculated that being enthusiastic about one's favorite activities or working on something one is interested in can lead to self-confidence and self-satisfaction, which in turn can improve self-esteem. Enthusiastic activity has been shown to be associated with temporal perspective[12]. A typical definition of temporal perspective is "the totality of the individual's views of his psychological future and psychological past existing at a given time"[27]. This definition defines temporal perspective from the cognitive aspect[28], and it shows that the way humans view past and future time and their current behavior are closely related, as they adjust their current behavior by looking into the past and future, and predict the past and future from their current behavior[29]. Ito et al[12]. noted that contentment might lead people to have goals and hopes for the future and to accept the past. In the present study, it is assumed that a high level of enthusiastic activity promotes positive evaluation of the self by making it easier to have hopes for the future and accept the past and that this is among the factors that increase self-esteem.

Finally, based on Mizumoto's effect size criterion[30], the R^2 of the single regression analysis ranged from .10 to 37, indicating that there is a moderate to strong relationship between contentment of sources of self-worth and self-esteem.

5. Limitations

In this study, we clarified the relationship between contingencies of self-worth, contentment of sources of self-worth and, self-esteem among high school students. According to Orth et al.[4], self-esteem is not constant throughout life; it increases from adolescence to adulthood and then declines in old age. Similar to self-esteem, contingencies of self-worth and contentment of sources of self-worth may also develop throughout life, from adolescence to adulthood. It is expected that future studies will shed light on the lifelong development of contingencies of self-worth and contentment of sources of self-worth by conducting examinations of adults and seniors.

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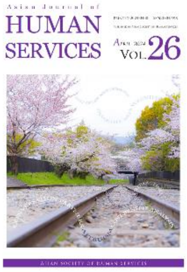

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ORIGINAL ARTICLE

Philanthropic and Functional Motivation of DREAMS Afterschool Intervention Programme Volunteers: A Correlational Study

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ABSTRACT

Rapid increase in access to information and communication technology among youths have changed their approach towards life. Present study aims to find the relationship between philanthropy and functional motivation among fresh DREAMS volunteers. Study adopted two standardized tool to measure philanthropy and functional motivation. Study selected all the fresh 255 volunteers who just joined DREAMS afterschool intervention programme (AIP), which included 25 boys and 230 girls. Study employed descriptive correlational design and administered the survey questionnaire to participants of the study. Statistical analysis of the data revealed a significant positive moderate correlation between philanthropy and functional motivation. Philanthropy could explain 11.8% variation in functional motivation of fresh volunteers. Quartile points explains almost 74% of the participants fared high on functional motivation than philanthropy. Thus, present day youths have high functional motivation to volunteer than philanthropy. Future researchers may delve into the root cause for lack of philanthropic mindset among gen Zs.

Keywords: Afterschool, Altruism, Functional-motivation, Philanthropy, Volunteering.

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1. Introduction

DREAMS stands for Desire, Readiness, Empowerment, Action, and Mastery for Success. Dreams afterschool intervention programme (ASIP) is to encourage youths who are weak in prosocial skills thereby lag behind in realizing their full potential to lead a successful life. This motto attracts many youngsters to participate voluntarily in DREAMS activities. There are several factors, which affect their volunteering act. Philanthropy and functional motivation seem to significantly affecting volunteering act among youths. Philanthropy through youth engagement needs to be understood in the era of technological advancement. Youth are viewed as problem solvers through the lens of philanthropy and volunteerism[61)]. Philanthropy is compassion towards humanity that are related to the motivational aspects of altruistic actions and benevolence[53)]. Volunteerism is the outcome of varied attributes that facilitates decision-making capacities among youth. These attributes include institutional culture, impactful interpersonal ties, preparedness to acquire, and an optimistic disposition that guide in structuring volunteering programs[58)]. It is noticeable that volunteers are aware of the challenges but are unaware of the problem-solving strategies in order to resolve them[18)]. Cho et al., (2023) found that personality dispositions are indicators of six motivational features, like showcasing its value proposition, community participation, social ties, inclination toward career, self-development, and appreciation of physiological activities[12)]. All these factors positively envisioned an ongoing intentional process that negated extrinsic motivational factors. Therefore, the relevance of volunteer organizations in tailoring both the enrolment process and the volunteering involvement to endorse volunteer motivation and continual intention is needed[12)]. This paves its foundations towards intrinsic motivational competencies. It was found that individual competencies favorably outcome intrinsic motivation and job satisfaction. This job satisfaction further positively impacts intentions and mediate relationships. Thus, these intentions can be understood through self-determinism in comprehending the processes of volunteerism[65)]. During the COVID-19 pandemic, it was noticed that motivational qualities among students led to volunteerism[67)]. These students perceived that volunteering denotes realistic actions of nurturance. It further indicated that there is a need to scientifically explore these managerial skills of volunteers.

Scientific findings suggest that an institution motivates its employees to become active participants in voluntary tasks which needs to develop interactions between its members and the community[27)]. This would include the development of social responsibility, improvisation of volunteering services, enhancement of cohesive work culture, and extension of community opportunities for engagement. Thus, these developmental initiatives would inculcate principles of organizational citizenship behavior and improvisation of service-based performance. Thus, it was found through interviews that volunteers who are experimentally trained imbibed a greater understanding of the program[57)]. It also included challenges of time constraints and participation that were suggested to be improved by addressing concerns like time management, human resource personnel, motivation, and values. It recommended the need for research to understand the relationship between decision-makers and involvement. These can be observed at through the scientific outcome of LMX-Leader-Member-Exchange that was affected through the accomplishment of values, understanding, and development of social and career motivations[62)]. It indicated that the development of motives is integral in uplifting the results of a positive workplace through volunteer-supervisor connections.

Hence, there are many motivational indicators and numerous forms of engagement. It was found that nature discourse was a pivotal motivational factor for joining the program and the main indicator for continuing involvement was knowledge through interpersonal interactions[28)]. A survey conducted on 271 volunteers also found that the ability to nurturance within the community that stimulates understanding strengthens the motivations of young volunteers[2]. It showed that volunteers value outcome-based intrinsic rewards. Thus, a creative method of identification of sustained interactive volunteerism is integral for the recruitment of volunteers in cultural settings[3].This recruitment facilitated by training empowers performance, relationships, attitudes, and job satisfaction. A similar finding showed that the aspect of learning is viewed as the influential motive for volunteerism[13]. Thus, it's important to understand the volunteer intentions. A study finding suggested that altruistic concerns and attitudes influenced volunteer actions[8]. These altruistic tendencies impact internalized motivational tendencies. In a study volunteer's are guided by internalized altruistic motivational aspects than extrinsic ones[30]. During the pandemic, these volunteers participated in community outreach and thus volunteer managerial boards should confirm that volunteers are empowered. Hence, altruistic capacities and humane value-based motivation outcomes both volunteering and resilience with competencies to work with challenges[49]. It further develops empathy. Research also suggests exploring the levels of volunteerism[6].

Volunteerism needs to be understood from the lens of religiosity. Study results discovered the four principles that motivated volunteer participation that is religiosity, biospheric values, altruism, and egoistic ideals. Thus, it is urgent to embed religious ethics in volunteering intervention to inspire communities to cooperatively involve in ecological preservation[1]. These motivational qualities that outcome from volunteering, therefore, are associated with personalized principles and lowered volunteerism due to dysfunctional value orientation and apathy[19]. It was narrated by youth that through volunteering there is an expression of morals and capacities, and autonomy in decision-making in developing a progressive community through the maintenance of program guidelines, promoting engagement, and identification of goals[56]. Thus, volunteering took place due to the working of altruistic qualities, contextual changes, opportunities to associate with the community, and individual accomplishment. It was defined to be intrinsically motivational for the acquisition of new capacities, and knowledge, thereby providing opportunities for greater interpersonal associations and physiological activities[59]. The motivational indicators of volunteers include the factors like supporting the community and instill personal development[63]. These volunteering processes are recognized to be meaningful and fulfilling[45]. Thus, these aspects of contentment among volunteers are associated with civic involvement. It was found that volunteer contentment impacted an attitudinal change and outcome in service[4]. Volunteerism through the diverse contexts is motivated for strengthening community interests and individual benefits[20].

The motives for volunteering necessitate to comprehend the interplay of philanthropy and functional motivation among youth volunteers. The internal and external motivation, contentment, interpersonal cohesiveness, individual empowerment outcome volunteering[32]. These could be due to the institutional environment that collated with independent motivation and contentment[44]. A study found that volunteering emerged through rural and urban contexts. Youth within the rural contexts were motivated to volunteer through peer influence while urban youth volunteered to understand their potentials. Thus, this study highlighted the need for contextual attributes in developing methods for recruitment and sustenance of youth volunteers[48]. Hence, altruistic factors are accompanied by other motivational causes that empower volunteerism[26]. A finding reflected that volunteers are unable to deliver due to greater workload, inability to voice out, isolation and inability to believe in one's leadership[39].

1.1. Theoretical framework

Present study draws its background from Maslow's theory of needs. Maslow's hierarchy of needs describing freedom and self-actualization guides philanthropic motivation of UG students. Similarly, safety and esteem needs guides the functional motivation of students in the present study[35,29]. Self-determination theory (SDT) by Deci and Ryan (1985) supports the present study, while students decide on becoming volunteers in spite of their regular studentship routine unlike other peers[15]. It is interesting to note their motivation at such early age besides partial fulfilment of their psychological needs and other age appropriate needs[15,52]. Herzberg's motivation-Hygiene theory guides the present study, in order to improve volunteers' motivation, understanding motivational factors within DREAMS organizational culture is essential[24]. ub-section headings should be numbered 1.1, 1.2, etc, and left justified.

1.2. Context of the Study

DREAMS came into existence in 1998. Since then college-student-volunteers conduct the summer intervention for schoolchildren in rural areas. However, gradually DREAMS spread to urban areas too to encourage schoolchildren of weaker sections living in big cities. DREAMS invite volunteers every year from student group pursuing their undergraduate studies in higher education institutions. These undergraduate students volunteer to DREAMS activities due to varied reasons. Their volunteerism sometimes come from their religious bearing, socio-economic-status, peer-influence, DREAMS organizational culture, for personal development, and for academic benefit. Each year around 300 fresher join and seniors exit as they completed their UG studies at the University. Organisers observe variations in their commitment and dedication. It was challenging to understand this variation and the volunteer's true motive behind joining this programme. DREAMS also run their afterschool intervention in countries like USA and Germany. In order to improve their performance, DREAMS research team conducts various quantitative and qualitative research studies. Present study is taken up by the researchers to understand whether the DREAMS volunteers have philanthropic motivation or functional motivation. The findings of the present research may help the programme efficacy. Thus, following objectives are framed to carry out the present research.

1.3. Objectives of the Study

- To describe the nature of DREAMS volunteers and to measure their philanthropic and functional motivation levels
- To find the relationship between philanthropic motivation and functional motivation towards volunteerism
- To determine whether philanthropic motivation predicts functional motivation of volunteers

2. Method

The present study employed descriptive survey research with a correlational design. Study adopted two standardised tools to measure philanthropic motivation and functional motivation. Philanthropic motivation is a 5-point Likert scale constructed by Schuyt et al., (2004)[54] and functional motivation is a 7-point Likert scale constructed by Clary et al., (1998)[14]. The study found each of the scales appropriate to the present study; however, researcher conducted a pilot study to establish reliability of the tools on a small sample of 50 volunteers from the context. Cronbach's alpha statistical analysis gave internal consistency reliability coefficient of 0.708 ($p < 0.05$) and 0.953 ($p < 0.05$) respectively for philanthropic and motivation scales, indicating that the tools are highly reliable[46)]. Researchers employed purposive sampling technique while recruiting the sample for the present study. Study recruited all the participants who took part in DREAMS after school intervention programme. Researchers collected data from 255 DREAMS volunteers for the year 2023. It included 230 girls and 25 boys. Girls enrolment out number boys in higher education as per the recent survey conducted by human resource development[21)], India. Similarly, DREAMS had more girls participating in the intervention programme than boys did. Researchers administered the survey booklet containing items on demographic details, philanthropic motivation, and functional motivation to the study participants in the month of July 2023 and obtained the data required for the study by September. Researchers stored the data collected in an excel sheet and then imported it to SPSS version 24 for statistical data analysis. The study employed descriptive statistics, Pearson correlation test, and simple linear regression test to analyse the data as per the objectives set for the study. The researhers considered a *p*-value of 0.05 or lower to reject or accept null hypothesis of the study.

2.1. Ethical considerations

The authors sought institutional review board clearance to carry out the present research study. Study obtained informed consent signed by each of the DREAMS volunteers at the beginning of the survey administration and gave them the privilege to withdraw from participating in the survey if they find themselves uncomfortable at any point of time. Survey did not collect any identifying information of the participants and assured all the participants on the data confidentiality and anonymity. Researchers stored the data obtained in a password-protected file and the data file is accessible only to the researchers.

3. Results

As per the study design, the result section has three parts such as descriptive, correlation, and regression. However, study also used independent sample t-test to measure the mean differences for demographic variables. Table number 1 below presents the descriptive statistics results of the study.

Table 1. Showing the descriptive statistics

Demographic variables			N	N Percentage	Philanthropic motivation Mean %	Functional motivation Mean %
Gender	• 1	Boys	25	9.8 %	77.37 %	78.23 %
	• 2	Girls	230	90.2%	78.09 %	80.26 %
Age	• 1	below 20 years	168	65.9 %	78.89 %	80.60 %
	• 2	between 20 to 25 years	87	34.1 %	76.34 %	79.01 %
SES	• 1	Low SES	23	9 %	79.14 %	75.47 %
	• 2	Average SES	181	71 %	77.66 %	80.03 %
	• 3	High SES	51	20 %	78.89 %	82.24 %
Location	• .	Rural	119	46.7 %	78.11 %	79.82 %
	• 1	Urban	135	52.9 %	78.09 %	80.44 %

SES – Socio economic status

From the table 1 above, it is clear that, 90 % of the volunteers are girls. Majority (around 66%) of the participants are aged below 20 years and around only 34% are in the age group 20 to 25 years. Almost 91% of the participants are from average to high SES and only 9% are from low socio economic status. However, study had almost equal representation of volunteers from rural (46.7 %) and urban (52.9 %) parts of the country. It is interesting to note that, in almost all of the demographic categories, average score on functional motivation is more than the philanthropic motivation. However, volunteers from low SES showed increased philanthropic motivation than functional motivation. Similarly, volunteers from high SES showed highest functional motivation (82.24 %) than philanthropic motivation and it is the highest functional motivation average percentage score among all the other demographic categories.

As hypothesized, study conducted Pearson correlation statistics to check the relationship between philanthropic and functional motivation of DREAMS volunteers, further with demographic categories of the volunteers. Table 2 below presents the results of correlation analysis.

Table 2. Showing the Pearson correlation statistics

Volunteers	Gender		Age (in years)		SES			Location		Overall
	Boys	Girls	below 20	between 20 to 25	Low SES	Average SES	High SES	Rural	Urban	
Correlation - Philanthropic & Functional motivation	.577**	.313**	.245**	.520**	-.028**	.395**	.380**	.348**	.330**	.349**

**Significant at 0.01 level, SES - Socio economic status

From Table 2, it is clear that overall volunteers had significant moderate positive correlation between their philanthropic and functional motivation. The strength of relationship between philanthropic and functional motivation among most of the demographic characteristics of volunteers remained moderately positive. Interestingly, boys had correlation co-efficient value of 0.577 highest among all and volunteers from low SES had no correlation (-0.028 approximately zero). Students in the age group 20 to 25 had high correlation co-efficient value of 0.520. Nevertheless, volunteers from average SES background and rural background had correlation co-efficient value of 0.395 and 0.348 respectively.

Further, to check whether volunteers' philanthropic motivation predicts their functional motivation, researchers conducted simple linear regression (SLR) analysis. Tables 3, 4, and 5 along with figure 1 and 2 presents the results of SLR analysis.

Table 3. Showing model summary of the SLR

Model	*R*	*R* Square	Adjusted *R* Square	Std. Error of the Estimate	Change Statistics					Durbin-Watson
					R Square Change	*F* Change	df1	df2	Sig. *F* Change	
1	.349[a]	.122	.118	23.863	.122	35.012	1	253	.000	2.102

a. Predictors: (Constant), Philanthropic motivation

b. Dependent Variable: Functional motivation

From table 3 above, it is clear that, the philanthropic motivation accounts for 12.2% variation in functional motivation of the fresh DREAMS volunteers. Further, Durbin Watson statistics with the value almost equal to 2.102 indicate that there is no autocorrelation.

Table 4. Showing SLR model summary

Model		Sum of Squares	*df*	Mean Square	*F*	Sig.
1	Regression	19937.947	1	19937.947	35.012	.000[b]
	Residual	144072.782	253	569.458		
	Total	164010.729	254			

a. Dependent Variable: Functional motivation

b. Predictors: (Constant), Philanthropy

From table 4 above, it is clear that, the assumed regression model is a good fit and all the variances are well explained by the model (F = 35.012, 1) and is statistically significant ($p < 0.005$).

Table 5. Showing SLR coefficients

Model		Unstandardized Coefficients		Standardized Coefficients	*t*	Sig.	95 % Confidence Interval for B	
		B	Std. Error	Beta			Lower Bound	Upper Bound
1	(Constant)	80.090	14.954		5.356	.000	50.641	109.540
	Philanthropy	3.224	.545	.349	5.917	.000	2.151	4.297

a. Dependent Variable: Functional motivation

Thus, from table 5 above, the fitted regression model equation to predict functional motivation is, Functional motivation = 80.090 + 3.224*(Philanthropic motivation). This is further evident from the figures 1 and 2. Figure 2 clearly demonstrates the homoscedasticity of the regression model.

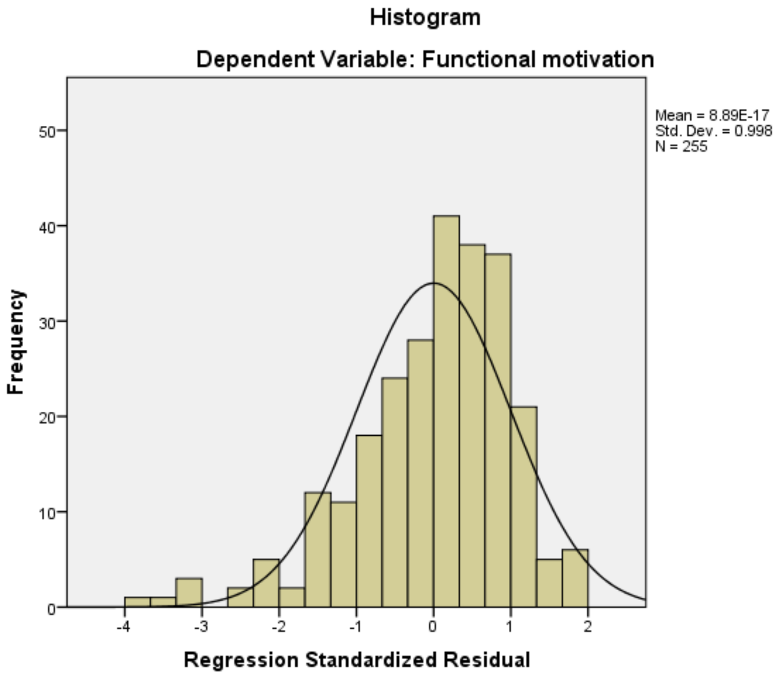

figure 1. Showing Histogram for Simple linear regression (SLR)

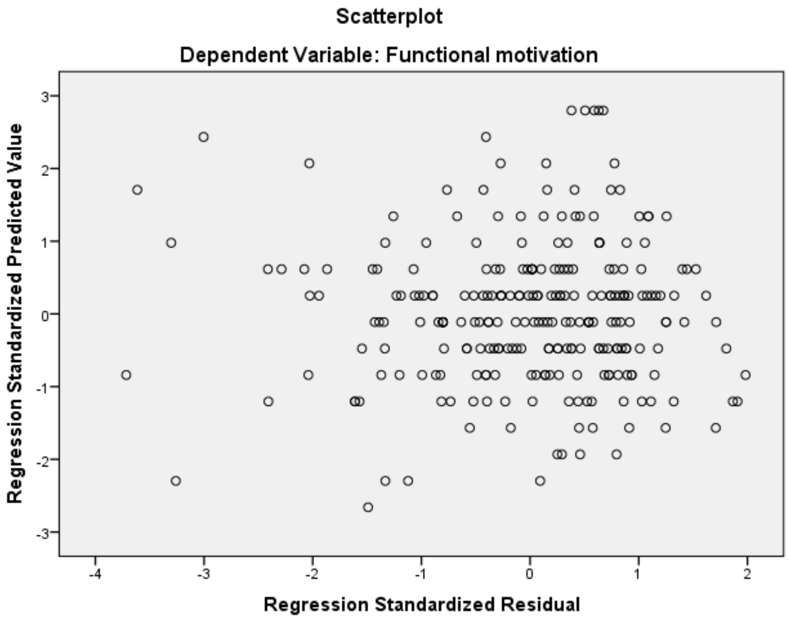

figure 2. Showing the Scatterplot for Simple linear regression (SLR)

Incidentally, study also found mean differences in philanthropic motivation and functional motivation based on the demographic variables through independent sample t-test. Study found no significant mean differences in philanthropic and functional motivation between boys and girls, rural and urban. However, there exist a significant mean difference in philanthropic motivation based on volunteers' age group. Volunteers in the age group of 21 to 25 years had higher philanthropic motivation than volunteers below 20 years have. However, ANOVA test revealed that, there exist no differences in philanthropic and functional motivation among volunteers from low, average, and high socio economic status.

5. Discussion

The study found the correlation between philanthropic and functional motivation among the DREAMS volunteers as intended. Study revealed a moderate correlation between philanthropic and functional motivation. A study found that people with philanthropic mindset donate to social cause[16)]. Adolescent's conventional motivational tendencies of prosocial action were related to their personal developmental intentions[5)]. Boys had almost strong correlation between philanthropic and functional motivation. It is evident in McMahon et al. (2006)[37)] study that revealed males have the ability to take perspectives that guides helping actions. Volunteers from low SES group had no significant correlation between philanthropic and functional motivation. Most of the demographic groups had moderate correlation between philanthropic and functional motivation. A study from China also revealed that the outcome of volunteering reflects altruism through the lens of motivation[17)]. Philanthropic motivation accounted for 11.2% of the functional motivation among volunteers. Study noted that, volunteers from low SES had higher mean score on philanthropic motivation and volunteers from high SES group had higher mean score on functional motivation. A recent study made a similar observation; act of philanthropy goes beyond socio-economic status where individuals belonging to the rural sectors from lower socio-economic strata showed greater philanthropy[23)]. Further, volunteers in the age group of 21 to 25 years had higher philanthropic motivation. Moore et al. (2014)[40)] finds that the act of volunteering is more context-specific driven by values of altruism and the urge to learn from newer experiences. Volunteers' gender, SES, and their location did not show any difference in their philanthropic and functional motivation. Burns et al., (2005)[7)] found that the various demographic groups of young adolescents showed more involvement in volunteering.

The present study is unique, as it proved that some of the characteristic trends of volunteerism continued to exist even today. As the world is becoming more technologically sophisticated and Gen Zs are showing mixed response towards pro-social behaviour, revisiting volunteering act with the lens of motivation is imperative and so do the present studies revelations. The study with the help of regression analysis clearly showed that, 11% of functional motivation is because of Philanthropic mindset and thus leaving us with the question why is it so. Thus, study expects the future researchers to find what other factors are accounting for remaining 89% of the functional motivation. The recent reviews reveals that, volunteering experience as an important factor contributing to functional motivation. Another interesting factor contributing functional motivation is volunteers join a volunteering organisation if there is a new learning in it. Furthermore, those who have high social motive happens to indulge themselves in volunteering activities. In the present study, 11% of functional motivation is from philanthropic motivation and rest from the factors like social motive, element of new learning, and positive volunteering experiences.

6. Conclusion

It is clear from the present study that, volunteers' philanthropic motivation is positively related to their functional motivation. However, volunteerism among youths these days is mostly driven by the extrinsic motivation and they have expectations in return for their volunteering act. Therefore, study recommends the need to inculcate philanthropic attitude and awareness among gen Z students. Philanthropic value should be the part 21st century education in order to achieve greater sustainability, peace, and reconciliation. However, some of the limitations of the present study are; study measured volunteerism only in DREAMS programme, study applied only correlation design, and sample size is only 255. Including bigger sample size and multiple organisations might fetch better results. Though the study measured volunteers' motivation with standardized tools, yet there can be biased response since it is administered within the DREAMS.

Study emphasizes the need for establishing more DREAMS alike organisations to uplift the societies in low-income countries. Though the study is limited to DREAMS volunteers motivation to volunteering it is applicable to most of the non-profit, religious, and other volunteering acts in the society. If we do not sow the philanthropic value now, equity and sustainable future will remain a distant dream. Study recommends future research studies to delve deep into the root cause for lack of philanthropic mindset among gen z students.

Conflict of Interest

Authors have no competing interest. All authors have significantly contributed.

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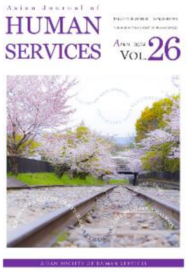

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ORIGINAL ARTICLE

Queer Mothering in *Myself Mona Ahmed*: A Matricentric Feminist Analysis

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ABSTRACT

In the field of parenting studies, the experiences of non-cis mothers have remained underrepresented and inadequately researched. This lack of documentation not only neglects the multifaceted roles of non-cis mothers but also contributes to the accumulation of disenfranchised grief within this community. To address this significant gap, this article employs a qualitative study using the theoretical framework of matricentric feminism to examine the queer mothering experiences of the trans-adoptive mother in *Myself, Mona Ahmed* (2001), a semi-autobiographical work by Mona Ahmed and Dayanita Singh. Through this, the study seeks to elucidate the pursuit of agency and the performative nature of motherhood. The patriarchal construction of motherhood disregards the inclusivity of queer people in parenting but, matricentric theorists assert that motherhood is performative, and they advocate for the concept of "mothering" as a transformative and active practice. Indeed, Queer mothering is an evolving field that asserts parenting as a performative entity. It acknowledges the legitimacy of maternal roles for adoptive parents, genderqueer persons, and anyone who cares for the “preservation, growth, and social acceptability” of the children[40)]. This study's implications extend beyond academic discourse, shedding light on the unique joys and struggles of queer mothering. It encourages broader societal acceptance of diverse parenting narratives, underscoring the importance of recognizing and validating the experiences of non-cis mothers. This research fosters inclusivity in parenting studies and promotes social change in perceptions of motherhood. In this context*, Myself, Mona Ahmed* (2001) provides a scope for critical discussion on queer motherhood which is academically less researched and also explores the disenfranchised trauma experienced by trans women within the realm of mothering.

Keywords: Mothering, queer, disenfranchised grief, matricentric, patriarchal

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1. Introduction

Gender, sexuality, and parenthood have all undergone significant development in recent decades, leading to a more inclusive understanding of family structures and various parenting roles. Despite these advances, LGBT people continue to face particular obstacles and prejudices in their pursuit of mothering. This research article aims to shed light on the largely overlooked and underrepresented topic of queer mothering by examining the experiences of a trans woman in the semiautobiographical work *Myself Mona Ahmed*.

According to Adrienne Rich, motherhood is a “patriarchal institution”[38] where men wield authority and power over the entire process of birthing and motherhood, both legally and ideologically. On the other hand, mothering is a cultural practice and a social construct[16]. It pertains not only to biological mothers but also to all individuals who prioritize mother work in their lives. Mothering is inclusive of people of all genders and sexual orientations. Fiona Joy Green, in her chapter on feminist mothering, highlights how the institution of motherhood perpetuates oppression against mothers who identify as cisgender, transgender, agender, or differently[20]. The terms 'Motherhood' and 'Mothering' are often used interchangeably, but they have significant differences in their meanings.

The exclusive association of motherhood with women and the belief in their destiny to fulfill the role creates an oppressive system. The disregard for the emotions and desires of individuals of diverse genders and sexual orientations to parent often leads them to a sense of being excluded. Sara Ruddick and Andrea O’Reilly refer to “mothers,” as individuals who engage in mother work or, a maternal practice. According to Sara Ruddick, three requirements characterize maternal practice ‘preservative love, nurturance, and training’[40]. An individual who satisfies the demands mentioned above performs the role of a mother i.e.) mothering.

Over these years, research papers have discussed the discrimination against the transgender community, gender violence, demographics of the transgender population, identity and historical perspective of the transgender community, gender identity inclusion in workspace, etc. A limited amount of scholarly research on transgender individuals and their familial relationships indicates a relative lack of extensive academic study in this area[6]. Furthermore, the scholarly literature has given little attention to the queer mothering experience of adoptive parents, resulting in a comparatively less number of papers on the subject. As transgender acceptance and visibility increase, it is important to document the experiences of trans mothers and parents, as well as the challenges they face.

Myself Mona Ahmed published in 2001, is a photobook, email, and letter collection co-authored by Mona Ahmed and Dayanita Singh. It features real-life incidents in the life of Mona Ahmed, a trans woman. The plot revolves around Mona, who left her family at the age of 17 due to her gender identity. She later parted ways with her eunuch family at the age of 60 due to constant quarrels and hegemonic practices within the community. Mona adopts and parents a female baby named Ayesha, but the baby is taken away from her because her guru Chamman believes she cannot take good care of the child. The narrative from *Myself Mona Ahmed* offers substantial material for in-depth academic exploration and critical discourse on the under-researched topic of queer motherhood. The study aims to provide a more inclusive and nuanced understanding of queer motherhood, with a particular focus on non-cis mothers, by highlighting Mona Ahmed's experiences as an adoptive trans woman. This study examines the transformative and empowering experience of queer motherhood through a matricentric feminist lens. By exploring the nuances of this complex experience, a deeper understanding of how queer mothers can challenge and resist societal norms and expectations can be gained. This perspective also highlights the need to celebrate and acknowledge gender-inclusive motherhood and demand greater visibility for all mothers. This study tries to provide insight into the complexities and resilience demonstrated by a trans-adoptive mother in her quest for parenthood by exploring her narrative *Myself Mona Ahmed.* The study challenges mainstream heteronormative narratives and advocates for more inclusive family policies and social support systems. This research contributes to a better understanding of varied mothering experiences and holds the potential to impact social change toward greater acceptance and support for LGBTQ+ families.

1.1. Originality of the Study:

Previous studies focusing on queer parents have largely been survey-based and quantitative in nature. These studies are predominantly from fields such as medicine, social science, psychology, sociology, and social work. This study offers a unique perspective by using a qualitative method, specifically textual analysis, to shed light on the previously unexplored aspect of mothering by transwomen in the field of English literature. The paper probes into the disenfranchised grief experienced by the protagonist, who has been rejected by her family and community and separated from her adopted child. The study also examines how mothering empowered the protagonist, giving her resilience and agency. The paper applies a theoretical framework of matricentric feminism, which views mothering as a performative practice rather than an innate identity. This feminist lens emphasizes inclusivity and is often undervalued in studying transgender motherhood narratives. The paper's unique contribution lies in its intersectional exploration of adoptive queer motherhood and disenfranchised grief, providing a new perspective on queer parenting experiences.

2. Literature Review

2.1. Queer Parenting

Considerable research studies are on queer parenting in the fields of sociology, psychology, and health science. Goldberg and Frost's "Lesbian and Gay Parenting"(2016) focuses on the difficulties that lesbian, gay, bisexual parents and their children have to deal with. Several other aspects of research areas include queer family formation, disclosure, and societal support. The chapter also looks at societal discourses and discussions around homosexual parenting, including issues with heteronormativity, prejudice, and legal frameworks. It highlights the diversity among lesbian and gay parents, considering factors like class, colour, and ethnicity. It contributes to the qualitative study of lesbian and gay parenting and offers insights into the larger area of qualitative psychology research[18)] Goldberg's (2010) work scrutinizes the commonly held assumptions about heterosexuality and emphasizes the resilience and strengths of LGBTQ+ parents[19)]. Shelly M Park (2006) challenges the traditional views of motherhood by exploring how adoptive maternal bodies offer a good vantage point from which to evaluate prevailing views of mothering[34)]. Paige et al (2016), in their systematic review of lesbian and gay parenting, conclude that a necessity for further research on Gay and Lesbian headed families including quantitative, qualitative, and action research is perceptible[4)]. Rosenblum (2012) proposes to unsex parenting, or removing the biological sex link from "mothering" and "fathering," to build a more fluid and equitable family structure[39)]. E. Perrin et al. (2019) argues that despite the heightened acceptance of parenting by same-gender adults, difficulties and stigma exist[36)]. Kate Henley Averett (2021) argues that research on LGBTQ-parent families may be especially helpful in de-coupling mothering behavior from female-gendered bodies[5)]. Farr's (2020) research highlights adoptive parents of non-traditional families face stigma. LG adoptive parents face additional stigmatization, affecting mental health[13)]. Naples in the article titled Queer Parenting in the New Millenium concludes that Queer parenting or family formation requires debilitating the hegemonic heteronormative practices in "daily negotiations, strategic choices, and a commitment to challenge heterosexual privilege in everyday life"[31)].

2.2. Transgender Parenting and Adoption

According to Fausto-Sterling (1993), the medical community, legal system, and state machinery all contribute to maintaining the two-sex binary[14)]. Letchfield et al. conducted a systematic review of transgender parenting research to better understand how trans people re-established their relationships with children after the transition. They also considered the implications for professional practice with trans people in terms of how to best support them in their family caring roles[21)]. According to Timothy J. Biblarz and Evren Savci (2010), study on transgender people is almost unavailable in the context of more traditional areas of family studies research, such as their dating behaviour and formation of intimate relationships in adulthood, issues surrounding their having children, parenting behaviours, and children's experiences with transgender parents, family/work relationships, and so on[7)]. This is due to the fact that only a small quantity of current literature has addressed a number of challenges faced by trans people. The paper "Making trans parents visible: Intersectionality of trans and parenting identities" (2014) by Haines et al focuses on the problems trans parents face in managing parenthood and their gender identities. A few challenges of transgender parents which researchers identified through empirical studies are related to the impact of their trans identity on their children's well-being, conflicts with co-parents or partners, and the delicate balance of transitioning while fulfilling their parenting responsibilities amidst changes in family structure. The paper emphasises the critical role of therapists and educators in recognising and resolving the unique challenges of trans parents, as well as takes into account transgender individuals' intersecting identities[22)]. Arslan's (2018) study examines Istanbul drag queens, emphasising "drag motherhood" in queer kinship. It examines house formation, highlighting drag moms' roles in providing support[3)]. Pyne's research reveals the persistent existence of transphobia and other societal pressures that negatively impact the mental health of trans parents as they navigate parenting their children. The paper emphasises the critical necessity for psychosocial support to help trans parents overcome these obstacles[37)]. Kuri (2022) explores the challenges faced by marginalized mothers and the impact of neoliberalism on social work practice. The article also highlights the role of women and mothers in advocating for social justice and fighting against various forms of oppression. It emphasizes the need for diverse and inclusive narratives in understanding motherhood and social work[27)]. Fiona Joy Green in feminist mothering (2020) discusses the broadening scope of feminist mothering. She notes that it now encompasses not only the experiences of women but also the involvement of transgender individuals and cisgender men in practicing feminist mothering [14)]. This observation underscores the dynamic evolution of feminist mothering within contemporary society, where a diverse range of individuals actively engages in parenting roles from a feminist perspective. In a 2018 news article in Hindustan Times, Gauri Sawant, a prominent transgender activist, expressed the view that motherhood transcends gender. She claims that motherhood can extend beyond traditional gender roles and is better understood as a set of actions and behaviours, irrespective of the gender identity of the individual involved[6)]. This idea of motherhood given by Gauri differs from the patriarchal definition of mothers and motherhood. It is more inclusive and aligns with the concept of mothering. In the context of transgender communities, there is a lack of clarity around adoption procedures among hijras[19)], which highlights the need for further research and legal clarification to understand adoption practices within the community.

2.3. Transgender Experience

In the literature on transgender experiences, several significant publications provide valuable insights into the prevalent issues faced by the community. Bradford etal 's (2013) research illustrates the healthcare prejudice suffered by transgender adults in Virginia,USA due to their gender identity[10]. Furthermore the 2015 U.S. Transgender Survey[25] by James et al. reveals substantial disparities and elevated rates of abuse, discrimination, harassment, and violence against transgender people within the United States. The findings highlight the urgent need for focused interventions that address the systemic issues faced by the transgender community. Dilini Abeyratne et al.'s (2022) study in Sri Lanka exposes high levels of discrimination against transgender individuals, including 78% harassment, 35% physical assault, and 12% sexual violence in schools. Notably, 15% experienced severe harassment, leading to school departure, while 19% faced direct housing discrimination[1].

The findings highlight the urgent need for focused interventions that address the systemic issues faced by the transgender community. Shifting the focus to India where transgender people face various forms of oppression, Gayathri et al.'s 2022 study on transgender experiences in Chennai indicates widespread prejudice in education, work, healthcare, and public areas. The study reveals difficulties in acquiring official IDs, updating documentation post-transition, obtaining bank loans, experiencing homelessness, and receiving travel denials[26]. Tanupriya and Dhishna Pannikot's 2022 exploration further delves into how transphobic violence is embedded in cultural and systematic oppression in India[42]. Tanupriya's 2016 article emphasizes the role of literature in advocating for transgender rights, using A. Revathi's narrative to highlight violence against the hijra community, and similarly Pratishi Hazarika's 2020 paper explores how systems of gender and sexuality domination lead to the subordination of the hijra community in India. The study systematically examines the disempowerment and exclusion of hijras from national narratives, drawing insights from autobiographies like "I Am Vidya: A Transgender’s Journey" (2007) by Living Smile Vidya and "The Truth About Me: A Hijra Life Story" (2010) by A. Revathi[23]. Priyakumaran & Meenakshi (2020) research paper focuses on the life experiences of the third gender in the second phase of Bombay. The study centers on the novel "Narcopolis" (2012) and sheds light on the challenges and achievements of transgender individuals, providing insights into LGBT issues. In summary, surveys addressing the experiences encountered by transgender individuals, both within and beyond the confines of India, exhibit a consistent discriminatory nature. Furthermore, the existing literature underscores that while the transgender experience and discrimination are studied widely, the consequent disenfranchised grief or the pain that arises due to the lack of acknowledgment of their loss/grief is understudied. Therefore, there arises the necessity for a more empathetic and nuanced approach in scholarly research related to transgender experiences.

3. Research Problem

The primary gap identified in the existing literature concerns the insufficient scholarly attention dedicated to the experiences of adoptive queer mothers. While research on queer parenting has extensively covered psycho-social aspects within homosexual couples and medical dimensions such as assisted reproductive technologies (ART) and surrogacy, a noticeable research gap exists regarding adoptive queer parents and their mothering experiences. The specific experiences of adoptive queer mothers, as represented and interpreted in literary works, have been mostly unnoticed. Addressing these gaps is vital for gaining a better understanding of the various narratives around queer parenting, contributing to a more inclusive academic discourse on LGBTQIA experiences, and improving the representation of adoptive queer mothers in scholarly research. Furthermore, it underscores that transgender experience and discrimination are studied widely; however, the disenfranchised grief experienced by transgender individuals due to neglect of their enormous grief is understudied, emphasizing the necessity for a more empathetic approach in scholarly research.

4. Research Objectives

The discourse surrounding the area of parenting is predominantly based on traditional heteronormative framework. The inability to identify the different experiences of queer people in the realm of parenting promotes stereotypes and limits understanding of family structures, particularly for heterosexuals. This lack of recognition can make it challenging for those within the queer community who aspire to become mothers, contributing to a broader societal misunderstanding of diverse family dynamics. Hence, it is essential to thoroughly study the multiple facets of queer mothering and acknowledge their experiences to create more inclusive and informed understanding of the topic. This study aims

i) To analyze the queer mothering experience of Mona Ahmed, an adoptive queer mother, as portrayed in *Myself Mona Ahmed* through the lens of matricentric feminism

ii) To promote a better understanding of the unique joys, struggles, and dynamics of queer mothering, specifically in the context of adoption through close reading and analysis of the text

5. Methodological Framework

The research explores the mothering experience of a trans-adoptive mother in the literary work *Myself Mona Ahmed* through textual analysis. The method of textual analysis is well-suited for this qualitative study as it can reveal the underlying themes and layers of the narrative. Textual analysis enables the extraction of meaning from the narrative, facilitating an in-depth exploration of the lived experiences of a trans-adoptive mother. By employing textual analysis, the study aims to bridge the gap in the representation of non-cis mothers in academic discourse and contribute to a more inclusive and comprehensive understanding of queer motherhood. It prioritizes and amplifies diverse perspectives to allow the narrative to unfold naturally. The textual analysis in this research employs a close reading approach, in which specific passages from *Myself Mona Ahmed* is extensively analyzed to identify themes related to queer mothering, agency, and disenfranchised grief that pertain to the experiences of the trans-adoptive mother.

This study adopted a textual analysis method comprising the following steps:

5.1. Close Reading

The process of textual analysis involved a close and thorough reading of *Myself Mona Ahmed* multiple times to gain a deep understanding of the content and context. The text was carefully examined to identify the main themes, underlying meanings, and conclusions.

5.2. Identification of Significant Passages

After reading the text repeatedly, the paragraphs with important themes, motifs, and assumptions were identified and highlighted.

5.3. Manual Grouping and Sorting

The text is manually classified based on common characteristics, such as emotions, ideologies and thought patterns, and then grouped.

5.4. Theme Mapping

By actively engaging with the text, different perspectives and primary themes were revealed. To effectively identify thematic groupings in the text, a detailed outline was created through manual sorting of major and sub-themes. After carefully analyzing the content, comprehensive understanding of the underlying themes was achieved. The resulting outline provided a clear and structured overview of the key ideas presented in the text.

5.5. Analysis and Interpretation

The selected text most relevant to the objective and the context of the overall theory is closely analyzed and interpreted. Through a close reading of the key passages in the text, patterns, and deeper meanings are found. The analysis identified significant themes that were used to categorize Mona's journey. Finally, the principles of matricentric feminism were applied as an interpretive lens to the detected themes contributing to an enhanced understanding of queer mothering.

The study's methodology involves a systematic process that includes reading the text thoroughly, manually categorizing its content, identifying themes, and analyzing it in a layered manner without using formal coding procedures. This method helps to extract original concepts and ideas from the text through repetition, reflection, and interpretation.

The selection of Matricentric Feminism as the theoretical framework for this study was a carefully considered choice intended to provide an inclusive perspective on non-cis motherhood. The term matricentric feminism was coined by Andrea O'Reilly and it refers to a mother-centred mode of feminism. Matricentric feminism theory is an interdisciplinary approach, drawing from multiple academic domains such as history, anthropology, literary studies, sociology, philosophy, psychology, sexuality studies, and women's studies. It also incorporates principles from various established schools of academic feminism including African-American feminism, liberal feminism, queer-lesbian feminism, cultural difference feminism, socialist feminism, and third-wave feminism[33)]. Matricentric feminism understands motherhood to be "socially and historically constructed, and positions mothering more as a practice than an identity"[32)]. It also distinguishes and understands mothering and motherhood to be "culturally determined and variable, and is committed to exploring the diversity of maternal experience across race, class, culture, ethnicity, sexuality, ability, age, and geographical location"[32)]. This theory advocates for the reconceptualization of motherhood, emphasizing its performative nature and dismantling essentialist categorizations that tend to exclude non-cis individuals from the discourseMatricentric feminism positions the needs and concerns of 'mothers' as the starting point for a theory and politics for women's empowerment. This theoretical choice is intended to amplify the voices of queer mothers and contribute to a broader understanding of maternal identities. The study also seeks to challenge societal norms surrounding parenting. Matricentric Feminism's emphasis on the transformative nature of motherhood resonates with the study's exploration of Mona Ahmed's journey, portraying queer mothering as a dynamic and evolving practice. By utilizing Matricentric Feminism, the study aims to deconstruct normative assumptions about gender roles within parenting, shedding light on the diverse and performative aspects of queer motherhood. Throughout the process, the researcher maintains reflexivity, recognizing potential biases and guaranteeing a balanced interpretation.

6. Gender Identity and Conceptualizations

People in society use gender identity and sexual orientation which are two completely different terminologies interchangeably in meaning. Gender identity refers to how people perceive themselves as male, female, or somewhere in between. It includes their inner sense of self as well as how they display their gender through their thoughts and actions. Gender identity is an intensely private and personal experience[30]. It refers to a "person's self-concept of their gender independent of their biological sex[28]. The latter notion is closely related to the concept of gender roles. Gender roles are the exterior expressions of one's personality that reflect their gender identity They include how individuals express their gender identification in society and conform to the societal standards and expectations connected with being either male or female[20]. Gender norms that pre-exist in society deny this basic right to a family and to raise children by imposing gender roles and assigning motherhood to only cis females. Sexual orientation refers to an individual's attraction, both sexually and romantically, to people of a particular gender[1]. Regardless of the constructed ideologies outlined above, identities are always fluid and, to some extent, provisional. As Vignoles in “Identity:Personal and Social” rightly states,“identities can be experienced as real, unitary and stable, even when they are actually constructed, multiple and fluid”[43]. Situated co-construction of identity narratives can change the prerogative. These constructed ideologies not only have an impact on the binary masses but also have an unavoidable impact on trans individuals. Merely dividing the concepts of sex and gender would be insufficient in accurately capturing these experiences, as the binary understanding of each construct would still require critical examination.

According to Borenstein (1994, p. 52), the concept of gender fluidity acknowledges the absence of boundaries or constraints in relation to gender[9]. As the researcher has discussed, gender itself is a spectrum and scientifically delineating sex is also a spectrum. The construction of predominantly binary rigid identities is a collective attempt of society to make everyone fit into these constructed norms. Trying to make people fit in predetermined boxes will always leave some individuals out of it. Not fitting into these predetermined boxes leads to community ex-communication from society as a whole, which has happened to the LGBTQIA+ community.

Upon reviewing the supplementary resources, the denial of the practice of ‘motherhood’ to the people belonging to the transgender community becomes evident. If having a family and wanting a family was a basic human demand and a matter of humanity, it is unjust to deny it to people based on their gender identity and or sexual orientation. Several parts of society, mostly guided by patriarchal systems that deter and discourage gender identities other than the normative cis male and cis female, remain oblivious to these issues of wanting, needing, and attempting to have a family. Only by analysing the narratives of the trans community's biographical literature, can these issues reach out to a forum of discussion and hence receive attention. This paper attempts to harness these issues from the depths of oblivion to deconstruct patriarchal norms on the concepts of motherhood can be deconstructed. Only through the analysis and discussion of queer autobiographical literary pieces can there be a progressive change in favour of inclusivity.

6.1. Gender, Sex, and Performativity

Judith Butler argues vehemently against the social construction of gender and sex. In her exploration of gender and sex in the book ‘Gender Trouble’ she suggests that when gender becomes the cultural interpretation of the body, it challenges the notion that gender directly stems from biological sex. This perspective emphasizes a significant divergence between sexed bodies and the socially constructed nature of gender[11]. This asserts that gender is not a fixed entity but a constant performance.

6.1.1. Defining the term 'Transgender.'

The American Psychological Association defines 'transgender' as an umbrella term to address someone whose "gender identity, expression, or behaviour" diverges from the societal norms traditionally associated with the assigned sex at birth[2F]. Shelly.M.Park in the chapter queering and querying motherhood defines the following,

Trans mother typically refers to a person with children who identifies as female but was assigned a masculine gender at birth; trans father typically refers to someone with children who identifies as male but was assigned a feminine gender at birth. Some trans parents may resist the gender binaries encoded in "father" and "mother" and create other names for themselves as genderqueer parents[36].

7. Results

The following results are drawn from the textual analysis of *Myself Mona Ahmed*. Figure 1 depicts the multiple layers of grief experienced by Mona Ahmed.

1. Mona faces discrimination from society and her transgender community.
2. Mona's adoption of a child challenges traditional gender roles regarding motherhood
3. Despite hardships, raising Ayesha empowers Mona's womanhood.
4. Losing her daughter Ayesha aggravates Mona's disenfranchised grief.
5. When separated from her daughter, Mona resiliently desires to care for more children.
6. Mona finds purpose and agency in queer motherhood while channelling her grief into compassion for children in need despite facing oppression as a trans mother.

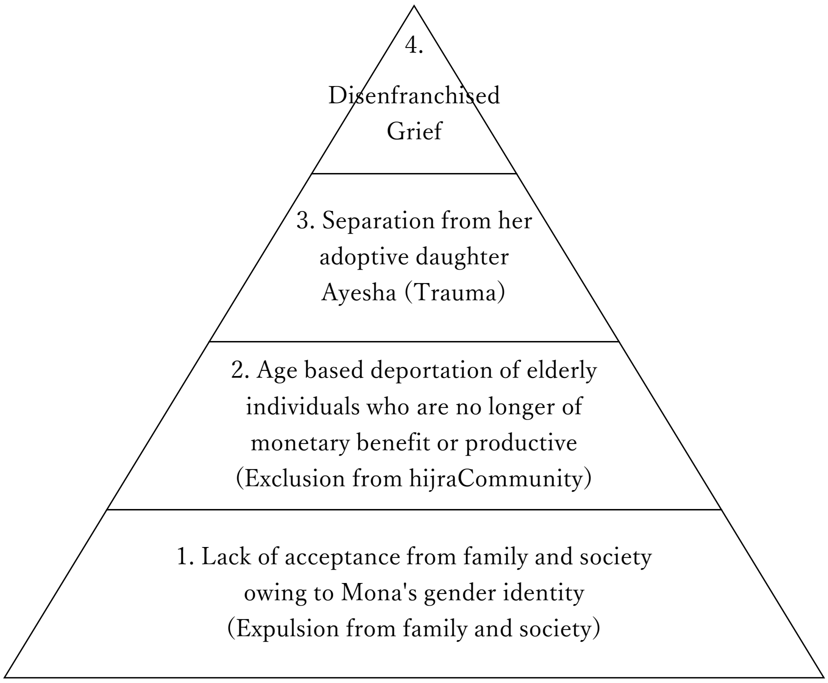

Figure 1. Layers of grief experienced by Mona Ahmed

Despite experiencing disenfranchised grief due to her separation from Ayesha, Mona demonstrates a great sense of agency, as illustrated in Table 1: Mona's Agency Through Mothering. Her autonomy is evident in her conscious decision to adopt a newborn girl, which brings her tremendous joy and fulfillment in her role as a mother. Despite facing adversity, Mona displays resilience that not only fosters acceptance but also inspires her ambition to transform her home into an orphanage, demonstrating her strong desire to make a positive social impact. Furthermore, Mona's embracing personality and compassion extend beyond human connections to include animals highlighting her dedication to community building and emphasizing how she tackles challenges with purpose.

Table 1. Mona’s Agency Through Mothering

Aspect of Agency	Description
Autonomy of choice	• Mona decides to adopt a baby girl and finds happiness and fulfillment in her role as a mother
Resilience	• Separation from Ayesha causes devastation, but it also fosters resilience and acceptance.
	• Vision for transforming her home into an orphanage for an even greater social impact.
Community Building	• Mona’s compassionate nature extends beyond humans to animals.
	• Showcases Mona's compassion and inclusive nature.

8. Discussion

8.1. Mona’s Lived Experience of Mothering

The term ‘matricentric feminism’ refers to a kind of feminism that is mother-centered[32]. Matricentric theorists consider the idea of motherhood as “socially” and “historically” constructed[15]. People consider mothering a practice than an identity[32]. In this context, queer motherhood is an inclusive model that aims to destabilize the patriarchal institution of motherhood by entailing rethinking, reshaping, and re-establishing concepts and practices of normative motherhood[32].

Mona Ahmed, the protagonist of the select work is a trans woman from Delhi, who desires to be a mother or a father. “If I had a family, if I had children, then they would care for me.”[41]. At the tender age of four days, she embraces the adoption of Ayesha, embarking on her journey of queer motherhood. Queer mothering challenges traditional assumptions about gender. It helps document the unique experiences of queer mothers, who often face discrimination and prejudice especially due to the intersection of various social categories like gender identity, sexual orientation, caste, class, race, etc. Mona faces various challenges along her journey, including expulsion from the community by members of her own trans community. Mothering Ayesha makes Mona feel complete “I felt, all that I had missed in life was more than made up for. Ayesha was like my own heart- beat. I truly felt that she came from within me, a part of my body.”[41]. Matricentric feminism theory asserts mothering as a performance, Mona in the same context performs the act of feeding the baby: “I regret that I did not have breasts to feed her my own milk, so I used to feed her with the bottle by placing it on my chest. Then I could pretend I was feeding her myself”[41].

The ostracisation of Mona from the community is because Mona’s actions or choices deviate from the traditional established norms and expectations of society and the community she belongs to.[29] This rejection could be a result of her queering for motherhood, challenging traditional notions and practices that the community adhered to. ” Why do we not recognize mothers’ specific perspectives as we do for other women, whether they are queer, working class, racialized, and so forth? Why do mothers and mothering not count or matter?"[32]. The act of having her daughter taken away by her guru, Chaman, indicates the hierarchies and prejudices at play in Mona's situation. Chaman's assumption that Mona couldn't adequately care for the baby, asserts her perception of what constitutes a "good" or "bad" mother "Chaman guru does not return Ayesha to me, because she feels Ayesha will not have a good future with me. I have to obey Chaman because he is my guru, but the bad thing is that he does not let me meet Ayesha"[41].

Matricentric feminism offers a scholarly critique of the materialist viewpoint, which positions motherhood as the basis for shaping female identity. Simultaneously, it questions the assumption that maternity is an innate characteristic of women. This perspective presupposes that all women naturally know how to mother a child. and it asserts that mothering is primarily 'instinctual' rather than a product of intelligence, and it is developed through practice[32]. Matricentric feminism theory is against the essentialist categorization of good and bad mothers. The notion of 'good mother'[12] is a patriarchal ideology that dictates only biological mothers are capable of taking proper care of children, that mothers must provide care 24/7, that mothers should always prioritize their children's needs over their own, that mothers should find complete satisfaction, fulfillment, and personal fulfillment in motherhood, and that mothers should devote excessive amounts of time, energy, and financial resources to raising their children. Mothers bear complete responsibility for their children yet lack the authority to make decisions and properly parent. The patriarchal institutions constrain and frequently gender mothers' expectations, confining them to good and bad mothers, emphasising the importance of confronting and rethinking these standards in order to establish a more inclusive and equitable image of motherhood[32].

8.2. Disenfranchised Grief of Separation

Mona experiences various layers of disenfranchised grief throughout her life. Disenfranchised grief, as defined by Kenneth J. Doka , refers to a loss that is 'not openly acknowledged, socially mourned, or publicly supported [12]. Mona's experiences reflect the various stages of disenfranchised grief that she goes through, resulting in a great sense of agony and suffering. Mona in her early stage of life faced rejection from her own family due to her gender identity. This rejection signifies a loss of acceptance and support from those who are supposed to provide love and understanding. The lack of acknowledgment and mourning for this loss from her family intensifies her grief, as her authentic self is not recognized or valued within her closest relations. Furthermore, Mona encounters rejection from the trans community as she grows older and can no longer contribute financially. This rejection based on age demonstrates how societal expectations and norms can exclude individuals who are no longer deemed valuable or productive. Mona's inability to continue contributing financially and being barred from performing blessings has led to a loss of community support and connection which intensifies her grief. This grief is further aggravated by the lack of acknowledgment or support for her loss, both from her community and from her loved ones.

The most devastating loss for Mona is when her guru Chamman has taken away Ayesha from her and feels that Mona couldn't take good care of the baby. This separation from her child represents a profound disruption of the mother-child bond, and it subsequently leads to an irreparable loss that is not acknowledged or socially mourned, leaving her to navigate the grief of losing her daughter in isolation. "First that man master betrayed me, then they took Ayesha away from me, and Chaman guru swallowed me up like a big fish swallows a small fish"[41].

Mona's experiences encompass multiple layers of disenfranchised grief, as she faces rejection, loss, and separation in various aspects of her life. The lack of societal acknowledgment, mourning, and support for her losses exacerbates her suffering, reinforcing the concept of disenfranchised grief. Mona's journey highlights the importance of recognizing and validating the grief of individuals from other gender whose losses fall outside of socially accepted norms and expectations. Furthermore, society is obsessed with the physical aspects of transgender experiences, particularly castration while failing to know the importance of understanding and empathizing with the emotional and psychological aspects of transgender individuals' lives. “All the world wants to know is about our castration, but not how we feel our emotions”[41). This quote emphasises the immediate need to adopt a holistic and empathetic approach when addressing transgender issues. It highlights the necessity to move beyond the sensationalization of physical transformations and delve into a more profound exploration of the emotional and psychological dimensions that define the experiences of transgender individuals.

8.3. Agency Through Mothering

Mona faced various problems as a trans adoptive mother while raising Ayesha. She had already faced rejection from her family and society for her gender identity (trans woman). Mona could feel a sense of contentment and joy in her role as a mother after adopting Ayesha.

I always had a deep desire to be a mother or father, to have someone of my own. When I took Ayesha in my arms, I felt complete. My first reaction was tremendous fear, and I could not sleep all night, thinking, "How will I bring up this child alone?" But when she was in my arms, I felt a happiness of a very different kind. I felt she was already part of me, that I was now responsible for her. I felt a human being's emotion. I distributed sweets in the whole neighborhood and recited the azaan (Muslim prayer) in her ears and had her head shaved, as is the custom here. At night, we had a music party. I danced with joy, knowing that I was now a complete woman.[41)].

Despite the difficulties and obstacles that Mona encounters, from society and from her own transgender community 'mothering' gives her a tremendous sense of fulfillment and delight. Mona believed that motherhood was one of the only ways to feel "complete" womanhood[41)]. “Ayesha fulfilled my dream of becoming a mother”[41)]. She was able to build a caring and nurturing home for Ayesha through the adoption process, providing her with all the attention and support she needs.

I brought her up with all the love that is humanly possible. I never even scolded her. I wanted to give her all the world's happiness. In Ayesha, I felt, all that I had missed in life was more than made up for. Ayesha was like my own heart- beat. I truly felt that she came from within me, a part of my body[41)].

Owing to jealousy of seeing Ayesha and Mona close, guru Chamman decides to separate them and takes Ayesha away from her, alleging that Mona is incapable of taking good care of Ayesha. Mona becomes devastated when she realises that she can no longer be close to her child. Mona feels loss and abandonment after her daughter's separation, but she eventually recognizes that she will convert the building she created for Ayesha into an orphanage and be a mother to hundreds of children not just one. Mona demonstrated remarkable resilience in the face of adversity following her separation from her daughter Ayesha. She responded to this difficult situation with a mindset of acceptance and a focus on broader societal issues. Specifically, she had the idea of improving educational and housing facilities for underprivileged children. Mona's compassionate nature extended not only to her fellow human beings but also to animals, whom she welcomed into her residence. In addition, she exhibited kindness towards strangers in accommodation

Through Ayesha, through all the animals, through the crazy ladies in the graveyard, Mona has repeatedly tried to recreate a family for herself. Once again, she has an army of animals, and all the little children living around the graveyard are gathered around her TV set. Yet her inner loneliness is eating her up, the feeling that she belongs nowhere, an outcast among the outcasts. When I tell her that she is such a unique person, that she would be a misfit in any society because of her very unique point of view, she is not convinced”[41)].

Mona defies social standards and expectations by embracing parenthood in her own unique way. She finds happiness in questioning conventional notions of family and motherhood, proving that love and maternal attachments may extend beyond biological ties. By embracing motherhood in her own unique way, Mona is able to challenge societal norms and expectations. She finds happiness in defying conventional notions of family and motherhood, demonstrating that love and parental bonds can extend beyond biological ties. Mona's experience exemplifies the transformative ability of parenthood and the substantial impact it can have on an individual's life, even in the face of adversity. It aligns with Dana E Rudoph’s (2008) idea of queer motherhood which empowers mothers. It showcases the resilience and agency of queer individuals who navigate societal prejudice and find fulfillment in their chosen path of motherhood.

9. Limitation of the Study

This study has focused on the queer mothering experience from the perspective of adoptive trans women as portrayed in *Myself Mona Ahmed*. It is essential to acknowledge that queer mothering experiences include a wide spectrum of non-cis individuals, including gays, lesbians, bisexuals, asexual people, trans men, transsexuals and intersex each with their distinct challenges and narratives. This research, therefore, may not fully capture the entirety of these diverse experiences. This study has limited its focus on trans women within the context of adoption and offers a specific vantage point. The realm of queer motherhood extends far beyond this narrow scope, encompassing a rich tapestry of identities, including but not limited to cisgender women, genderqueer individuals, non-binary parents, and others within the LGBTQ+ spectrum. Future research should explore and celebrate diverse sexualities and their parenting experiences as they contribute unique insights and challenges to the discourse. Adoption practices among the Indian hijra community are an interesting area of further study, particularly the perspectives of trans people as adoptive parents. Further research can shed light on alternative family formation, structures, cultural differences, and the interplay of gender and adoption in this society. By broadening the scope of research in this field, we can attain a more comprehensive understanding of the complex and multifaceted nature of queer mothering experiences, ultimately contributing to a more inclusive and equitable representation of all non-cis mothers.

10. Conclusion

This paper attempts to challenge the conventional understanding of parenting by elucidating the concept of mothering by analysing the select work *Myself Mona Ahmed* . By exploring the unique experiences of Mona Ahmed in her story, **t**he study argues that lesbian, gay, bisexual, and transgender mothers experience specific challenges but they are also resilient. The paper argues that the experiences of queer mothers can assist in questioning conventional gender and sexual identity stereotypes, especially in the institution of motherhood. It also highlights the resistance and pushback that individuals may face when they deviate from societal norms and seek to redefine motherhood in unconventional ways.

Through examining Mona's journey, it becomes evident that she initially gains agency and joy in life through mothering

Ayesha. However, Mona experiences profound loss and disenfranchised grief when she loses her daughter. Nevertheless, with the support of her friend Dayanita Singh and her own endurance, she eventually finds resilience and decides to transform the place that she was building for Ayesha into an orphanage where she can be a ‘mother’ to a hundred children. Exploring the transformative experience of a transgender woman engaging in mothering becomes crucial in providing inspiration and representation for other community members. Thus, while exposing systemic inequities, the text also reveals possibilities for inclusive change through the lens of matricentric theory. It showcases how re-envisioning mothering as a nurturing practice rooted in social justice rather than biological essentialism can itself be an act of agency and resistance.

Furthermore, this paper highlights the significance of queer motherhood, challenges societal norms, and emphasizes the transformative power of embracing diverse experiences of mothering. By shedding light on the resilience and struggles of individuals like Mona Ahmed, it contributes to a more inclusive and nuanced understanding of motherhood, fostering support and acceptance for queer parents and diverse family structures. Resisting heteronormative standards of "good" mothering, queer mothering becomes a form of empowerment. It acknowledges that when individuals are deprived of the opportunity to exercise their agency in mothering, it can lead to grief and disenfranchised trauma. The narrative also embraces the notions of queer motherhood, challenging the idea that all mothers must be women and disrupting the belief that there is a single prescribed method for creating a family. Furthermore, this perspective suggests that the desire and ability to engage in motherhood are not only attributed to a specific gender, implying that the ability to mother is not fundamentally linked to one sex more than the other. In addition, it questions the idea that familial relationships and kinship are only determined by biological ties or blood links. This challenges the idealization of essentialization, normalization, naturalization, and biologicalization within the context of motherhood.

The paper encourages further research and discussion on the experiences of queer mothers, promoting inclusivity and recognition of diverse family structures. Researchers can undertake a comprehensive study of the parenting experiences of trans men and people of different sexual orientations. They could include additional viewpoints in future studies, such as intersectionality, queer theory, and trauma theory. This would broaden the reach of the study and allow researchers to gain insights into the parenting experiences of trans men and people of various sexualities, such as gay, lesbian, and bisexual people. This would result in a broader understanding of the diverse realities of queer parenting

“Queering motherhood means that not all mothers are women or that there is one right or correct way to create a family. It means as well that the desire and ability to mother is not innate to one sex over the other and that kinship is not defined only by blood. Queering motherhood, thus, makes possible the very identities and practices needed for empowered modes of mothering that were discussed earlier: a multitude of maternal identities, diverse family formations, and a variety of motherhood practices”[3)].

In terms of social service and awareness, the research advocates for increased inclusivity and recognition of diverse family structures led by queer parents. This call for awareness encourages further research on the parenting experiences of trans women and individuals with various sexual orientations, fostering support and acceptance. This paper underscores the disenfranchised grief experienced by those who are denied the opportunity to express their freedom in mothering. Finally, it suggests advocating for the inclusion of diverse mothering experiences in educational curriculums and organizing community celebrations to acknowledge the resilient attempts of the trans community to create families despite societal challenges. As Kuri observes “Mothering experiences are often silenced in course curriculums, practice settings, and research agendas"[16]).Kuri's highlighting of the current absence of such content in curricula underscores the presence of gaps in our education system. The present study, in compliance with E.R. Boskey's idea, promotes the integration of gender identity understanding into new sexuality education curricula, with a specific emphasis on transgender and other gender-nonconforming identities[8]).

In conclusion 'Queer Motherhood' and 'Mothering' are a few similar ideas that demand attention for discussion as they advocate non-patriarchal systems of familial affiliations. The concept of motherhood through trans subjectivities reinforces the idea of motherhood and opens new avenues of understanding[17]). This can challenge the traditional patriarchal conception of a family and the general social systems which are too quick to be judgemental, dismissive, and hostile to the people attempting to break these gender roles in the familial structure[24]). The Transgender community's attempts to create a family despite social adversity represent a resistance against the deeply ingrained gender stereotypes and patriarchal structures, which must be acknowledged and celebrated as an essential step towards promoting inclusivity and overcoming systemic discrimination.

Conflict of Interest

The authors declare no conflict of interest with this research article.

Ethical Considerations

This study adheres to ethical guidelines to ensure respectful interpretation and analysis of text. Ethical considerations primarily revolve around maintaining confidentiality and narrative integrity since there are no human participants.

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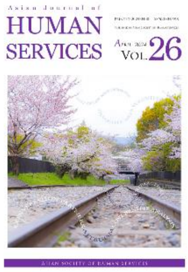

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ORIGINAL ARTICLE

Good Governance and Citizen's Trust in Pakistan: A Moderation Effect of Unethical Behavior

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ABSTRACT

Background: The objective of the study was to determine the impact of unethical behavior of the officials of different departments on citizens' trust with reference to good governance in Pakistan. The livelihood, way of life, and general standards of living of the general masses take all benefits from good governance. It is generally acknowledged that effective governance is an essential component in the process of attaining the trust of citizens. **Methodology:** The current study was quantitative in nature and linear regression analysis with the help of descriptive and inferential statistics was conducted. A three dimensional five point likert scale covering good governance, unethical behavior and citizens' trust was adapted. A sample of 784 male and female was collected from the four provinces of Pakistan. **Results:** Results of the study revealed that unethical behavior has a significant impact on citizens' trust. **Conclusion:** It is concluded that governance is directly linked with the performance of government public servants and they are in need of citizens' trust and Officials with Unprofessional and unethical behavior are serious threat for good governance. **Recommendation:** It was recommended that a transparent accountability system should be launched in order to eradicate different forms of unethical behavior among the government officials so that the trust of citizens might be restored.

Keywords: Accountability, citizen trust, good governance, rule of law, unethical behavior

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1. Introduction

There are many distinct ways that trust in a government can manifest itself, each of which is affected by a combination of socio-political and socioeconomic factors, There is no address that the reality and/or recognitions of a state's great and moral administration are one of the essential components that contribute to the arrangement of believe or doubt at the national level. In spite of the fact that the responsibilities of elected politicians are not clearly defined and are more problematic in character when compared with civil workers, trust in politicians and public officials is eroded when there is actual or perceived corruption in the public sector[1]. Citizens' trust in, or mistrust of, their government can manifest itself in a broad range of ways, each of which can have affected governance directly or indirectly and the formation of political attitudes political imperatives, and public policy, that emerge from those attitudes.

When will this thing (corruption) come to an end, is one of the most frequently raised queries in the public sphere in the contemporary international setting. Because this phenomenon has developed over the years to become nationwide, complicated, and repetitious[2], providing a response to this issue is not an easy task by any stretch of the imagination. Kane, and Rotberg and Gisselquist defined good governance as the process by which a government "exercises its power to manage a country in an ethical manner, through an honest and transparent utilization of the country's human, natural, and social resources for the equitable, effective, and efficient development of the entire population"[3,4].According to Gisselquistit is an accepted notion that corruption is the basic problem that causes the diversion of good governance[5]. It is obvious that such a generalized conceptualization can be improved with particular cases that either confirm or discredit the presence of "great administration" such as political stability, responsibility, peaceful co-existence, straightforwardness, at all layers of government, majority rule representation, adherence to the rule of law, formative goals, and to control debasement. This can be understood. The nature of the system, which is multifaceted and complicated, sets it apart from interpersonal trust in major ways[6]. As a result, the individuals' trust placed in government institutes and officials will definitely be different from interpersonal trust[7]. However, the primary causes of distrust and a danger to the very legitimacy of the system are political acts such as unethical behavior, corruption, and persistent legal transgressions[6]. Non-compliance with the law on the part of individuals can be traced back to these causes. Good governance, which is promised on the availability of ethical rules and accountability systems in all aspects of human life, is the bedrock upon which political trust is constructed[8]. A comprehension of this nature indicates that individuals have the expectation that all levels of society will be governed in an ethical and responsible manner. It is widely known that public administrators and political leaders are expected to follow the principles of accountability, transparency, and integrity. These principles are the foundation for measures to find, stop, and discourage corruption[2,5].

Another facet of good governance is the prevention and detection of corrupt practices. The disease of corruption is a major problem that, if allowed to spread throughout a community or economic system, can have fatal consequences. The term mismanagement of finances has been used interchangeably with corruption here. In conclusion, the idea of voice and accountability (VA) is yet another significant one brought up in this investigation. It is essential for any society to have sources at its disposal in order to guarantee a voice against unethical acts and to hold the perpetrators of wrongdoing accountable in any field. If these processes do not exist, there will be no fear element among those who engage in inappropriate behavior.

It is essential to have an effective governance in order to support and preserve a healthy political system in any given nation. Good governance is a topic that is receiving a lot of attention in today's academic community, and it is also included prominently in the slogans of a number of different political parties. Some studies have found that having a strong government is important for economic growth. However, it does not always mean that there is a direct connection between these two factors.

It is necessary for the citizens to trust their government since this improves social cohesion, which is directly related to a government's capacity to govern effectively. Moreover, it was discovered that trust in government seems to be especially critical in crises, such as natural disasters, economic crisis, or political unrest that focuses attention on the core functions of public governance[9]. This was one of the findings of the study. The capacity of governments to successfully manage crises and carry out exit strategies is frequently a condition for continued existence as well as reelection. After catastrophic disasters, a lack of trust in others may impede relief and reconstruction efforts. Effective cooperative compliance depends on maintaining the public's trust throughout the process of establishing and executing public policy[10-12]. Public trust is a metaphor for the effectiveness and power of the government in its efforts to ensure the happiness of the community. According to Ward et al. trust is necessary for persuasive functions in order for the government to function in the best interest and unethical behavior affects good governance and the trust of citizens, which will allow them to prioritize and focus greater attention on the concept of obtaining the trust of citizens[13].

Accountability is the fundamental building block of effective governance. It has a direct connection to the system of transparency in the governmental system as well as the concept of the rule of law. Therefore, it is necessary to get an understanding of the factors that could affect the faith that citizens place in their government. This study adds empirical knowledge for the government officials and policymakers to understand that there must be a strict accountability mechanism that is also objective, and it must deal with instances of corruption everywhere in an even-handed and non-discriminatory manner as the most effective element of good governance is to win the trust of citizens. When there is a widespread lack of trust among citizens, this can lead to a loss of faith in the democratic system as well as unhappiness with it. When citizens have very little trust in each other, there can be long periods of protests and violence, which can make things unstable. This is bad for governments and how they run things[14,15].

The governance performance in Pakistan faces a complex and multifaceted dilemma, presenting a significant challenge to the attainment of good governance practices. Despite numerous efforts to enhance governance structures, the country grapples with persistent issues such as corruption, bureaucratic inefficiency, and a lack of transparency. This governance dilemma hinders the effective implementation of policies and erodes public trust in the institutions meant to serve the populace. Moreover, the intersection of political, economic, and social factors adds layers of complexity to the challenge, making it imperative to identify a comprehensive and sustainable pathway towards good governance.

2. Literature Review

Governance is a critical concept that plays a crucial role in earning the trust of its citizens which further ensures economic growth of that country. There have been numerous studies conducted on the subject of economic growth and good governance, with the vast majority of them pointing to a beneficial connection between the two[16]. It is found that a higher level of governance is required for higher levels of income per capita. However, Dube focused that the idea of governance is not a straightforward association with development[17]. The primary goals of good governance are to combat corruption and other obstacles to growth, as well as to alleviate the effects of poverty[18]. Additionally, Campos and Nugent developed their metrics for measuring political stability and law rules and political stability by using indices. They used GDP as a way to measure success in their study and found that having fair and stable laws and politics is important to have strong legal support and efficient systems[19]. These are crucial for removing barriers that stop a country from getting foreign investments. Foreign investment is one of the primary factors contributing to economic growth[20]. This investigation aims to conduct a literature analysis. The researchers examined each of the four dimensions individually in the following section. They begin by exploring the connection between good governance and the rule of law. The rule of law and effective governance are critical components of any successful development effort. While governments tend to focus on making laws to maintain good governance, simply creating laws is not enough. It is crucial to ensure that these laws and norms are implemented correctly[21]. Good governance requires transparency and answerability in various spheres under the government's control, not just the rule of law. According to Morita and Zaelke, one important part of good governance is having strong rules for managing money and people[21]. Lane (2010) explains that the rule of law can be divided into two separate parts: the independence of judges and the principles of constitutional democracy. Later, he connects the economy with the rules that everyone must follow, putting together the two groups of ideas mentioned before. This research found that it is important to have laws and regulations that protect people's rights to own property in order to have the best possible market activity[22]. This means that businesses are more likely to put money into and be involved in things when there are better laws to protect them. Zureiqat studied how well a country's economy does and how stable its politics are connected to each other. He used the average income for each person in the country to measure one thing, and a score on how democratic the country is to control how unsure the politics are. By studying information from twenty-five various countries, he found out through data that there is a reverse connection between the two things that were previously mentioned[23]. In a similar manner, Gyimah-Brempong looked at how poor countries' economic growth and political problems are connected[24].

The level of trust, people have in public institutions, is a significant measure of how they perceive the quality of government institutions and their relationship with them in democratic nations[25,26]. This concept is multidimensional and influenced by individual, cultural, and economic factors and effectiveness of public institutions and the ideals that underpin public governance can also impact people's trust[27].

Keeping in mind that legislative issues are a fundamental component of capable government. In societies that are endeavoring to fortify the run the show of law, the strife and delay that regularly go with free political discourse may show up to be an excessively expensive extravagance or a critical issue. Numerous reformers see government as a collection of specialized authoritative duties and see open engagement as a professional form that must be choreographed from over through high-profile but short-lived mass campaigns. In either of these scenarios, citizens have a few openings or motivations to take an interest in a maintained way or to interface official guarantees to the challenges confronting their communities. Respectful society, wherever it exists, has the potential and the commitment to take an interest in characterizing the destinations and strategies of administration change, advantage of its achievements, and take credit for effective activities. An open debate that highlights genuine differences of opinion, even if it does so at the expense of stirring up some controversy, has the potential to elicit continued participation, particularly if it has a direct bearing on the decisions and policies that are ultimately implemented. Involving citizens and non-governmental organizations (NGOs) in the process of formulating reform agendas from the outset is critical. Citizens will be the ultimate judges of what constitutes credible governance change in both established democracies and those that are being regenerated. It is necessary to garner support for the reforms from a wide range of sources. Administration alter requires long-term administration and devotion from those in higher positions, and finding "champions" of change may be an imperative early organize in giving such authority. Such endeavors will not be fruitful in case they are constrained to blue-ribbon boards that issue announcements or to the "one-man show" worldview of change. In spite of the fact that it requires time, effort, and assets, and indeed in spite of the fact that it will include sharing the credit for the administration, it is distant best to induce out into communities, learn around the issues confronting the common populace, and set up a wide base of bolster. This will make it much easier to improve governance. Give particular attention to issues that are causing controversy and problems. As already expressed, these challenges and discussions can persuade the common public energies and commitment much more successfully than "great thoughts" alone. Without these sorts of associations, citizens will see few joins between, on the one hand, the run the show of law, straightforwardness, and responsibility, and the concrete issues of standard of, living and they will not create a sense that alter for the way better requires their possess bolster, interest, and compliance. Additionally, citizens will not create a sense that altering for the way better requires them to comply. People who are not good at explaining things and come from different backgrounds will find it much harder to convince politicians and groups who are skeptical or fully against change. People who are actively corrupt will think that if not many people support the reform movement, it will not last very long. And usually, they will be right about that. Public cynicism will grow as a result of well-known attempts that do not succeed, making it harder to achieve future changes and improvements[28)].

2.1. Hypotheses

A. There is no significant difference in the opinion of male and female respondents regarding good governance, citizen trust, and unethical behavior,

B. There is no province wise significant difference in the opinion of male and female respondents regarding good governance, citizen’s trust and unethical behavior,

C. Unethical behavior has a significant impact on citizen’s trust,

D. Unethical behavior moderates the impact of responsiveness on citizen’s trust,

E. Unethical behavior moderates the impact of the rule of law on citizen’s trust,

F. Unethical behavior moderates the impact of transparency on citizen’s trust,

G. Unethical behavior moderates the impact of accountability on citizen’s trust

3. Material and Methods

3.1. Research Design

The study was descriptive in nature with quantitative approach in order to reach the desired results. A three dimensional five point likert scale covering different factors was adapted. The main objective of the study was to determine the effect of unethical behavior of the officials of different departments on citizens’ trust with reference to good governance in Pakistan.

3.2. Conceptual Framework

In this study following conceptual framework was used

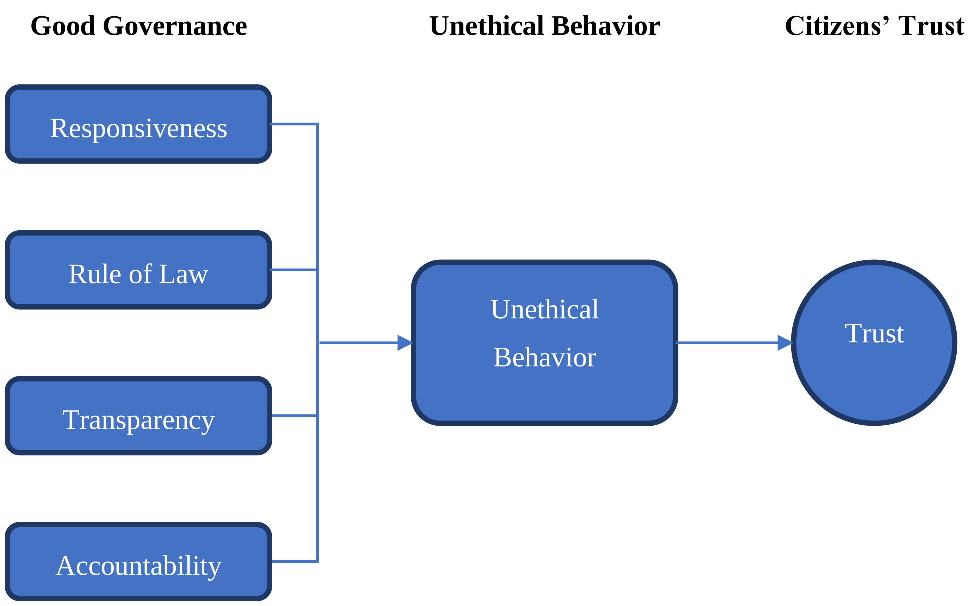

Figure 1. Theoretical Framework

3.3. Population

As this study concentrates to explore and determine the trust of citizens in good governance in Pakistan therefore the entire population of Pakistan was the population of study with following delimitations;

- The respondents must have above 20 years of age, and
- The respondents must have secondary school certificate education.

3.4. Sample Size

The minimum sample size, with the help of Cochran Bach formula, was collected 384 with 95% of confidence level to avoid from non-response bias and error in data researcher doubled the sample size recommended by Hair et al.[29)].

3.5. Instruments of the Study

In order to collect the data, an instrument was adapted from "The Ibrahim Index of African Governance" (2007), Salminen & Norrbacka (2010) on "Trust, good governance and unethical actions in Finnish public administration". OECD Guidelines on Measuring Trust (OECD, 2017) European Label of Governance Excellence (ELoGE). The questionnaire consists of 81 items under different sections as

Section I consists of 05 items of demographic information (gender, age, province location, and education) of the respondents. Section II consists of 17 items of good governance. Section III consists of 06 items of trust. Section IV consists of 08 items regarding unethical behavior.

Further 02 more sections V and VI were added to determine the trust level of respondents on 19 different serving departments working under federal and provincial administration and 15 items of different issues were added to find out the issues and problems of good governance. Five point Likert scale was selected to quantify collected data.

3.6. Pilot Testing

A pilot test was conducted in cantonment, rural and urban areas of district Sialkot, Punjab, Pakistan 50 questionnaires were distributed with the help of students to collect the desired results.

3.7. Reliability and Validity of Tools

The following committee of experts from the Departments of Political Science, Education and English checked the face and content validity of instrument. After pilot testing, the instrument was reconstructed and the Alpha Coefficient value was calculated at 0.829 with the help of SPSS 23 as shown in the table 1.

The experts at the Department of Urdu and the Department of English, Government College for Women University Sialkot, Pakistan checked the content and face validity of the questionnaire.

Table 1. Case Processing Summary

		N	%
Cases	Valid	784	100.0
	Excluded	0	.0
	Total	**784**	**100.0**

Reliability Statistics

Cronbach's Alpha	**No of Items**
.829	30

Source: Authors

3.8. Distribution of Instrument

1700 sets of questionnaires (English and Urdu Version) were got printed and distributed through personal visits and with the help of research assistants, students of post-doctoral, master, and bachelor study levels in different cantonments, rural and urban areas of Pakistan by using a simple random sampling technique. The return statistics are.

The table 2 shows that 1700 questionnaires were distributed to the respondents. 46.11% questionnaires were received which were complete.

Table 2. Questionnaires Distributed and Received

Sr. No	Province	Distributed	Received	%
1	Balochistan	300	120	40.00
2	KPK	300	139	46.34
3	Punjab	600	304	50.66
4	Sindh	500	221	44.20
	Total	**1700**	**784**	**46.11**

Source: Authors

3.9 Ethical Consideration

According to Hesse-Biberet al. researchers conducting research in the social sciences should be prepared to deal with any ethical concerns that might crop up during the process of investigation because it often involves collecting data from and about people[33]. The first ethical issue was to seek permission from the participants. Informed consent was obtained from all participants and second issue was the confidentiality of the data. The participants of the study were assured that the data gleaned from them would be used for this study only. Hence, ethical guidelines for this research involving human subjects were strictly followed.

3.10. Data Analysis

The data were collected from respondents with the help of a field survey and results were drawn with the help of SPSS 23 by using descriptive and inferential statistics.

4. Results

The table 3 shows that 31.6% sample consists of female respondents and the rest 68.40 % respondents were male.

Table 3. Gender of Respondents

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Female	248	31.60	31.60	31.60
	Male	536	68.40	68.40	100.00
	Total	**784**	**100.00**	**100.00**	

Source: Authors

The table 4 shows that 13.10% respondents have >20 years of age, 50.00% respondents have > 30 years of age, 28.70% respondents have > 40 years of age, 06.00% respondents have > 50 years of age, 01.30% respondents have > 60 years of age and 0.90% respondents have > 70 years of age.

Table 4. Age of Respondents

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	>20	103	13.10	13.10	13.10
	>30	392	50.00	50.00	63.10
	>40	225	28.70	28.70	91.80
	>50	47	6.00	6.00	97.80
	>60	10	1.30	1.30	99.10
	>70	7	.90	.90	100.0
	Total	**784**	**100.0**	**100.0**	

Source: Authors

The table 5 shows that 15.30% of respondents belong to Balochistan, 17.70% of respondents belong to KPK, 38.80% of respondents belong to Punjab and 28.20% of respondents belong to Sindh province.

Table 5. Province Wise Respondents

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Balochistan	120	15.30	15.30	15.30
	KPK	139	17.70	17.70	33.00
	Punjab	304	38.80	38.80	71.80
	Sindh	221	28.20	28.20	100.00
	Total	**784**	**100.00**	**100.00**	

Source: Authors

The table 6 shows that 19.40% respondents are the resident of cantonment area, 32.70% respondents are the resident of rural area and the remaining 48.00% respondents are the resident of urban area.

Table 6. Place of Residence of Respondents

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Cantonment	152	19.40	19.40	19.40
	Rural	256	32.70	32.70	52.00
	Urban	376	48.00	48.00	100.00
	Total	**784**	**100.00**	**100.00**	

Source: Authors

The table 7 shows that 34.20% respondents' education is SSC (matric), 36.70% respondents' education is intermediate, 19.60% respondents have bachelor degrees, 7.70% respondents are graduates and the remaining 1.80% respondents have post graduate degree.

Table 7. Qualification of Respondents

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	SSC	268	34.20	34.20	34.20
	Intermediate	288	36.70	36.70	70.90
	Bachelor	154	19.60	19.60	90.60
	Graduate	60	7.70	7.70	98.20
	Post Graduate	14	1.80	1.80	100.00
	Total	**784**	**100.00**	**100.00**	

Source: Authors

A no significant difference in the opinion of male and female respondents regarding good governance with t-value (t-value = -2.306, $p>.234$) at $p\leq 0.05$ level of significance was existed (see Table 8).

Table 8. Difference in the opinion of male and female respondents regarding good governance

Variables	Gender	*N*	*M*	*SD*	*df*	*t-value*	*Sig.*
Good Governance	Female	248	36.09	10.42	782	-2.306	.234
	Male	536	38.00	10.96			

Source: Authors

A significant province wise difference in the opinion of male and female respondents regarding good governance with p-value (p>.000) at p≤0.05 level of significance was existed (Table 9).

Table 9. Province wise Difference in the opinion of male and female respondents regarding Good Governance

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	27540.861	3	9180.287	111.387	.000
Within Groups	64285.964	780	82.418		
Total	91826.825	783			

Source: Authors

Post hoc was applied to find out difference between groups. Therefore, a significant province wise difference in the opinion of male and female respondents regarding good governance within groups with p-value at p≤0.05 level of significance was existed (Table 10).

Table 10. Post hoc Test (Tukey)

(I) Province of the respondents	(J) Province of the respondents	Mean Difference (I-J)	Std. Error	Sig.
Blochistan	KPK	14.66948*	1.13126	.000
	Punjab	15.72346*	.97874	.000
	Sindh	17.75992*	1.02944	.000
KPK	Blochistan	-14.66948*	1.13126	.000
	Punjab	1.05398	.92954	.669
	Sindh	3.09043*	.98278	.009
Punjab	Blochistan	-15.72346*	.97874	.000
	KPK	-1.05398	.92954	.669
	Sindh	2.03645	.80252	.055
Sindh	Blochistan	-17.75992*	1.02944	.000
	KPK	-3.09043*	.98278	.009
	Punjab	-2.03645	.80252	.055

Source: Authors

Dependent Variable Citizen's Trust

The table 11 shows that unethical behavior has significant impact on citizen's trust (R^2 = .44) at p≤0.05 level of significance.

Table 11. Effect of Unethical Behavior on Citizen's Trust

	Unstandardized Co-efficient	Standardized Co-efficient						
Model	***β***	***Std. Error B***	***β***	***T***	***p***	***df***	***F***	***R^2***
Constant	3.27	.27	.66	25.09	.00	782	629.94	.44
Unethical Behavior	.81	.03						

Source: Authors

Dependent Variable Good Governance

The table 12 shows that unethical behavior has significant impact on good governance (R^2 = .61) at p≤0.05 level of significance.

Table 12. Effect of Citizen's trust on Good Governance

	Unstandardized Co-efficient	Standardized Co-efficient						
Model	***β***	***Std. Error B***	***β***	***T***	***p***	***df***	***F***	***R^2***
Constant	1.70	.18	.78	35.55	.00	782	1263.83	.61
Citizen's trust	.16	.00						

Source: Authors

Dependent Variable: Citizen's Trust

The table 13 shows that responsiveness has significant moderation impact on citizen's trust (R^2 = .92) at p≤0.05 level of significance.

Table 13. Effect of Responsiveness on Citizen's Trust

	Unstandardized Co-efficient	Standardized Co-efficient						
Model	***β***	**Std. Error *β***	***β***	***T***	***P***	***df***	***F***	***R^2***
Constant	8.13	.137		15.08	.00	782	3267.40	.58
Responsiveness	.104	.011	.132					
UB	-.759	.022	-.924					
Moderation Effect	.079	.001	1.64		.00			.92

Source: Authors

Dependent Variable Citizen's Trust

The table 14 shows that the rule of law has a significant moderation impact on citizen's trust (R^2 = .62) at p≤0.05 level of significance.

Table 14. Effect of Responsiveness on Citizen's Trust

Model	**Unstandardized Co-efficient** *β*	**Standardized Co-efficient Std. Error** *B*	*β*	*T*	*P*	*df*	*F*	*R2*
Constant	.292	.714			.00			.62
Rule of Law	.680	.090	.683					
UB				13.37		782	656.68	
Moderation	.429	.076	.522					
Effect	-.016	.009	-.287		.00			.62

Source: Authors

Dependent Variable Citizen's Trust

The table 15 shows that transparency has a significant moderation impact on citizens' trust (R^2 = .46) at p≤0.05 level of significance.

Table 15. Effect of Transparency on Citizen's Trust

Model	**Non-standardized Co-efficient** *B*	**Standardized Co-efficient Std. Error** *B*	*β*	*T*	*p*	*df*	*F*	*R^2*
Constant								
Transparency	2.526	.933			.00			.46
	-.468	.274	-.207					
UB	.761	.085	.926	17.57		782	337.84	
	-.008	.019	-.086		.00			.46
Moderation Effect								

Source: Authors

Dependent Variable Citizen's Trust

The table 16 shows that accountability has a significant moderation impact on citizens' trust (R^2 = .52) at p≤0.05 level of significance.

Table 16. Effect of Accountability on Citizen's Trust

Model	**Non-standardized Co-efficient** *β*	**Standardized Co-efficient Std. Error** *β*	*β*	*T*	*P*	*df*	*F*	*R^2*
Constant Accountability	2.650				.00			.52
	.458		.379					
UB				10.07		782	434.31	
	.265		.323					
Moderation Effect	.004		.074		.00			.52

Source: Authors

The table 17 shows that the respondents have graded very bad ethical behavior of the officials of different departments working under federal or provincial governments. However, the respondents were satisfied with the behavior and positive response of School education and 1122 rescue services.

Table 17. Level of Unethical Behavior in the Departments

Departments	Mean	Std. Deviation
Department of Revenue (Tehsildar & Others)	1.17	.440
Department of Law Enforcement (Police & Others)	1.18	.435
Department of Excise and Taxation	1.20	.494
Department of Social Welfare (Bait ul Maal & Others)	1.20	.491
Department of Railway	1.21	.535
Department of Health & Family Welfare (Hospitals)	1.23	.600
Department of Power (WAPDA)	1.24	.443
Department of Finance (Account office)	1.25	.510
Department of Law (Courts)	1.27	.552
Department of Local Government (Municipalities)	1.28	.606
Department of Social Security	1.28	.577
Department of Higher Education	1.32	.655
Department of Agriculture (Field Assistants & Others)	1.35	.651
Department of Animal Husbandry (Animal Hospitals)	1.36	.713
Department of Zakat & Ushr	1.36	.569
Pakistan Post Office	1.36	.687
Department of Forest and Wild Life Preservation	1.39	.744
Department of School Education	3.81	.863
1122	4.78	.417

Source: Authors

The table 18 shows the respondents in agreement with the notion that in Pakistan lack of leadership, political instability, political influence, corruption, political polarization and week institutions have high effects, whereas the lack of education and lack of accountability have medium effects and inadequate infrastructure, nepotism, religious polarization, capacity of officials, economic challenges, geopolitical challenges and ethnic polarization have low effects on governance in Pakistan.

Table 18. Causes of Bad Governance in Pakistan

Causes	Mean	Std. Deviation
Lack of Leadership	4.56	.671
Political Instability	4.49	.523
Political Influence	4.23	.450
Corruption	4.08	.994
Political Polarization	4.04	.484
Week Institutions	4.01	.597
Lack of Education	3.95	.240
Lack of Accountability	3.82	.864
Unemployment and Poverty	2.92	1.746
Inadequate Infrastructure	1.49	.960
Nepotism	1.47	.873
Religious Polarization	1.32	.656
Capacity of Officials/Servants	1.30	.600
Economic Challenges	1.28	.553
Geopolitical Challenges	1.28	.570
Ethnic Polarization	1.23	.573

Source: Authors

The table 19 shows the mean scores of unethical behavior and its impact. Respondents of the study were agreed that unparliamentarily language, bribe practices, embezzlements, fraud, nepotism, favourtism, political influence and religious polarization is observed in public departments.

Table 19. Impact of Unethical Behavior

Sr. No	Responses	Mean	Std. Deviation
1.	Usage of unparliamentarily language is observed in public departments	4.73	.600
2.	Bribe practices are observed in public departments	4.20	.446
3.	Embezzlement is observed in public departments	4.92	.352
4.	Fraud is observed in public departments	4.54	.729
5.	Nepotism is observed in public departments	4.58	.645
6.	Favoritism is observed in public departments	4.73	.600
7.	Political influence is observed in public departments	4.20	.446
8.	Religious Polarization is observed in public departments	4.34	1.083

5. Discussion

The main objective of the study was to find out the effect of unethical behavior of the officials of different departments on citizens' trust to determine the level of governance in Pakistan. In this study three dimensional questionnaire with the combination of good governance (responsiveness, rule of law, transparency and accountability), citizens' trust and unethical behavior was constructed. The questionnaires (Urdu version) was distributed in the in cantonment, rural and urban areas of four provinces (Balochistan, KPK, Punjab, and Sind) of Pakistan with limitations that respondents must have twenty years of age and must have secondary school certificate (see Tables 2-7). After the data analysis the following conclusions have been drawn.

Seventeen hundreds questionnaires were distributed and only 46.11% was the return rate which was higher than the desired sample size (Table 2). In which 68.40% of sample was consisted on the male and the remaining 31.60% was female respondents (Table 3), these respondents have different age groups from >20 to >70 (Table 4) with different level of education (Table 7) and different locality from cantonment, rural and urban area of different cities, villages of Balochistan, KPK, Punjab, and Sindh (Tables 5 and 6).

The results (see Tables 9 and 10) show that there was no difference in the opinion of male and female respondents regarding good governance. These results are in line with the results of previous studies[10-12,25-27].

It was also observed (see Tables 11-19) that ethical behavior and professional attitude of the officials of the department working under federal or provincial government in Revenue Department (Tehsildar and others), Enforcement (police and others), Excise and Taxation and Social Welfare (Bait-ul-Maal and others), Railway, Health and Family Welfare (hospitals), Power (WAPDA), finance (account office), law (courts, local government (municipalities), social security, higher education, Agriculture (field assistants and others), Animal Husbandry (animal hospitals), Zakat and Ushr, Pakistan Post Office and Forest and Wild Life Preservation was very poor and the whole sample showed poor level of acceptance. These results indicate that all the public institutions (with exception of School Education, and Rescue 1122 which have been found to have a higher level of public trust) functioning in Pakistan have lost the public trust. These results corroborate with the results of previous studies[5-7].

In the response to what are the major causes of unethical behavior and bad governance most of the respondents were agreed that in Pakistan lack of leadership, political instability, political influence, corruption, political polarization and week institutions have high effects, whereas lack of education and lack of accountability have medium effects and inadequate infrastructure, nepotism, religious polarization, capacity of officials, economic challenges, geopolitical challenges and ethnic polarization has low effects on governance in Pakistan. These results conform with the results of a number of previous studies[2,5,16-19] discussed in the sections1 and 2.

5.1 Originality of the Study

It is stated that this research article is an outcome of the independent and original work. The authors have duly acknowledged all the sources from which the ideas and extracts have been taken. In addition, this research article is free from any plagiarism and has not been submitted elsewhere for publication.

6. Conclusion

To sum up it is said that phenomenon of governance is directly linked with the performance of government officials and public servants and they are in need of citizens' trust. Unprofessional and unethical officials and servants are serious risk for good governance (responsiveness, rule of law, transparency and accountability) and citizens' trust.

Citizens' trust in the functioning of different departments is reduced usually when bad governance practices endure and ultimately effect and diminish the capacity of public institute to work for the betterment of common man. On the other hand when citizens trust is increased it foster and increase the functioning of the public institute which paves way for the progress of nation. It is necessary to develop sustainable policies to counter the unethical behavior at all level in society by following effective rules and regulations.

In Pakistan, the progress and development in different areas is quite difficult without good governance and without which Pakistani society cannot flourish and be prosper Therefore, it is need of the time that government should initiate such approach which may combat the unethical behavior to grant the equal rights to every citizens of Pakistan.

6.1. Recommendations

This study provides original quantitative research in three dimensions; good governance, unethical behavior and citizen's trust especially with reference to Pakistan being a developing country and opens the new dimensions for developing countries to address unethical behavior and in public as well as private sectors. The findings of this study may contribute practically to policy makers and individual researchers for further investigation. This study recommends that,

- Government should develop new governance system to address socio-political and socio-economic challenges
- Government should address inequality among citizens, caused by unethical behavior in public sector institutions, in the society by taking measures to protect the basic human rights and by improving the level of education, health, shelter, employment government can attain confidence and trust of her citizens which ultimately accelerate the level of governance and development.
- Government should appoint honest and well reputed administrator in the government institutions.
- Government should strengthen the institutions of accountability like NAB, for the purpose of accountability of government servants.
- To reduce the unethical behavior among the public sector officials and servants, government should provide proper training on ethical behavior.
- To reduce the mal practices such as corruption and exploitation, government should develop equitable budgeting plan.
- Proper grievance system should be made functional in each and every government institution
- General masses should follow the rules and regulations with true sense of spirit.

Acknowledgements

Acknowledgements and Reference heading should be left justified, bold, with the first letter capitalized but have no numbers. Text below continues as normal.

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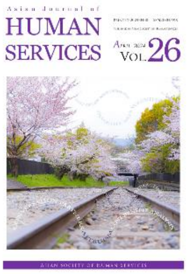

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ORIGINAL ARTICLE

Current Status of Family Caregivers Providing Excretion Care for Older People Requiring Care while Using Multiple Home Life Support Services

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ABSTRACT

To clarify the current status of family caregivers providing excretion care for older people requiring care while using multiple home life support services. We conducted semi-structured interviews with 10 family caregivers who had provided or were providing excretion care for older people requiring care while using multiple home life support services, and qualitatively analyzed the interview data. The family caregivers' current status of providing excretion care and thoughts/feelings about such care were summarized into 6 categories: [utilizing equipment that supports excretory function], [aiming for excretory care that protects the dignity of people requiring care], [finding it burdensome to assist with excretory movements], [facing difficulties in adjusting the defecation rhythm], [finding it burdensome to deal with urinary and fecal incontinence], and [finding it burdensome to provide excretion care for older people with dementia]. The status of home life support service use by these family caregivers was represented by 6 categories: [complex services], [relationships with professionals], [rest for family caregivers themselves], [emotional support], [physical and mental limitations], and [various caregiving and living challenges]. The results revealed that, as excretion care is provided several times a day, including the night-time, temporary use of services does not reduce the burden of excretion care on family caregivers in home care, even if the services are combined according to individual circumstances. On the other hand, building good relationships with professionals and receiving emotional support through the use of home life support services was suggested to be an important support for these caregivers to continue caregiving.

Keywords: Older people requiring care, Excretion care, Family caregivers, Home life support services

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1. Introduction and Purpose

Japan faces the urgent necessity of establishing community-based integrated care systems that enable older people to maintain their dignity and continue to live their own lives in their familiar communities even when they become care-dependent. As background to this, the Japanese population is aging at a rate unparalleled in other countries, and the national demand for medical and long-term care services is expected to increase further after 2025, when the baby boom generation will reach the age of 75 or older. In such a situation, the establishment of systems to appropriately provide various life support services, including medical, care, and welfare services, in everyday life settings is increasingly required, with a view to reducing the burden of medical and long-term care. However, it is not easy for older people to continue to live in their familiar communities, and independence/dependence in excretion is one of the factors that influence the rate of discharge from a hospital/facility to home[1,2]. Furthermore, among the care procedures that family caregivers find burdensome, excretion care particularly increases the sense of burden, and is a major predictor of unsuccessful home care[3]. For older people to continue to live in their familiar communities even when they become care-dependent, the establishment of support systems that help these people maintain their independence in excretion as long as possible, leveraging their own strengths, and that prevent caregiving burdens on their family caregivers from increasing is essential.

In previous studies on excretion care provided by family caregivers, the caregivers regarded direct physical care, such as diaper changing, as a serious burden at all times[4]. Incontinence among care-dependent people, which requires toilet use several times a day, including the night-time, was shown to deprive caregivers of leisure time, leading to various problems, including a worsened relationship between the caregiver and care-receiver, sleeping disorders, and social isolation[5]. Regarding defecation, the high prevalence of diarrhea and constipation among older people requiring care is a factor that increases the social and economic burden on family caregivers[6,7], suggesting that excretion care is a physically and mentally burdensome care procedure for family caregivers. Thus, the burden of excretion care on family caregivers has been noted in several studies. In developed countries in Europe and the United States, continence advisors who have knowledge and skills in excretion management play a central role in disseminating the knowledge to professionals, and contribute to excretion care for older people requiring care using multifactorial strategies[8]. However, in Japan, there are no professionals who play such a role, and family caregivers provide home care using home life support services.

However, as mentioned earlier, while there have been studies on the burden of caregiving related to family excretion care, there have been few studies that have clarified the actual situation of family caregivers who provide excretion care while combining multiple home life support services. Therefore, the researcher considered it necessary to examine how the burden of excretory care could be reduced by combining multiple home life support services and how the home support services should be designed to reduce the burden of excretory care. Therefore, this study aims to clarify family caregivers' current status of providing excretion care for older people requiring care while using multiple home life support services, as well as their thoughts/feelings about such care.

2. Definitions of Terms

In this study, "family caregivers" were defined as family members who are currently living with and mainly providing excretion care for people requiring care or have done so in the past.

3. Subjects and Methods

3.1. Study and procedures

3.1.1. Study Design

In anticipation of the inclusion of older family caregivers, we adopted a semi-structured interview-based qualitative descriptive study design as a method that is less burdensome than a descriptive questionnaire and that enables accurate representation of excretion care provided in the past.

3. 1.2. Research collaborators

We planned to examine approximately 10 family caregivers who were providing excretion care for older people requiring care while using multiple home life support services at the time of the study or had done so in the past. We selected 3 long-term care insurance-covered facilities in a single city by opportunistic sampling, and asked the care manager of each consenting facility to introduce 3 family caregivers. Among these family caregivers, we included those who met the following criteria for research collaborator selection:

<Criteria for research collaborator selection>

- Aged 20 or older who is currently providing excretion care for an older adult requiring care or have done so in the past
- Being able to understand and communicate with others
- Main caregiver
- Coordinating home life support services for an older adult requiring care

3.1.3. Ethical Considerations

We orally explained to the research collaborators the study purpose and ethical considerations using a written document, and obtained their consent. The explanation included that their participation in this study was voluntary, and that they would not be disadvantaged in any way even if they did not cooperate in the study. We asked them to designate a day when the session would not interfere with their caregiving or other activities, and interviewed them on that day in a place where their privacy would be protected. We analyzed the collected data after replacing them with ID numbers and converting them into a format that would prevent the identification of individuals. The study was approved by the Ethics Committee of the Faculty of Health Science and Nursing, Juntendo University (approval number: 4-05).

3.2. Data collection

We conducted semi-structured interviews with consenting family caregivers individually face-by-face or using Zoom. Each interview session lasted for 16 to 44 (mean: 29) minutes, and started after obtaining the interviewee's permission for the use of an IC recorder. In addition to the basic attributes of family caregivers, the survey items included caregiving period, relationship with the caregiver, experience of caregiving, age of care-receivers, care grade of care-receivers, nursing care services used, and primary disease. The level of nursing care required is an indicator of the degree of need for nursing care, which is determined at the time of application for nursing care certification under the public long-term care insurance system in Japan, and is classified into five levels from 1 to 5. The higher the stage, the greater the need for nursing care. The interview examined the "current status of excretion care provided by family caregivers and their thoughts/feelings about such care" and "status of home life support service use", in addition to the research collaborators' basic attributes. The interview period was from August to October 2022.

3.3. Data analysis

This study aimed to retrieve the feelings about excretory care from the narratives of the study subjects. Therefore, it was a qualitative descriptive study, "a comprehensive summary of an event in the everyday language in which such an event occurs". We created narrative records from the interview data, and extracted semantic parts from each research collaborator’s statements, focusing on the “current status of excretion care provided by family caregivers and their thoughts/feelings about such care” and “status of home life support service use”, and summarized and coded the extracted parts using the research collaborators’ own words as much as possible not to change the meaning of the context. Subsequently, we compared similarities and differences among codes, and increased their levels of abstraction to create and name subcategories and categories. In order to improve the reliability and validity of data analysis, this research shared the analysis process among three researchers, and repeated four times for confirmed and examined it. performed all analytical processes under the supervision of a person with experience in home nursing studies and qualitative research.

4. Results

4.1. Outline of research collaborators (Table 1)

Among the 10 family caregivers, 3 had experience of caregiving, and 7 were also providing care at the time of the study. There were 1 male and 9 females, with a mean age of 62.7 and mean caregiving period of 7.3 years. As for their relationships with the care-receivers, 7 were daughters, 2 were spouses, and 1 was a son. The mean age and mean care grade of the care-receivers were 79.4 years and 3.4, respectively. The family caregivers used multiple home life support services, including home-visit nursing, home care, short stay, day, and daycare, and multifunctional small-scale home care services, combining 2 to 4 of these. The most common primary disease was dementia, in 5, and then cerebral infarction, in 3.

Table 1. Outline of participants

Subjects	Age	Sex	Caregiving period (years)	Relationships with care-receivers	Experience of caregiving	Age of care-receivers	Care grade of care-receivers	Nursing care services used	Primary disease
A	50	F	3	Daughter	Provided care in the past	60	3	Day care services, Short stay	dementia
B	70	F	25	Spouse	Provided care in the past	60	4	Short stay, Assistive products	cerebral infarction
C	50	F	7	Daughter	Also currently providing care	80	3	Home nursing, Multifunctional small-scale home care service, Assistive products	dementia
D	50	F	5	Daughter	Also currently providing care	70	2	Home nursing, In-home rehabilitation, Multifunctional small-scale home care service	cerebral infarction
E	50	F	6	Daughter	Also currently providing care	80	4	Home nursing, Home nursing care, Multifunctional small-scale home care service, Assistive products	disuse
F	50	F	10	Daughter	Also currently providing care	70	5	Home nursing care, Multifunctional small-scale home care service	dementia
G	70	F	3	Spouse	Also currently providing care	80	3	Multifunctional small-scale home care service, Day care services	cerebral infarction
H	60	F	8	Daughter	Also currently providing care	90	1	Home nursing care, Day-care center, Multifunctional small-scale home care service	dementia
I	70	F	5	Daughter	Also currently providing care	90	4	Home nursing care, Multifunctional small-scale home care service, Assistive products	dementia
J	60	M	1	Son	Also currently providing care	80	5	Home nursing, In-home rehabilitation, Day care services	progressive supranuclear palsy

F: Female; M: Male

4.2. Current status of excretion care for older people requiring care provided by family caregivers and the latter's thoughts and feelings about such care (Table 2)

A total of 191 codes were identified and classified into 6 categories and 22 subcategories. In the following paragraphs, these categories and subcategories are shown in [ ] and < >, respectively. In addition, quotations from the summaries are shown in { }, and each alphabetic character in ( ) indicates the research collaborator who stated it.

The current status of excretion care provided by family caregivers and their thoughts/feelings about such care were summarized into 6 categories: [utilizing equipment that supports excretory function], [aiming for excretory care that protects the dignity of people requiring care], [finding it burdensome to assist with excretory movements], [facing difficulties in adjusting the defecation rhythm], [finding it burdensome to deal with urinary and fecal incontinence], and [finding it burdensome to provide excretion care for older people with dementia].

[Utilizing equipment that supports excretory function] explains that the caregivers provided excretion care using various measures, such as utilizing self-help devices, selecting suitable diapers, and adjusting the environment for excretion. As stated {I installed an L-shaped bar by the bedside, and frequently used a urinal tube (B)}, they performed excretion care, <utilizing self-help devices for excretion>, such as urinals, portable toilets, and waterproof sheets. Furthermore, as stated {I used to select diapers with the care-receiver's comfort in mind (C)}, they also selected diapers while considering the care-receivers' conditions and assessing their ADL, with a view to <tailoring diaper choice to the care-receiver's needs>. On the other hand, the statement {I didn't know how to change the diapers, so I asked the helper to teach me the method, and I got much better at it at the end (E)} revealed that they lacked knowledge of excretion care methods in the beginning, and needed to perform excretion care based on advice from others, such as <seeking guidance on diaper-changing and other care methods>. Thus, while performing excretion care using various measures, the family caregivers developed <expectations for the development of more convenient and comfortable diaper products>, <finding it burdensome to clean toileting-related welfare equipment>, as stated {Portable toilet cleaning is burdensome, especially at home (D)}. {We can't put a handrail on it, because our toilet room is a bit small (E)} and <finding it difficult to improve one's living environment> also represent the difficulty they faced in enabling the care-receivers to excrete in the toilet.

[Aiming for excretory care that protects the dignity of people requiring care] recounts that the family caregivers provided excretion care while respecting older people requiring care. As stated {Nevertheless, if he still wants to go to the toilet, I can't tell him to hold it in or defecate in his diaper (J)}, they performed such care, with <providing excretion care while respecting the care-receiver> as the foundation, rather than giving priority to their own convenience. Furthermore, as stated {Leaving him in soiled underwear felt pitiful, so I had a strong desire to change his underwear as soon as he emptied his bowels (A)}, they performed care for <maintaining cleanliness and preventing skin problems> in consideration of the mental and physical impact of urinary/fecal incontinence. On the other hand, <realizing the difficulty of toileting intervention in terms of self-esteem> represents their thoughts and feelings when the care-receivers refused to use diapers or were reluctant to be assisted with excretion, as stated {He hated excretion assistance by his own child (C)}.

[Finding it burdensome to assist with excretory movements] outlines the family caregivers' situation regarding excretion assistance, including guiding the care-receivers to the toilet and helping them put on and take off clothes when toileting, as well as their burden of providing excretion assistance repeatedly. As represented by {I guided him to the toilet. When he was still able to walk independently, I helped him walk to the toilet and sit on the toilet seat (F)} and <assisting with each movement for excretion>, they assisted the care-receivers to execute each movement for excretion according to the latter's ADL. Additionally, as represented by {I figured I had to let him do it on his own as much as possible because it was something we do every day (G)} and <aiming at independent excretion>, they provided assistance to promote the care-receivers' independence while reducing caregiving burdens, rather than providing full assistance. On the other hand, the statements {When he became unable to walk, I couldn't take care of him by myself anymore (I)} and {He wanted to go to the toilet whenever he woke up, so I had a hard time sleeping during the nighttime (J)} highlight their sense of burden in such assistance, represented by <finding it burdensome to assist in toileting> and <finding it burdensome to assist with excretion during the nighttime>. They also provided excretion assistance while <realizing the physical burden of providing excretion assistance many times a day>, as stated {Excretion care was burdensome, because it should be performed many times a day (D)}.

[Facing difficulties in adjusting the defecation rhythm] refers to the family caregivers' efforts and difficulties to address diarrhea/constipation as an excretory disorder characteristic of older people by adjusting their defecation rhythms. As stated {Multifunctional small-scale home care service staff also checked on it, and I also checked on it at home. When he had difficulty emptying his bowels, I did something to manage it (D)}, they addressed this problem <using various preventive measures against constipation>, including recording bowel movements, encouraging fluid intake, and reviewing diet. On the other hand, they dealt with such a situation while <finding intervention for constipation difficult>, as stated {He doesn't have the strength to empty his bowels, and dementia prevents him from understanding when I tell him to drink water (F)}. Moreover, the use of laxatives for constipation also led to diarrhea as a vicious cycle, resulting in <finding the adjustment difficult, as constipation and diarrhea repeat>, as stated {Laxatives cause diarrhea (E)}.

[Finding it burdensome to deal with urinary and fecal incontinence] reveals the family caregivers' psychological distress due to the physical burden of dealing with urinary/fecal incontinence, such as assisting the care-receivers to put on and take off clothes and changing bed sheets, as well as fecal odor. As stated {As a countermeasure against urinary incontinence, I put waterproof sheets on the bed, but one sheet wasn't enough, and I had to replace it many times (A)} and {The most annoying thing was that after fecal incontinence, he tried to clean up the mess by himself, and his hands and clothes got sticky (B)}, they dealt with urinary/fecal incontinence while <finding it burdensome to deal with urinary/fecal incontinence>. In particular, as the statement {The smell of stool made me sick, so I wore a mask and gloves when assisting with excretion (H)} reveals, they coped with the situation while <finding it burdensome to manage fecal odor>.

[Finding it burdensome to provide excretion care for older people with dementia] represents excretion care for older people with dementia, who are able to defecate on their own, but are unable to recognize the toilet, and require assistance in this respect. As represented by <accompanying the care-receiver who is unable to recognize the toilet due to dementia>, the family caregivers devised various measures, such as {Since he did not know where the toilet was, I moved my bedroom to a place where I could see the toilet to keep an eye on him (G)}. However, when the situation became difficult, as stated {As dementia progresses, he doesn't even know he has to use the toilet, so he does it in the bathtub (F)}, they struggled with it while <finding excretion in places other than the toilet problematic> and <finding excretion assistance for older people with dementia difficult>, especially {When walking on his own, he makes stops and refuses to use the toilet (C)}.

Table 2. Current status of excretion care for older people requiring care provided by family caregivers and the latter's thoughts and feelings about such care

Categories	Subcategories	Summaries (191 codes)
Utilizing equipment that supports excretory function (36)	Utilizing self-help devices for excretion (9)	I installed an L-shaped bar, and frequently used a urinal tube.
	Tailoring diaper choice to the care-receiver's needs (8)	I choose diapers while observing the care-receiver's condition.
	Seeking guidance on diaper-changing and other care methods (5)	I asked the helper how to change the diapers.
	Expectations for the development of more convenient and comfortable diaper products (6)	I want them to develop products that make diaper changing easier.
	Finding it burdensome to clean toileting-related welfare equipment (4)	Portable toilet cleaning is burdensome.
	Finding it difficult to improve one's living environment (4)	If our living environment had been properly maintained, taking him to the toilet would have been out of the question, because he would have been able to excrete independently.
Aiming for excretory care that protects the dignity of people requiring care (24)	Providing excretion care while respecting the care-receiver (10)	I patiently wait until he has a bowel movement, and this may be the difference between facility and home care.
		Nevertheless, if he still wants to go to the toilet, I can't tell him to hold it in or defecate in his diaper.
	Maintaining cleanliness and preventing skin problems (3)	I change unclean underwear immediately, because it may cause rashes.
	Realizing the difficulty of toileting intervention in terms of self-esteem (11)	I had to say "please" to have him put on a pad.
		He hated excretion assistance by his own child.
Finding it burdensome to assist with excretory movements (47)	Assisting with each movement for excretion (10)	I guided him to the toilet, and assisted him in sitting and wiping.
	Aiming at independent excretion(1)	I figured I had to let him do it on his own as much as possible because it was something we do every day.
	Finding it burdensome to assist in toileting (16)	Toileting assistance became burdensome after he became unable to walk.
		When he became unable to walk, I couldn't take care of him by myself anymore.
	Finding it burdensome to assist with excretion during the nighttime (10)	I have to change diapers many times at night due to urinary incontinence.
		Toileting assistance at night was the most hated and burdensome, because I had to wake up from sleep.
	Realizing the physical burden of providing excretion assistance many times a day (10)	Excretion care was burdensome, because it should be performed many times a day.
		(It happens several times a day), so it is also tough for me.
Facing difficulties in adjusting the defecation rhythm (34)	Using various preventive measures against constipation (15)	Multifunctional small-scale home care service staff also checked on it, and I also checked on it at home. When he had difficulty emptying his bowels, I did something to manage it.
		I encouraged fluid intake.
		Sometimes we had a problem with constipation, and asked for laxatives.
	Finding intervention for constipation difficult (11)	I adjusted his fluid intake and diet, but it was difficult to resolve his constipation.
		He doesn't have the strength to empty his bowels, and dementia prevents him from understanding when I tell him to drink water.
	Finding the adjustment difficult, as constipation and diarrhea repeat (8)	The difficulty of adjusting laxatives results in fecal incontinence.
		Laxatives cause diarrhea.
Finding it burdensome to deal with urinary and fecal incontinence (30)	Finding it burdensome to deal with urinary/fecal incontinence (25)	The most annoying thing was that after fecal incontinence, he tried to clean up the mess by himself, and his hands and clothes got sticky.
		As a countermeasure against urinary incontinence, I put waterproof sheets on the bed, but one sheet wasn't enough, and I had to replace it many times.
	Finding it burdensome to manage fecal odor (5)	Soft stools stain pajamas and sheets, and leave a lingering odor even after wiping and drying. It is indeed burdensome.
Finding it burdensome to provide excretion care for older people with dementia (20)	Accompanying the care-receiver who is unable to recognize the toilet due to dementia (4)	Since he did not know where the toilet was, I moved my bedroom to a place where I could see the toilet to keep an eye on him.
	Finding excretion in places other than the toilet problematic (10)	It was quite burdensome to deal with urination each time.
		As dementia progresses, he doesn't even know he has to use the toilet, so he does it in the bathtub.
	Finding excretion assistance for older people with dementia difficult (6)	When walking on his own, he makes stops and refuses to use the toilet.
		Sometimes 5 urine pads are stacked.

4.3. Status of home life support service use among family caregivers providing excretion care for older people requiring care (Table 3)

A total of 102 codes were identified and classified into 6 categories and 19 subcategories. In the following paragraphs, these categories and subcategories are shown in [ ] and < >, respectively. In addition, quotations from the summaries are shown in { }, and each alphabetic character in ( ) indicates the research collaborator who stated that.

The status of home life support service use by family caregivers providing excretion care for older people requiring care was represented by 6 categories: [complex services], [relationships with professionals], [rest for family caregivers themselves], [emotional support], [physical and mental limitations], and [various caregiving and living challenges].

[Complex services] explains that the family caregivers performed excretion care utilizing long-term care insurance services in accordance with their family circumstances. The statement {I have to work. If I have to become a caregiver at the same time, I can’t do it without using these services (D)} represents their reason for utilizing <day services>. They had also been using <welfare equipment> to improve one’s living environment to make it easier for the care-receivers to use the toilet, as stated {I have taken all possible measures, such as making the room barrier-free and changing the toilet (B)}. Furthermore, seeking excretion assistance as part of home life support services, rather than performing excretion care by themselves, they provided excretion care utilizing <home-visit services>, as stated {I ask the helpers to take him to the toilet whenever they come (E)}.

[Relationships with professionals] recounts that the presence of home life support service staff provided mental support for the family caregivers to perform excretion care. As stated {A good relationship is important (G)}, they realized the importance of a <good relationship with home life support service staff>, which enabled them to consult about anything. The statement {The support from the care manager was very helpful (A)} also shows that <trust in home life support service staff> helped them continue excretion care.

[Rest for family caregivers themselves] explains that the family caregivers providing excretion care continued caregiving while taking breaks and spending private time to rest their body and mind. As stated {Making use of short stays helped me relax (A)}, <ensuring rest for family caregivers themselves> helped them continue to provide care. <Ensuring leisure time for family caregivers themselves>, such as {I enjoy my hobbies and travel for a change, utilizing short stays (H)}, was another of their attempts.

[Emotional support] indicates that the family caregivers were aware of the importance of continuing caregiving while receiving emotional support by having someone to talk to or complain to. They received <psychological support from family members and staff>, as stated {It is important to improve the home environment, but the presence of someone to rely on is also important (D)}. On the other hand, they felt that they had <no other family members to complain to>.

[Physical and mental limitations] revealed that the caregivers felt limitations in their caregiving while providing excretion care several times a day, including the night-time, showing negative emotional reactions to endless excretion care, such as disappointment. The statement {I (the caregiver) got sick, possibly due to stress (J)} outlines <physical and mental disorders from stress> among these caregivers, and {I felt so miserable, asking her, “Mom, why can’t you do it anymore?”. I can understand why homicide due to caregiver fatigue occurs (I)} represents their <emotional reactions such as disappointment and anger>. In addition, due to <anxiety about endless caregiving>, they felt <limitations in caregiving>, as stated {I tried my best to take care of him at home without admitting him to a nursing home, but I couldn't do it anymore (E)}.

[Various caregiving and living challenges] showed that the challenges faced by family caregivers vary according to the circumstances of each family, and there are challenges not only related to caregiving but also to their living conditions. The statement {The most important thing for facility admission is money (I)} represents the <economic challenge> they faced. Those who did not have a family member to help them with caregiving perceived <the burden of taking on the responsibility of caregiving alone>, as stated {It was quite hard to perform caregiving alone (F)}. Additionally, the statement {Sometimes the time when the pick-up bus came to take him to the day service and the time when I came home from work didn't coincide, which put me in trouble (J)} reveals that they perceived various challenges, such as <challenges in balancing work and caregiving> and <challenges related to home life support services>. Other challenges include <challenges related to people requiring care>, as stated {The facilities do not admit people with a low care grade, but excretion assistance for these people is more burdensome (A)}, and there was also hesitation to use the services due to <feeling reserved or uncomfortable when using home life support services>, as stated {I had a staff member change his underwear, but I felt uncomfortable asking them to come over simply to change underwear (C)}.

Table 3. Use of home life support services and related challenges among family caregivers providing excretion care for older people requiring care

Categories	Subcategories	Summaries (102 codes)
Complex services (32)	Day services (17)	I have to work. If I have to become a caregiver at the same time, I can't do it without using these services.
		Having a job, I had him go (to the day service) during the day.
	Welfare equipment (10)	I have taken all possible measures, such as making the room barrier-free and changing the toilet.
	Home-visit services (5)	I ask helpers to take him to the toilet whenever they come.
Relationships with professionals (16)	Good relationship with home life support service staff (4)	A good relationship is important.
	Trust in home life support service staff (12)	The support from the care manager was very helpful.
		Trust with home service providers is really important.
Rest for family caregivers themselves (11)	Ensuring rest for family caregivers themselves (9)	Making use of short stays helped me relax.
		I had him use the overnight care service, because I (the caregiver) didn't want to get exhausted.
	Ensuring leisure time for family caregivers themselves (2)	I enjoy my hobbies and travel for a change, utilizing short stays.
Emotional support (9)	Psychological support from family members and staff (8)	It is important to improve the home environment, but the presence of someone to rely on is also important.
		(When I complain,) I can feel refreshed, and be a little bit kinder.
		Because I had someone to talk to, I was able to manage the situation.
	No other family members to complain to (1)	I can't complain at home. I can't say these things to my husband.
Physical and mental limitations(13)	Physical and mental disorders from stress (6)	I (the caregiver) got sick, possibly due to stress.
		Caregiving is harder mentally than physically, and sometimes I can't stop crying.
	Emotional reactions such as disappointment and anger (3)	I felt so miserable, asking her, "Mom, why can't you do it anymore?". I can understand why homicide due to caregiver fatigue occurs.
	Limitations in caregiving (1)	I tried my best to take care of him at home without admitting him to a nursing home, but I couldn't do it anymore.
	Anxiety about endless caregiving (3)	I find it burdensome to come to terms with the situation, such as considering when to shift to home care. It is also worrisome that we do not know how long this situation will continue.
Various caregiving and living challenges (21)	Economic challenge (4)	The most important thing for facility admission is money.
	The burden of taking on the responsibility of caregiving alone (9)	No one was helping me, and there were no helpers.
		It was quite hard to perform caregiving alone.
	Challenges in balancing work and caregiving (4)	It was difficult to work a full-time job due to the short hours of day service.
	Challenges related to home life support services (1)	Home-visit care services can only help my father, and that's not good enough for us.
	Feeling reserved or uncomfortable when using home life support services (2)	I had a staff member change his underwear, but I felt uncomfortable asking them to come over simply to change underwear.
	Challenges related to people requiring care (1)	The facilities do not admit people with a low care grade, but excretion assistance for these people is more burdensome.

5. Discussions

Family caregivers had previously been regarded as a means to fulfill the needs of people requiring care. Being inevitably forced to change their lifestyles, such caregivers tended to be isolated and socially excluded[9]. Today, however, with the generalization and enhancement of the long-term care insurance system, family caregivers are also recognized as recipients of support, and “provision of sufficient life support for caregivers” has become an urgent issue[10]. This study examined family caregivers providing excretion care while using multiple home life support services to clarify the current status and challenges of excretion care provided by such caregivers as a basis for discussing what is necessary to support excretion care for older people requiring care in Japan’s community-based integrated care system.

The family caregivers used [complex services] according to their circumstances, and attempted to provide better excretion care for older people requiring care by [utilizing equipment that supports excretory function], [aiming for excretory care that protects the dignity of people requiring care]. On the other hand, when providing excretion care, they bore various burdens, such as [facing difficulties in adjusting the defecation rhythm], [finding it burdensome to assist with excretory movements], [finding it burdensome to deal with urinary and fecal incontinence], and [finding it burdensome to provide excretion care for older people with dementia]. In addition, as the community environment surrounding family caregivers is markedly changing, they were suggested to face [various caregiving and living challenges], and realize [physical and mental limitations] in caregiving. In short, the results revealed that, as excretion care is provided several times a day, including the night-time, temporary use of services does not reduce the burden of excretion care on family caregivers in home care, even if the services are combined according to individual circumstances. Despite these various burdens, the family caregivers engaged in caregiving, [aiming for excretory care that protects the dignity of people requiring care], with a sense of mission unique to family caregivers who believe that some types of excretory care can be provided only at home, as stated {I patiently wait until he has a bowel movement. This is the difference between facility and home care}. At the same time, this sense of mission made them hesitate to use home life support services, as represented by <feeling reserved or uncomfortable when using home life support services>. Family caregivers’ sense of mission can also be understood as their sense of self-blame, which has been reported to result in a sense of isolation. Fujio et al.[11] identified the difficulty of support interventions to address [sense of mission to care] among caregivers who feel obligated to provide care on their own as a challenge in family caregiver support from the perspective of care managers. The present study examined the current status of excretory care from the perspective of family caregivers, and revealed challenges similar to those of family caregiver support perceived by home life support service providers. On the other hand, as stated {I just told him that he smelled bad. I knew this hurt him, but I myself was stressed to the point of exhaustion}, the family caregivers provided excretion care with both positive and negative feelings about caregiving, and the latter included anger and worry. A previous study reported that, as one of the main problems faced by family caregivers of older people requiring care with incontinence, they aim to provide care that respects care-receivers while coming to terms with the current situation, apart from their and the care-receivers’ feelings of embarrassment about care intervention for incontinence as a private act of a person[12], which is similar to the results of the present study.

Thus, although temporary use of services may not be enough to reduce the burden of excretion care on family caregivers in home care, the family caregivers in this study attempted to ensure rest for themselves by using these services, and, above all, they realized the necessity of emotional support, as stated {The presence of someone to rely on is also important}. Hirose[13] described that family caregivers themselves desire to have their own existence and achievements recognized, and develop an ambiguous mentality that mixes both positive and negative feelings about a certain situation and their previous relationships with care-receivers over time. Also in the present study, family caregivers continued caregiving while balancing it and their own lives by receiving [emotional support] and taking [rest for family caregivers themselves] through the use of home life support services. Among these family caregivers, 70% used multifunctional small-scale home care services, including day, overnight, and home-visit care services provided by the same staff members, which facilitates relationship-building between users and staff[14]. This may have enabled the family caregivers to build a <good relationship with home life support service staff>, providing emotional support for them. It is said that because excretory care involves a sense of shame not only for the patient but also for the family, there is a tendency for people to try to hide it from society and to provide excretory care on their own[12]. However, in this study, family caregivers received emotional support from professionals and were able to continue caring by confiding their complaints about caregiving, saying that they were able to manage because they had someone to talk to. In order to help family caregivers continue caregiving, it is important for professionals to build a trust-based relationship with them in the process of continuous support, and to promote favorable caregiver-care-receiver relationships, focusing not only on caregiving burdens, but also on positive feelings of both parties about their relationships[15]. The present study did not clarify whether professional support for family caregivers was provided from this perspective, but it highlighted the importance for professionals to intervene in the mental aspect of family caregivers when supporting them. Furthermore, Nagai et al.[16] described that caregiving stress is influenced by the presence of a caregiving partner and/or supporter and the availability of consultation services, and that a system for each caregiver to be supported by multiple persons is crucial. The results of the present study also suggest that the presence of not only home life support service staff, but also family members and others to complain to provides [emotional support], and helps caregivers continue caregiving despite [physical and mental limitations].

Concerning this multiple supporter system, we believe that collaboration only among home life support service providers may have limitations in supporting family caregivers. For community-based comprehensive care systems to effectively work, “self-help, mutual-help, cooperation-and-assistance, and public-assistance” initiatives that address various life challenges are required. In order to reduce the burdens on caregivers, it is indispensable to alleviate their sense of restraint and ensure the presence of supporters who perform caregiving on their behalf[3], The establishment of systems to link “self-help, mutual-help, cooperation-and-assistance, and public-assistance” initiatives to each other and provide support may also be necessary for this purpose. There should also be major changes to the social concept of caregiving. Caregiving may be something that anyone can do, but it should not be carried out by family members alone. Family caregiver support should aim to help these caregivers lead a fulfilling life themselves, and perform care to the extent that their lives are not affected.

6. Study Limitations and Future Challenges

The results of this study are limited in their generalizability, as daughter-in-law caregivers were not included as family caregivers, and there was a bias in the home life support services used. However, the study has a certain significance in clarifying family caregivers’ thoughts and feelings about excretory care and the characteristics of such care for each care grade, and in discussing the effectiveness of home life support services. In the future, to further increase the accuracy, we will longitudinally collect data, with more extensive caregiver attributes and a wider range of care facilities, and continuously discuss the effectiveness of home life support services toward excretion care that satisfies both the older people requiring care and their family caregivers.

7. Conclusions

The family caregivers providing excretion care for older people requiring care while using multiple home life support services adopted various approaches to make such the care protected the care-receivers' dignity. However, as excretion care is provided several times a day, including the night-time, temporary use of services was shown to be insufficient to reduce the burden of excretion care on these caregivers in home care, even if the services were combined according to individual circumstances. On the other hand, building good relationships with professionals and receiving emotional support through the use of home life support services was suggested to help them continue caregiving.

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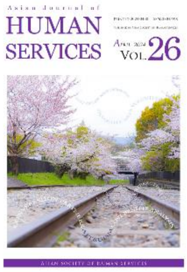

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ORIGINAL ARTICLE

From Crisis to Hope: A Critical Discourse Analysis of Boris Johnson's Easter Day Speech

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ABSTRACT

Critical Discourse Analysis is a research approach which examines how language use reflects and maintains societal power dynamics. It seeks to reveal hidden meanings and ideologies in speech by investigating how language establishes social reality, reinforces power hierarchies, and shapes social practices. In the current study, Fairclough's (2001) model is adopted to analyze a speech delivered by the UK's Prime Minister Boris Johnson, on April 12, 2020, during Easter Sunday to the nation. In this speech, Boris Johnson thanked The National Health Service for saving his life from Covid-19 after leaving the hospital. The problem of the study is of three-folds:(1) understanding the speech's context and backdrop, particularly the COVID-19 epidemic and its effects on the UK (2) Recognizing the possible impact of political objectives and biases on the speech's linguistic construction (3) overcoming the difficulty of locating and examining hidden meanings and presumptions in the speech. It is hypothesized that the speaker uses language reflecting a strong national unity. It is hypothesized that the speaker uses language reflecting a strong national unity. The study concludes that the speech involves using different discoursal and ideological features and structures (such as nationalism, calling for action, increasing solidarity, etc.) that directly reflect the power of the language used to make the speaker influence his audience positively. Also, the analysis confirms the hypothesis raised.

Keywords: CDA, Political Discourse, Boris Johnson, Fairclough, Van Dijk.

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1. Introduction

When rhetoric is regarded as essential for citizenship and political oratory in state affairs in ancient Greece and Rome, the relationship between language and politics firstly emerged[1,2]. Politics control the operation of civilizations, which is considered as a complicated system that distributes power, wealth, and decision-making authority among people and groups[3]. While informal politics includes social and cultural norms that influence political behaviour, formal politics refers to the structures and procedures of the official government. Politics is fundamentally about settling disputes, balancing conflicting interests, and attaining shared objectives[4].

Politics plays a significant part in determining public policy since it allows voters to influence and hold their elected officials accountable[5]. The political process includes several tasks, such as deciding on tax spending and passing laws. Gandhi and Przeworski[6] suggest that politics can be used to perpetuate inequality and prejudice and concentrate power in the hands of a few, but politics can also have unfavourable effects. This is especially true in authoritarian regimes when political authorities utilize their influence to stifle criticism and keep the populace under control. In such situations, politics ceases to be a tool for advancing the common good and becomes an instrument of oppression.

Powerful interest groups can also have a substantial impact on politics in democracies, utilizing it to support their own interests above those of the general welfare. This may lead to decisions that benefit the well-connected and wealthy at the expense of common people[7]. Furthermore, political polarization and tribalism can promote a “us vs. them” mentality that hinders cooperation and compromise, making it challenging to resolve complicated challenges that call for shared sacrifices and collective effort[8]. Even if politics can bring about beneficial change, it is crucial to be aware of any unfavorable effects and work to build a more just and equitable society. Understanding the speech’s context and backdrop, particularly the COVID-19 epidemic and its effects on the UK, is one important issue with this study. Another point is recognizing the possible impact of political objectives and biases on the speech’s linguistic construction, and overcoming the difficulty of locating and examining hidden meanings and presumptions in the speech.

The study looks into how Boris Johnson's language is employed and how it affects the audience. It also seeks to expose the ideological assumptions and goals the discourse is based on.

1.1. Research questions

The following research questions are posed in the current study:

1. How does Boris Johnson use language to evoke patriotism and unity in his Easter Day Speech? What, then, are the speech’s discursive characteristics?
2. Which ideological figures does Boris Johnson use to provoke the audience’s emotions?
3. How does Boris Johnson’s political ideology appear in the speech’s values and presumptions?

It is hypothesized that Boris Johnson speaks in a way that conveys a sense of deep national solidarity and a joint fight against the COVID-19 pandemic.

2. Data Collection and Analytical Procedure

The data of this study involves a speech delivered by the UK’s prime minister Boris Johnson on April 12, 2020, during Easter Sunday to the nation. In this speech, the PM thanked The National Health Service (Now on NHS) for saving his life from Covid-19 after leaving the hospital. To analyze and evaluate Boris Johnson's political discourse, the discourse will be analyzed based on Fairclough's (1989, 1992) social practice model and Van Dijk's (1998) model of ideological square.

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2.1. Model of the Study

The model adopted is Fairclough's (1989, 1992) social practice model and Van Dijk's 1998 model of ideological square. According to Fairclough (9), critical discourse analysis has three dimensions. Description, which refers to the formal characteristics of the text, is the first dimension. The second is interpretation, which entails comprehending how the text and the interaction it represents relate to one another, as well as the function of the text in the interpretation procedure. The third dimension is explanation which concerns the text's social significance, social identity, and social effects, as well as how those processes are carried out during its creation and perception. Three sorts of analysis are carried out in accordance with Fairclough's model: text analysis, discursive (process) analysis, and social analysis. Consider Figure (1) below:

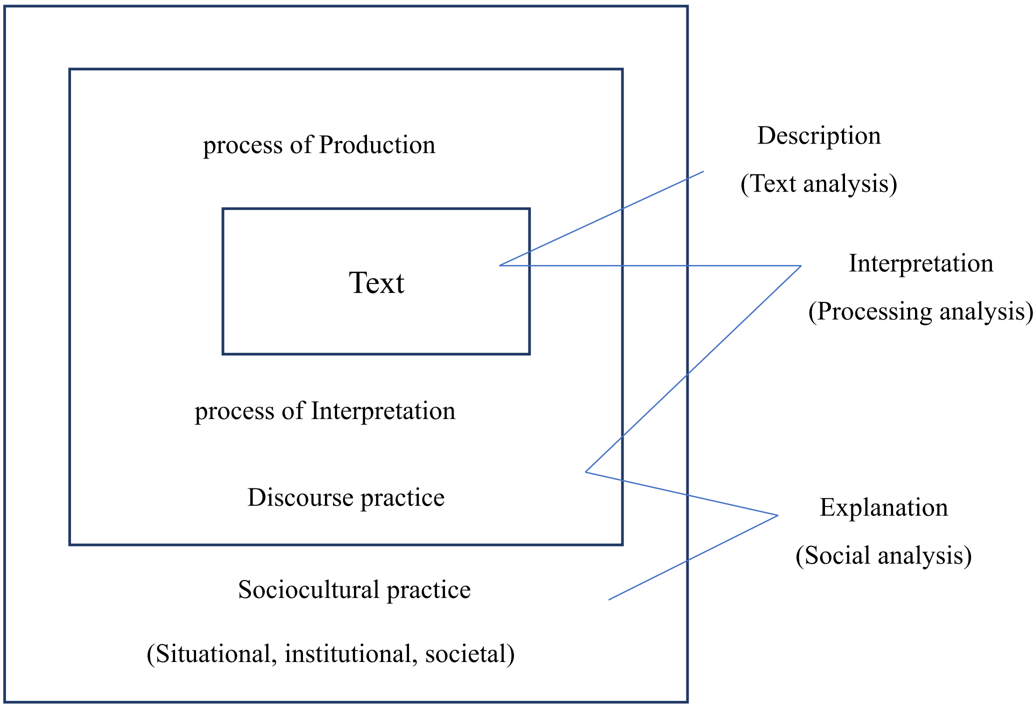

Figure 1. Fairclough's social practice model

Fairclough[9,10] in description phase of text analysis, states that a thorough comprehension of proposal organization and structure is required. He contends that reading a work critically entails assessing its vocabulary, grammar, cohesiveness, and textual structure. Examining individual's word choices, definitions, and metaphors is part of vocabulary analysis. Examining the relationships of words, phrases and clauses, such as transitivity and mode, is a component of grammar analysis. The main focus of cohesion analysis is on the connections that connectives and arguments make between clauses and phrases. Contrarily, text structure analysis works with more substantial organizational elements, including sentence complexity, length, and interaction management. The elements of analysis of the three levels of analysis are presented in Figure (2) below:

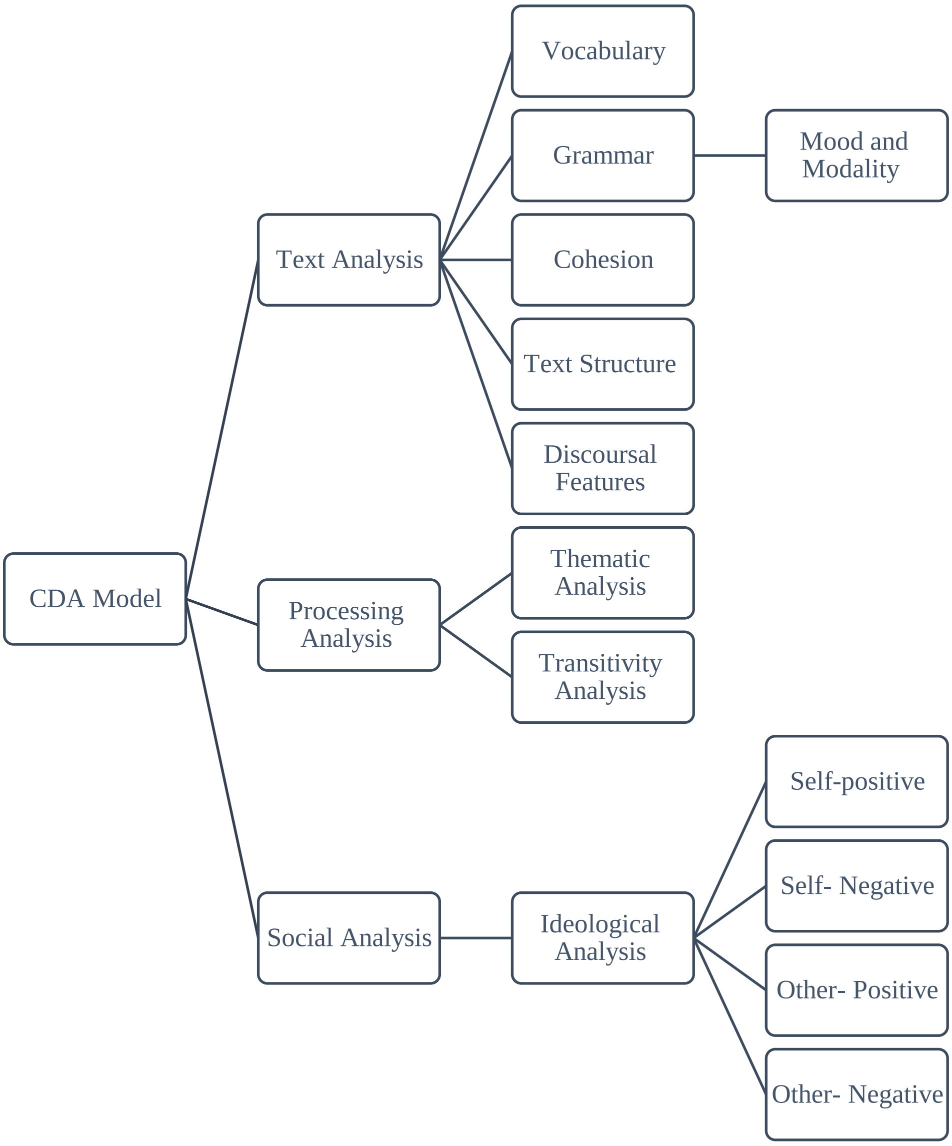

Figure 2. Elements of Analysis

3. Theoretical Background

3.1. Politics and Discourse Analysis

Much work has been done on the connection between politics and discourse analysis during the last decade[11]. Discourse analysis looks at how language is used to construct meaning and interpret the world around us, whereas politics is concerned with the use of power and decision-making by individuals and institutions that affect people and groups[12,13]. Chilton[14] maintains that language and communication techniques used by politicians, policymakers, and other participants in the political process to spread their views and policies can be evaluated through a discourse lens. Such a study can show how certain people and issues are depicted in language and how that affects public opinion and policy outcomes[15]. Furthermore, Abdurrahman et al.,[16] see that "social life is interconnected networks of social practices of diverse sorts" i.e. "Political, cultural, family, etc".

In this context, Entman[17] writes that discourse analysis in politics includes an assessment of framing, which is the presentation of a topic in a certain way to affect how people see it. Framing can assist in developing a narrative around a political problem by highlighting some features while downplaying others. Instead of framing the discussion of immigration as a human rights issue or an opportunity for the economy, a politician may emphasize border control and enforcement as a national security priority[18]. Political leaders utilize language to inspire and energize their audience and foster a feeling of shared objectives and unanimity. Hence political rhetoric is essential to political discourse[19]. One can learn more about the principles, theories, and ideologies that influence political discourse and policymaking by dissecting political speeches and other types of political communication[20]. The media is a crucial topic for discourse analysis in politics since it significantly shapes public opinion and influences policy results[21]. Discourse analysis can help us comprehend how the media affects political decision-making by examining how various media outlets frame political topics and their coverage's impact on public opinion[22].

Thus, discourse analysis and politics are closely related disciplines that may both learn a lot from one another. Discourse analysis is an effective tool for investigating how language is used in politics, illuminating how authority is exercised and policies are communicated[23]. Politics, on the other hand, offers discourse analysts a variety of real-world examples and data to support their theories[24]. Finally, understanding how power and communication operate in modern society requires an understanding of politics and discourse analysis[25].

3.2. Political Discourse

According to Fairclough[10], discourse shapes itself as a social practice and is shaped by the environment in which we live. He contends that ideology can permeate a text's form and structure, resulting in an “ideologically invested” discourse. This suggests that ideological implications can be conveyed through a sentence's fundamental structure and elements. Political speech is largely concerned with issues of power, control, dominance, and conflict, according to Chilton and Schaffner[26]. Political Discourse Analysis (PDA) is defined by Van Dijk[22] as taking a political or critical stance towards discourse analysis, as well as examining the text and speech of politicians in political circumstances. Politics occurs on both a micro and macro scale, according to Chilton[14]. Politics at the micro level can be conducted by persuasion, arguments, threats, bribery, and other means amongst individuals, genders, and social groups. Politics, at its most fundamental level, involves disputes between and within political institutions, as seen in laws, democratic constitutions, historical precedents, and other factors. At the macro level, politics can be conducted through aspects like: international relations, global governance, globalization, political economy, etc.

Political discourse analysis should concentrate on the practices and actions carried out by political discourse rather than merely the players. So long as they behave as political actors and participate in political actions like governing, ruling, protesting, dissenting, or voting, people and groups other than politicians can have a voice in political discourse. The possibility for speech to be “ideologically invested” and utilized to manipulate language for particular political objectives is highlighted by Fairclough[10]. According to Chilton and Schaffner[26], the purpose of political discourse is to persuade listeners to agree with the speaker’s viewpoint while also altering, masking, or strengthening a certain reality. According to Van Dijk[22], the main goal of political speech is to persuade the listeners that the speaker’s political claims are true. According to Charaudeau[27], political speech strives to assert leadership and enthral the audience through rhetoric. Moreover, Kaid and Holtz-Bacha[28] assert that political speech influences people's beliefs and behaviours, deepens their comprehension of a problem, and increases their involvement in the political process. Political discourse is a complex phenomenon that includes various language elements and purposes. The motivation behind election campaigns and other kinds of political expression is what gives political discourse its illocutionary potency[22]. According to Chilton and Schaffner[29], "informativity" refers to how novel or surprising a communication is for the audience. They contend that all writings include some information and that reading information-poor texts can be tedious. Additionally, political speech is characterized by a "war of words" and a "political show" that seeks to sway public opinion to either win support or incite animosity towards political rivals[29]. Politicians manipulate the public's consciousness and persuade people to embrace particular views and behaviours by using metaphorical language, especially during periods of political and economic crisis. Political slogans are viewed in this regard by Wodak and Meyer[30] as a particular kind of social-political advertising. They advocate using political slogans to educate the public about the intellectual-conceptual platforms of political parties and issues in order to regulate ideological relationships in society. In order to increase the influence of political messaging on public opinion, Charteris-Black[31] claims that metaphorization and the use of symbols in political discourse attempt to promote emotional expressiveness.

3.3. Previous Studies

The conceptually-oriented critical discourse analysis demonstrates how Brexit was made real by recontextualising components of prior social/political/economic crises. In his study, Krzyżanowski highlights the various impact of 'Brexit as crisis' on European news media discourse[32]. Ajayi examine President Buhari's (2019) Independence Day Speech to show how it discreetly but pragmatically projects the Buhari-led administration's commitment to its 'change' goal[33]. This study purposefully chose speech clips for examination using van Dijk's (2004) Critical Discourse examination approach. It concentrates on how Johnson and Trump organized their stories to depict themselves as 'characters', discursively generated agency, and took different stances. Although Johnson and Trump seemed to have learned different lessons from their illnesses, their narratives promoted a masculinist discourse to portray them as 'strong leaders' and detract from their reckless personal behaviour leading up to their infections and their governments' failures to formulate coherent pandemic control plans. Analyzing the Australian Prime Minister's speech on Coronavirus, Alyeksyeyeva et al. examine speech's political and ideological surroundings throughout the national political process and decision-making, as well as its sociopolitical and cognitive characteristics in parliament[34]. Every discourse has three aspects according to critical discourse analysis. A written or spoken language text, an interaction between individuals, and a social act require the generation and interpretation of texts (discourse). Nugraha et al. examine the impact of the virus's spread on the Indonesian economy, as well as the government's response to the public health crisis and the efforts made to overcome the Covid-19 and 'new normal' economic crisis[35]. Rovino et al. seek to identify news text language that conveys anxiety using Teun A. Van Dijk's (1993) critical analysis discourse model and discourse's micro, macro, and superstructure[36]. They find that political memes' critical and affirmative power confused during the COVID-19 crisis based on a thematic analysis of Boris Johnson and Trump memes. This hindered politicians' ability to resist populist leaders' actions and messages.

4. Data Analysis and Discussion

Following Fairclough's 2001 model of discourse and Van Dijk's 1998 model of ideological square, the analysis involves analyzing the given speech on three levels: Text Analysis (Description), Processing Analysis (Interpretation) and Social Analysis (Explanation)

4.1. Text Analysis (Description)

Using Fairclough's discourse analysis model, the researchers can analyse this speech in terms of vocabulary, grammar, cohesion, and text structure.

Vocabulary analysis: The vocabulary used in the discourse combines professional and colloquial expressions. Using complex vocabulary and expressions, the speaker expresses his gratitude to the NHS and the UK. For example, he uses expressions such as "*It's hard to find the words to express my debt*" and "*forming a human shield*" to convey the extent of his gratitude towards the NHS and the British public. Johoson's speech contains casual and colloquial words and phrases like "*no question*" and "*folks*," which contribute to a more conversational tone and help the speaker connect with the audience more personally. The speaker also uses a variety of figurative language to emphasize his point. He uses metaphors, such as calling the NHS "the beating heart of this country" and "*powered by love*", to highlight the significance of the organization and the emotional bond people have with it.

Finally, the speech effectively uses various vocabulary and language techniques to convey appreciation and unity. The speaker also uses a variety of technical terms related to healthcare, such as "*physios*," "*radiographers*," and "pharmacists," which serve to emphasize the expertise and professionalism of the NHS staff. In **Grammar Analysis**, the speech mostly includes simple and compound sentences, with some complex ones used here and there (e.g. ***It's hard to find the words to express my debt*** **(Simple sentence)*****, we will defeat this coronavirus and defeat it together*** **(Compound sentence)*****, I want to thank the many nurses, men and women, whose care has been so astonishing*** **(Complex sentence)** Besides, the speaker makes use of modal auxiliary verbs to express "possibility", "ability", "obligation", and "necessity", like using (can, will). As for the pronouns used, the pronouns (I, you, and we) are frequently used as personal pronouns in this speech. **Mood and modality** analysis is part of Fairclough's discourse analysis approach. Modality refers to the speaker's assessment of the likelihood or truth value of the message, whereas mood refers to the grammatical expression of the speaker's attitude towards the message being delivered.

The speech's tone primarily indicates the speaker's mood as he shares his experience and shows gratitude for others. Additionally, some imperatives exhort listeners to observe social conventions and remain at home to safeguard the NHS and save lives. In terms of modality, to express his evaluation of the probability or truth value of the message, the speaker employs a combination of modal verbs and adverbs. The speaker first uses the modal verb "could" to suggest that the NHS might be overrun if people didn't abide by social conventions but then switches to the words "unbeatable" and "powered by love" to emphasize the NHS's courage and resiliency. For instance, the speaker emphasizes with the word "no question" how definite it is that the NHS saved their life. Additionally, he uses the phrase "It's hard to find the words" to convey his appreciation for the NHS. Generally, the mood of the speech is positive, and it emphasizes the value of the NHS and healthcare professionals' efforts in overcoming the pandemic's obstacles. The speech also emphasizes the importance of upholding social distance laws to safeguard the NHS and save lives.

As for cohesion analysis, the speech is coherent since the speaker employs multiple cohesive strategies to connect sentences and paragraphs. Using personal pronouns, like "you" and "we," create a sense of solidarity between the speaker and the listeners. The speaker also connects clauses and sentences with conjunctions like "but," "because," and "so." Thanks to the repetition, especially of the nurses' names, the audience feels more at ease and more empathic.

In the **text structure analysis**, the speech has a clear beginning, middle, and end. The speaker begins by thanking the NHS and the British public for their sacrifices in the fight against the coronavirus. The middle of the speech discusses the efforts of the NHS and the British public in confronting the virus, highlighting the courage and dedication of NHS staff. The speech's conclusion urges the audience to adhere to the social distancing rules and protect the NHS. The speech generally serves as a convincing statement for the audience to keep up their efforts in the pandemic-fighting effort. The message is effectively communicated thanks to the text's clear structure and logical progression of ideas. Using personal pronouns, repetition, and cohesive devices creates a sense of unity and empathy between the speaker and the listener.

As far as discoursal features are concerned, the speech has several discoursal features that are worth noting: First, formality, the speech begins with a formal salutation, "Good afternoon," and often uses formal language. The speech is presented formally and has a high vocabulary and complex sentences. In his speech, the speaker makes statements like "faithfully, patiently, with thought and care" and "the struggle is by no means over". Second, expressions of gratitude, throughout the speech, the speaker gives numerous thanks using phrases like "I want to thank," "I thank you," and "I want you to know that." Third, use of figurative language, the speaker uses metaphors and personification to describe the NHS, calling it a "human shield" and the "beating heart of this country" and saying that it is "powered by love." Fourth, use of specific names, to show his appreciation and draw attention to their achievements, the speaker specifically acknowledges doctors, nurses, and other healthcare professionals. Fifth, use of persuasive language, it urges the audience to keep assisting the NHS and abiding by the recommendations to fight the pandemic. He appeals to the nationalism and unity of the audience by saying that if everyone pulls together and supports the NHS, the UK can overcome this issue. He uses language like "protect our National Health Service" and "save lives". Sixth, use of emotive language, the speaker employs passionate language to highlight the value of the NHS and the sacrifices made by healthcare professionals; he uses words like "courage," "devotion," and "love". Emotive language is used to create an emotional connection with the audience. Seventh, use of personal anecdotes, to connect with the audience and emphasize his arguments, the speaker often shares personal experiences. He describes his time in the hospital and the names of particular nurses who attended to him. Finally, repetition, the speaker repeats certain phrases to emphasize his points, such as "our National Health Service," "24 hours a day," and "stay at home, protect our National Health Service – and save lives." The speaker repeats certain phrases and names, such as "National Health Service," "Jenny and Luis," and "Thank you," to emphasize their importance and to show appreciation.

In conclusion, the speech has a formal register, emotive language, repetition, and a persuasive tone, among other discursive characteristics. These aspects express the speaker's appreciation and admiration for the public and the NHS and persuade them to keep fighting the pandemic.

4.2. Processing Analysis (Interpretation)

1) Thematic Analysis

The speech contains several topics, they are:

a. Gratitude towards the National Health Service:

The speaker appreciates the NHS and its employees for saving his life. He expresses gratitude for the commitment and courage of medical personnel who have risked their lives to fight the virus.

b. Acknowledgement of the sacrifices made by the UK citizens:

The speaker thanks the entire UK populace for their sacrifices and efforts in observing social distance laws throughout the pandemic. He admits that it has been challenging for people to abide by these regulations, particularly during the spring when the outside seems attractive.

c. Progress in the national battle against coronavirus:

The speaker highlights the advancements in the fight against the virus on a national level, which have been made possible by the efforts of the British people and the building of a human shield surrounding the NHS. He also recognizes the personal sacrifices made by NHS employees during this battle.

d. The National Health Service as the beating heart of the country:

The speaker describes the NHS as the nation's best and most resilient part. He emphasizes the importance of adhering to social distance laws to safeguard the NHS.

e. Personal acknowledgements:

The speaker thanks specific doctors and nurses who helped him while he was in the hospital and made crucial decisions. He points out their names and draws attention to their courage, loyalty, and sense of obligation to what they do.

f. Hope for the future:

The speaker closes his speech by expressing optimism that the nation will beat the virus collectively, with the NHS serving as the driving force for this accomplishment. He advises people to stay at home and adhere to social distance regulations to preserve lives.

4.3. Transitivity Analysis

Halliday's transitivity analysis is a linguistic tool that analyzes how clauses are put together in a sentence to determine the actions and people involved and how they contribute to the meaning of the text. By presenting the process types used in the given speech using this framework, the table below shows the process types in the given speech:

Table 1. Processes used in the speech

Process Types	Types of Verbs	Frequency (percentage)	Examples
Material Processes	(actions, events)	14 (26.9%)	left hospital, made, follow the rules, going through, formed, keep coming to work, putting themselves in harm's way, risking, took some crucial decisions, defeat, follow the rules, stay at home, protect, save lives
Mental Processes	(thinking, feeling, perceiving)	10 (19.2%)	find the words, express, imagine, believe, understand, decided, know, see, think, care
Relational Processes	(identifying, attributing)	9 (17.3%)	is, are, be, have been, is by no means, are taken from us, is under, is thanks to, are acting
Behavioural Processes	(psychological or physiological)	9 (17.3%)	thank, mourn, making progress, thank, pay my own thanks, thank, mention, watching, caring
Existential Processes	(existence, presence)	2 (3.8%)	there are, there are
Verbal Processes	(saying, telling, reporting)	(11.5%)	want to thank, want you to know, want to thank, want to thank, hope they won't mind, thank

The analysis shows that the given speech contains 52 processes in total, with material processes being the most frequent at 26.9%, mental processes at 19.2%, while relational and behavioural processes at 17.3%. Existential processes are the least frequent at 3.8%, while verbal processes comprise 11.5% of the total processes.

4.4. Social Analysis (Explanation)

Social analysis is an interdisciplinary approach that examines different aspects of society to understand their impact on individuals and groups. Van Dijk's Ideological Analysis is used to understand how language conveys power dynamics, social relations, and cultural values. It includes the following categories: "self-positive," "self-negative," "other-positive," and "other-negative". However, these categories enable social analysts to evaluate the use of language in maintaining social hierarchies and inequalities. Analyzing language use in social contexts can reveal how individuals and groups are positioned concerning others.

4.4.1. Self-Positive

The speech contains elements of self-positive representation, mostly concerning the NHS. The speaker describes the NHS as the "beating heart" of the nation, a "national asset," and a group that is "unbeatable" and "powered by love". The speaker also praises the British for acting as a "human shield" for the NHS and for making efforts that are "daily proving their worth". The speaker creates a positive image of the UK by focusing on the significance of the NHS and the British public's support for its protection.

4.4.2. Self-Negative

In some parts of the speech, the speaker gives a self-negative account of the UK, particularly when discussing the difficulties caused by the coronavirus pandemic. The speaker admits that the struggle against the virus is a "national battle" that the UK "never picked" and that it is being fought against an "enemy we still don't entirely understand". The speaker also mentions how the NHS is under pressure and how medical personnel are risking their lives to fight the infection. These acknowledgements raise the possibility that the UK may have difficulty responding to the epidemic, which could be interpreted as a negative reflection on oneself.

4.4.3. Other-Positive

The speaker gives a favorable impression of healthcare professionals in his speech, especially those who looked after him while he was in the hospital. The speaker expresses gratitude to the healthcare professionals in every category, praising their bravery, devotion, duty, and love. The speaker also mentions several specific nurses by name, identifying their nationalities and their critical role in his healing. The speaker creates a favorable impression of people battling the infection by highlighting the selfless activities of healthcare professionals and personalizing their contributions.

4.4.4. Other-Negative

The speech doesn't contain any obvious examples of other-negative representations. The speaker understands the difficulties the virus presents, but he does not point the finger at any one party or organization. Instead of criticizing or blaming anyone for the pandemic response's difficulties, the speech focuses on recognizing and appreciating individuals who have contributed constructively.

5. Conclusions

The speech's primary points center on gratitude for the NHS and its staff, appreciation for the UK's efforts to adhere to social distance regulations and faith in the British people's capacity to overcome the coronavirus pandemic. Boris Johnson's Easter Sunday Speech significantly aided the UK's campaign against the COVID-19 pandemic. After being released from the hospital following his struggle with the virus, the Prime Minister gave a speech to the country from his residence in Downing Street. The purpose of the speech was to offer encouragement and express gratitude to the British people and the NHS staff for their hard efforts in fighting the pandemic. Johnson praised the nation's combined sacrifices and efforts throughout the address, admitting the challenges posed by social isolationist practices and urging people to keep their observance of them. Johnson also emphasized the NHS's (NHS) contribution to the nation's response to the pandemic. He commended the bravery and commitment of healthcare experts, including doctors, nurses, and other medical staff members, who have toiled nonstop to treat individuals infected with the virus. The speech was notable for its persuasive language and rhetorical devices, including repetition and emotive language. Johnson repeatedly thanked the British public, using phrases such as "I want to thank everyone in the entire UK" and "millions and millions of people across this country", creating a sense of unity and shared responsibility. Boris Johnson's Easter Sunday Speech was a powerful example of discourse during a crisis. It conveyed a sense of solidarity and hope while acknowledging the challenges ahead. The speech resonated with many people across the country and helped reinforce the message that the UK can overcome the pandemic by working together and following healthcare professionals' guidance.

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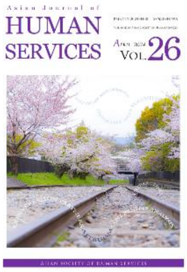

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ORIGINAL ARTICLE

A Study on the Impact of Refugee Influx on the Agricultural Service, Systems and Products; The Case of Rohingya Refugees in Teknaf, Bangladesh

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ABSTRACT

The Teknaf region in Bangladesh experienced a massive Rohingya refugee influx from Myanmar in 2017, where more than a million refugees fled to Bangladesh. This influx exerted considerable pressure on the local socioeconomic structures, livelihood activities, and environmental resources. This study evaluates the refugees' impact on the agricultural dynamics in Teknaf where farming is the major livelihood means for the local community. Based on primary data from interviews with a representative sample of 98 farming households, the study elucidates shifts in agricultural practice post-influx. It was observed that while the acreage of crop cultivation contracted, enhanced agricultural methods and the introduction of modern crop varieties facilitated a rise in production. Consequently, there was a modest 4% increase in annual household income from agriculture. The cropping pattern shifted from rice dominant to vegetable based. The shift was facilitated by the available of lower waged (450-500 BDT vs 350-400 BDT daily wage) refugee laborers compared to local laborers. The employment of Rohingya laborers at wages below the local standard was prevalent, yet approximately 44% of farmers reported dissatisfaction with the laborers' productivity. The agriculture sector faced notable adversities, including diminished arable land, environmental resource depletion, inflated input costs, and a scarcity of irrigation resources, which collectively compound the challenges faced by the farming community. Addressing the challenges identified, the study advocates for the creation of targeted agricultural support programs to enhance the value addition within host communities. Additionally, fostering small-scale farming projects for the refugees and host community could be instrumental in promoting sustainable livelihoods and engendering economic resilience at the local level.

Keywords: Agriculture, Rohingya, Refugee, Farming community, Teknaf

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1. Introduction

The Rohingya people, a minor community of Myanmar, were rendered stateless by the Burmese 1982 Citizenship Law [1]. Consequently, due to state-sponsored oppression for decades, nearly a million Rohingya refugees have fled to Bangladesh since August 2017 due to violent attacks in their homeland[2)]. As a result, Bangladesh now hosts a significant number of the world's total refugees[3)]. According to the UNHCR, currently, there are a total of 861,545 Rohingya refugees living in 34 congested camps in Teknaf and Ukhia Upazila under Cox's Bazar district, among which 826,485 are Forcibly Displaced Myanmar Nationals (FDMN), and 35,060 are Undocumented Nationals of Myanmar (UNM)[2)]. The Rohingya situation is called the world's fastest-growing refugee crisis[4)]. Initially, host communities welcomed the Rohingya refugees from the standpoints of humanity and shared culture. However, the repatriation of Rohingya refugees has failed, and it is said that camps will stay in Bangladesh for an extended period, facing the possibility of a complex local integration process [2,5,6)]. The Rohingya refugee situation in Bangladesh is shaping up to be a long-term crisis with no viable solution on the horizon. The massive increase of the refugee population within a brief period, concentrated in the southeast subdistricts Teknaf and Ukhia, has reportedly had a substantial impact on Bangladeshi host communities' food security, economic vulnerability, market access, security aspects, labor opportunities, and environment[7-9)].

Hosting of Rohingya refugees has raised concerns over local environmental degradation, falling wages, and rising prices, exerting pressures on communities where public services and infrastructure were already lagging behind the national average[10,11)]. Therefore, tensions have been raised between Rohingya refugees and host communities due to the regional social and environmental degradation[12)]. As the crisis moves beyond the initial emergency phase, it is essential to have a comprehensive understanding of the needs and vulnerabilities of the host communities. These understandings are necessary to formulate the design and implementation of effective inter-sectoral programming that focuses on managing externalities and enhancing the overall well-being, dignity, and self-reliance of host communities. When a refugee crisis breaks out, the host community suffers a lot and yet has less attention, which is also happening in the case of the Rohingya crisis, where international donors, INGOs, and NGOs are mostly focusing on the refugees[13)]. When a region hosts such a massive refugee influx, it has a negative impact on the local community as well as the environment. Rapid deforestation is the most prominent and visible impact of this crisis, threatening the livelihood of the forest-dependent local people. Local communities in Teknaf are highly dependent on forests, and the major livelihoods are related to agricultural activities, including farming, labor, and business related to agricultural products. The Rohingya refugee crisis is affecting the agricultural system in the Teknaf region, but there is a lack of research-based understanding of the extent and status of the impact. However, in the case of understanding the impact of the Rohingya refugee influx, several studies have covered the environmental degradation and economic issues, but there needs to be more empirical research regarding the impact on agricultural systems and the host community[8,14-17)]. But so far no studies have focused on the impact on agricultural systems. This study aims to address the problem and explore the impact of refugee influx on the agricultural system in Teknaf.

Although agriculture is among the major livelihood sectors for Teknaf, there are areas requiring improvement to be better developed like other regions of Bangladesh and Teknaf is at the margin of food surplus[18)]. Despite facing a lack of technology support for cropping, proper management operation skills, and input shortage (seed, fertilizer, and irrigation facility), a wide range of crops such as rice, seasonal vegetables, fruits, and betel leaf are grown in this area by the local farmers. Shortage of cultivable land is the major challenge faced by the farmers because of the forest-covered hilly terrain in the Teknaf region. In this area, 28% of the farmers have less than 1.5 acres of farmland, and 16% are landless. After the refugee influx in 2017, it is estimated that about 100 ha of cropland was damaged due to refugee hosting initiatives, including house construction, between 2017 and 2018. Moreover, refugee settlements and humanitarian agencies have occupied 76 ha of arable land. Around 5,000 acres of land have been rendered useless because of sandy soil flowing down from the mountain slopes, which are being used for refugee housing purposes[19)]. Besides the decrease of arable lands, agriculture in Teknaf also faces a lack of irrigation, post-harvest facilities, market, and technological know-how, which poses a considerable challenge to the local farmers. Under the above circumstances regarding agriculture in Teknaf, it is important to assess the impact of the refugee influx on agriculture and prepare future strategic plans accordingly to protect and prosper the agriculture and farming community. Therefore, this study will pursue the following objectives – 1) to assess the impact of refugees on agricultural systems and cropping patterns, 2) to determine the level of involvement of the refugees in local agricultural practices, 3) to explore the impact of refugees on the local labor market and 4) to explore the problems in the agricultural sector due to refugee influx in Teknaf. The findings from this study will generate useful understanding regarding refugee impact in local agriculture, which will be also significant to develop strategic refugee management plans in regional, national and global scales.

2. Material and methods

2.1. Study area

The study was carried out in the Teknaf sub-district (also called Upazila) under Cox's Bazar district in the southeastern part of Bangladesh. It is bordered by Ukhia Upazila to the north, the Naf River and Myanmar to the east, and the Bay of Bengal along its western and southern borders. The area is located between 20°45′ and 21°15' North latitudes and between 92°05′ and 92°15′ East longitudes. This area is diverse: agriculture, coastal and hill ecosystems are the narrow coastal zone of Bangladesh that directly connects with the Bay of Bengal. Fishing, agriculture, and day labor are the major occupations in this area. Teknaf has an area of 388.68 sq. km with 147 villages[18)]. The population density in Teknaf is 680 persons per km2, almost half the national average (BBS, 2020). Among farm families, the highest proportion of farmers (31.8%) belong to the small farm category, followed by the marginal farm (28.40%), medium farm (20.41%), the landless (16.30%) and large farm (3.12%). About 29.5% of the total land is under cultivation, with a cropping intensity of 137%, well below the national average of 193%[20)]. Paddy, seasonal vegetables, corn and betel leaf are some common crops cultivated in the area. The climate is sub-tropical, with more than 4000 mm of annual mean rainfall and an average temperature of 25.5 °C [21)]. The total Rohingya refugee population in Cox's Bazar is estimated at 882,676 of which 111,647 refugees live in 20 camps in Teknaf Upazila[22)]. Two villages close to the Shamlapur Rohingya camp were selected for data collection (Fig. 1).

2.2. Sampling procedure

A multistage sampling technique was used for this study in Teknaf. Two villages, namely - Shamlapur and Marishbania, were selected because they have a large number of authorized and a few unauthorized Rohingya camps. Most households in these areas depend on agriculture, fishing, and salt farming. The population of the study was comprised of farm households involved in agriculture farming. According to the Upazila Agriculture Office (UAO), there were 876 households engaged in farming[18)]. The sampling size was targeted to be 10% of the total farming household list, i.e., 88 households out of 876. From the list of the farmers, 105 households were randomly selected for data collection. We wanted to sample out some extra households for the incidences of unavailability or incomplete response. The random selection of

105 households was made by using SPSS, where the function Data > Select Cases > Random sample of cases was used to draw random samples from the farmer's list. However, initially, we interviewed 102 households (3 households did not respond or agree to the interview), and after data checking, 98 farming households were fit for final analysis.

2.3. Data collection and analysis

To gain insight into the current challenges faced by farmers and others in the farming industry due to the Rohingya influx, two focus group discussions (FGDs) were organized. Participants included farmers, local leaders, teachers, and concerned individuals. The insights gained from these discussions helped us create a structured interview schedule. The survey was conducted from October to December 2020 using face-to-face interviews. During the interview process, first, the survey team requested the household head for a time and explained to the household head the purpose of the interview. When the household head agrees to participate, we ensure that the questionnaire's contents are clearly explained, and we take permission to disseminate the information while maintaining strict anonymity to protect the participant's privacy and confidentiality. After completing the interview, the information were checked with the respondents for clarity and transparency. While the interview process, some respondents shared their emotions and experience regarding refugee influx. However, a structured questionnaire was used during the interview and data relevant to agricultural systems were recorded. In addition, secondary data was gathered from agriculture officers, government reports, and scientific articles. The interview schedule was composed of a wide range of variables concerning socio-demographic characteristics, agricultural and food-related information[24)]. Socio-demographic variables included the farmer's age, education, family size, involvement in agriculture, secondary occupation and annual income. Agricultural activities included the farm size, paddy growing area, paddy production, major cropping patterns, use of local and Rohingya labor in agriculture, efficiency of local and Rohingya labor, labor wage, hiring mechanisms of Rohingya labor and price of major food items. Information on agricultural activities was compared between the time before and after the refugee influx in 2017. Both descriptive and analytical statistics were used for data analysis. The socio-demographic characteristics of the respondents were measured using descriptive statistics such as mean, standard deviation (SD) and percentage. Descriptive statistics help explain the characteristics and basic features of the respondents in a study[23,25)]. While comparing mean differences, T-tests were performed. Data analysis was undertaken using R-Studio (Version 1.1.383).

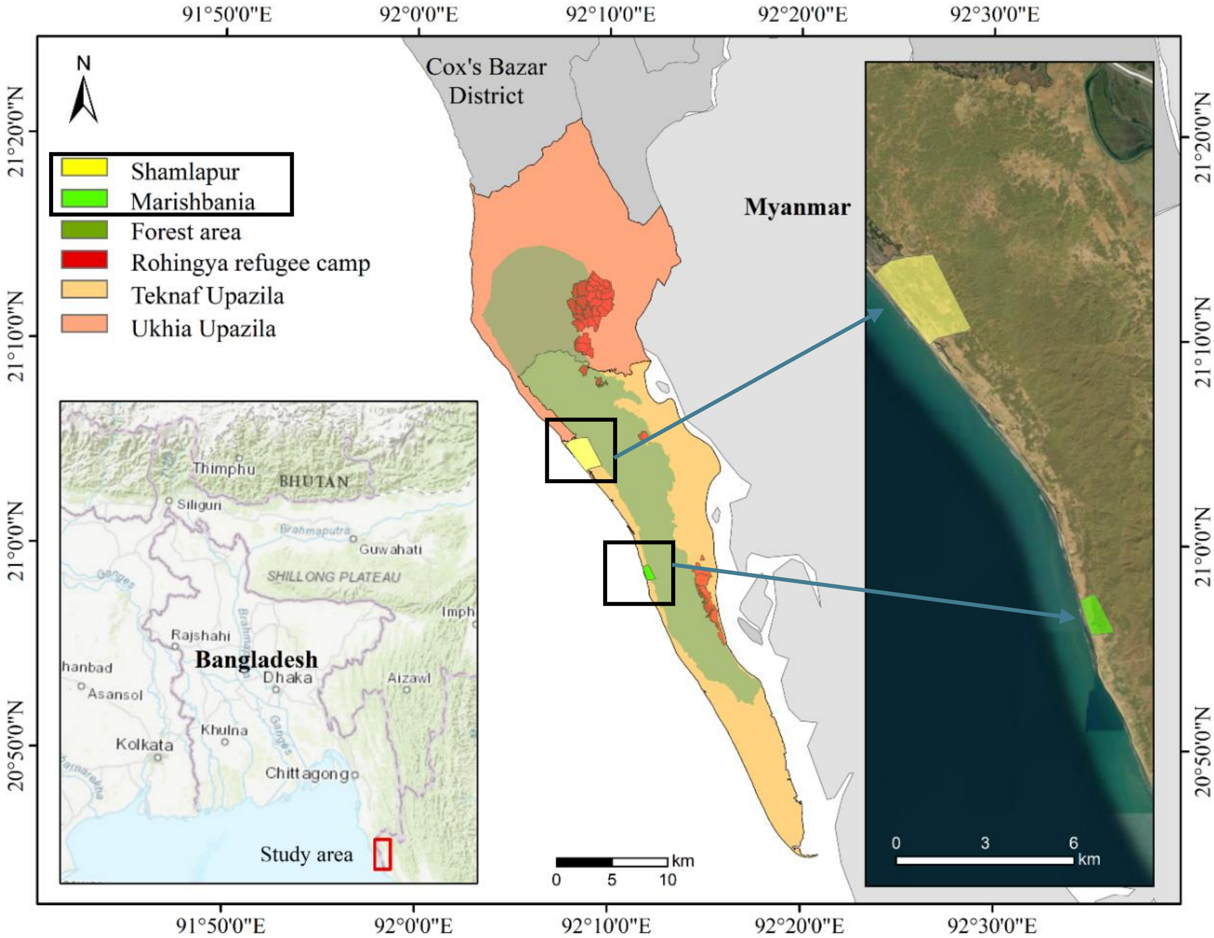

Figure 1. Map showing the Teknaf Peninsula. The study was conducted in two villages (Shamlapur and Marishbania) on the western side of the peninsula. Shamlapur (yellow polygon on map) is bigger than Marishbania (green polygon on map)

3. Results

3.1. Socio-demographic characteristics of the farmers

The average age of the respondent farmers was 42.72 years, ranging from 18 to 75 years. Many farmers only know how to read and sign, having yet to complete elementary education. The average schooling year below 1 reflects the farming community's poor educational status and lack of formal education. The average household size was 6.4 members, ranging from 3 to 13. Larger families were likely due to the need for more labor on farms. The average farming experience of the respondents was 26.14 years, the lowest farming experience was 5 years, and the highest was 50 years. The high experience in agriculture reflects the main livelihood of the region where people are heavily dependent on agriculture and its related services for their livelihood.

Table 1. Socio-demographic characteristics of the farmers (n = 98)

Characteristics	**Range**	**Mean (± SE)**
Age (years)	18 – 75	42.72 (±3.02)
Education (years of school)	0 – 4	0.66 (±0.16)
Family size (number)	3 – 13	6.4 (±0.45)
Agriculture involvement (years)	5 – 50	26.14 (±2.35)

Fig. 2 depicts the secondary occupations of the respondents, in addition to agriculture, which is the primary occupation. Almost all farmers engaged in secondary occupations. In Teknaf, there are few large farms, and most of the farmers own small to medium-sized farms that are insufficient to sustain their families. Therefore, farmers require alternative livelihood options. Among them, 38% of farmers worked as labor, followed by small business (20%), fishing (12%), service (10%), driving (10%), and salt farming (4%). Despite owning land, many small and medium-sized farmers work as farming laborers to earn extra income.

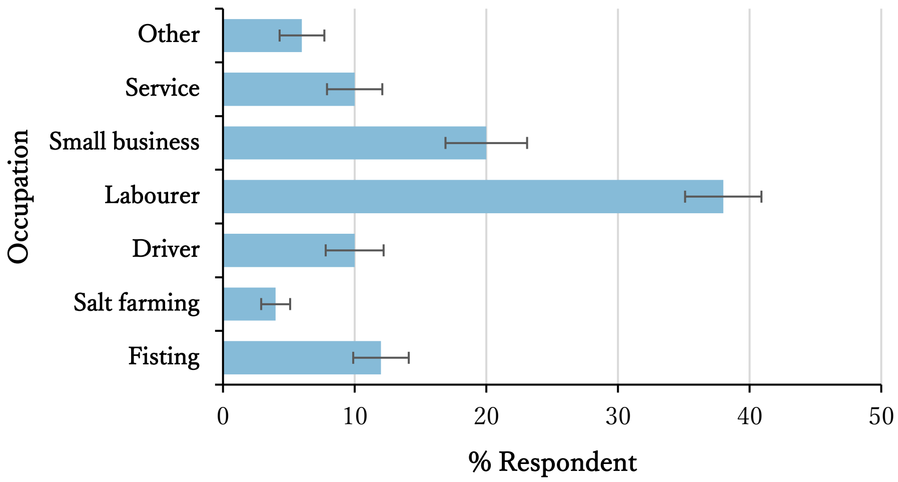

Figure 2. Secondary occupation of the farmers. Bars indicate ±SD (n = 98)

3.2. Impact of refugee influx on local agricultural and cropping pattern

After the refugee influx in 2017, there were reports of sudden changes in various social and economic aspects in the region besides environmental degradation. The farm size of the households decreased by 9.42% after the mass influx of Rohingya refugees. The average farm size was 204 decimals before the influx of Rohingya (in 2016), which was reduced to 185 decimals in 2020. Paddy-cultivated areas decreased by 8% after the influx (Table 2). After the refugee influx due to the new social challenges, some of the large farming families migrated out to safer places and rented farming lands to other farming families. Besides, after the refugee influx many of the farming lands inside forests were inaccessible, which resulted in less cultivable land. Though the area decreased after the influx, the production of paddy increased. Before, on average per capita paddy production was 2501 kg, which grew to 2653 kg after the influx. The annual income of the farmers slightly increased (4%) after the Rohingya influx (Table 2).

Table 2. Farm size, annual income, paddy growing area and production before and after the Rohingya influx in the Teknaf (n = 98)

Village	**Year**	**Mean (±SE)**
Farm size (decimal)**	After influx (2020)	184.56 (±14.74)
	Before influx (2016)	203.76 (±25.89)
Paddy Area (decimal)*	After influx (2020)	127.6 (±8.59)
	Before influx (2016)	135.2 (±10.67)
Paddy Production (Kg)	After influx (2020)	2653 (±350.68)
	Before influx (2016)	2501 (±220.15)
Total annual income (BDT)*	After influx (2020)	303200 (±28688.9)
	Before influx (2016)	291080 (±24344.3)

*T-test significance level * p< 0.05, ** p <0.01*

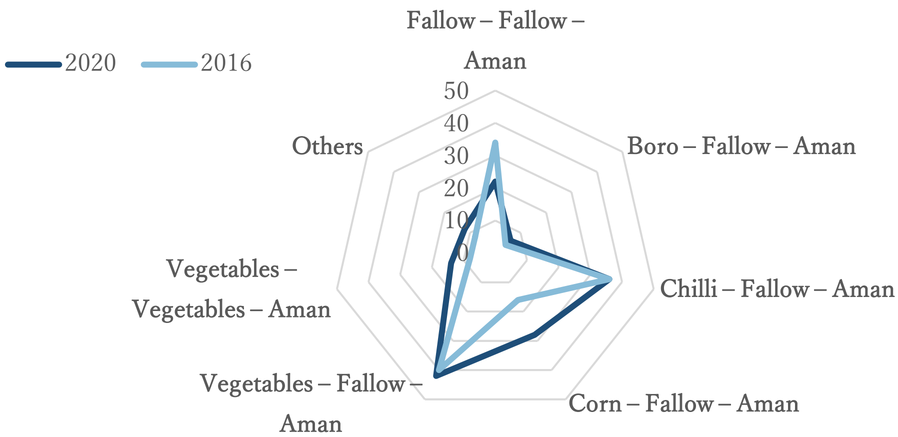

Figure 3. Changing cropping patterns in the Teknaf peninsula over time.

There are three cropping seasons in Bangladesh, namely Robi/Boro paddy (mid-November to mid-March), Kharif-1/Aus paddy (mid-March to mid-July); Kharif-2/Aman paddy (mid-July to mid-November). Before the influx, the major cropping patterns were Vegetables-Fallow-Aman, Chilli-Fallow-Aman, Fallow-Fallow-Aman, Corn-Fallow-Aman, Vegetables-Vegetables-Aman, and Boro-Fallow-Aman. After influx, the major cropping pattern changed to Vegetables-Fallow-Aman followed by Chilli-Fallow-Aman, Corn-Fallow-Aman, Fallow-Fallow-Aman, Vegetables-Vegetables-Aman, and Boro-Fallow-Aman. Therefore, after the refugee influx, winter cereals and vegetable cultivation increased and the region experienced a total increase in vegetable cultivation (Fig. 3).

3.3. Involvement of refugees in local agriculture services and their comparative efficacy

In Fig. 4, we can see how Rohingya refugees, local farming laborers, and farmers with their families participated in various agricultural activities. According to the study, Rohingya refugee laborers took on 38-44% of the workforce for the most laborious tasks such as harvesting, transporting crops, and land preparation. Meanwhile, family members were responsible for processing, management, and sowing, which accounted for 46%-56% of the labor force, as these tasks require more skills. In summary, the Rohingya refugees were more involved in the laborious agricultural tasks, whereas local farmers had a higher participation rate in skilled tasks that require knowledge and expertise.

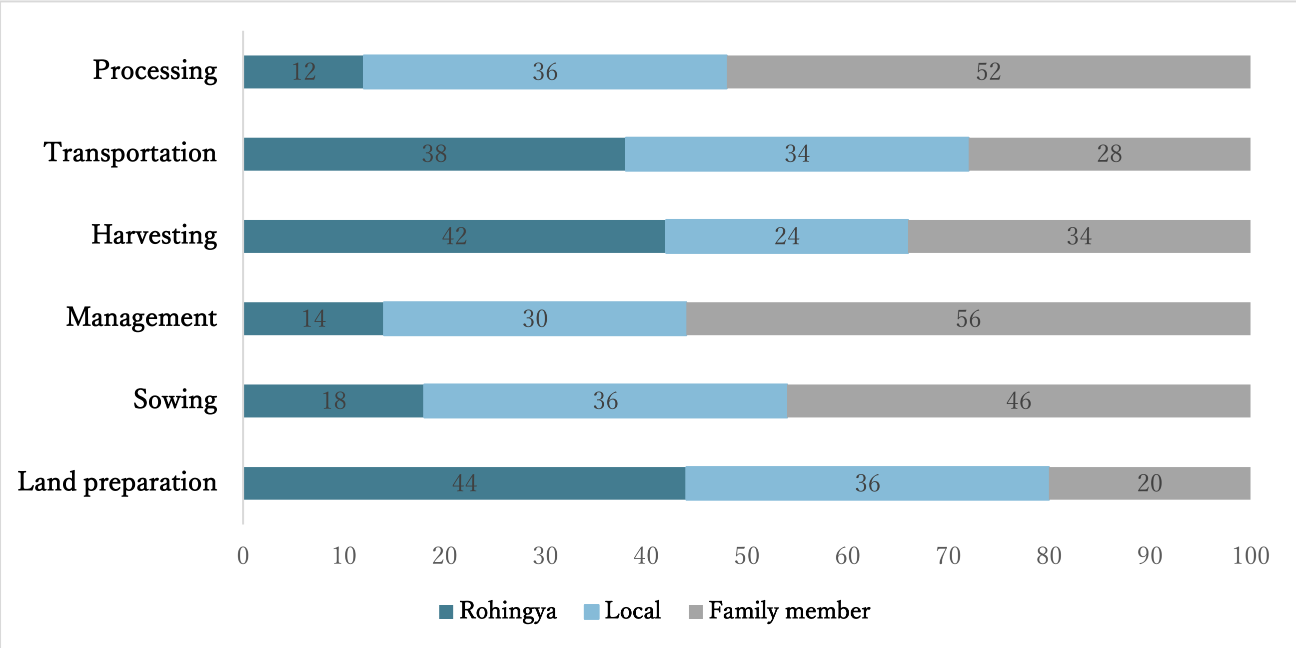

Figure 4. Use of local and Rohingya labor in different agricultural activities (n = 98)

Efficient agricultural labor is crucial for commercial farming, and it is important to understand the perception and belief regarding labor efficiency while deciding the wage of laborers. In Teknaf, a survey shows that 44% of respondents believed that both Rohingya and local labor had the same efficiency (Fig. 5). However, 32% of respondents believed that Bengali laborers were more efficient than Rohingya, and 24% thought the opposite. A significant portion of the respondents believed in equal efficiency of refugee laborers, which can facilitate easier contributions to the local economy.

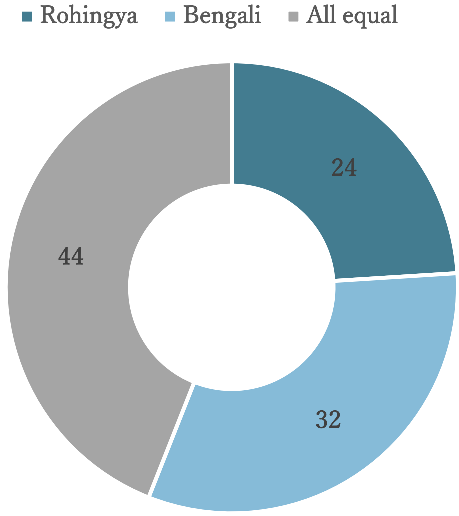

Figure 5. Efficiency of local and Rohingya laborer (n = 98)

3.4. Impact of refugee influx on the local labor market

When a community hosts more than double the number of refugees compared to the host community, it is expected to impact the labor market significantly. With an excess of refugee laborers, they tend to become cheap and easily accessible. In Fig. 6, we can see a comparison of the labor wages between locals and refugees, while Fig. 7 shows the hiring system of refugee laborers. The study revealed that local laborers were paid 450-500 BDT daily, while refugee laborers were paid 350-400 BDT daily. BDT is the local currency of Bangladesh, where the conversion rate is around 1 USD, equal to 100 BDT as of November 2023. In the Teknaf region, there was a significant wage gap (mean difference by T-test, significant $p < 0.01$) between local and refugee laborers which is presented in Fig. 6. The lower wage gap can be associated with the abundance of a large number of refugee laborers with almost similar skill set and the complicated legal issues related to work permit. Due to the fact that they are not permitted to work legally, the Rohingya refugees are unable to obtain a legal contract for employment. As a result, the best option for them is to work as daily laborers, where a formal contract is not required and payment is made in cash at the end of the day.

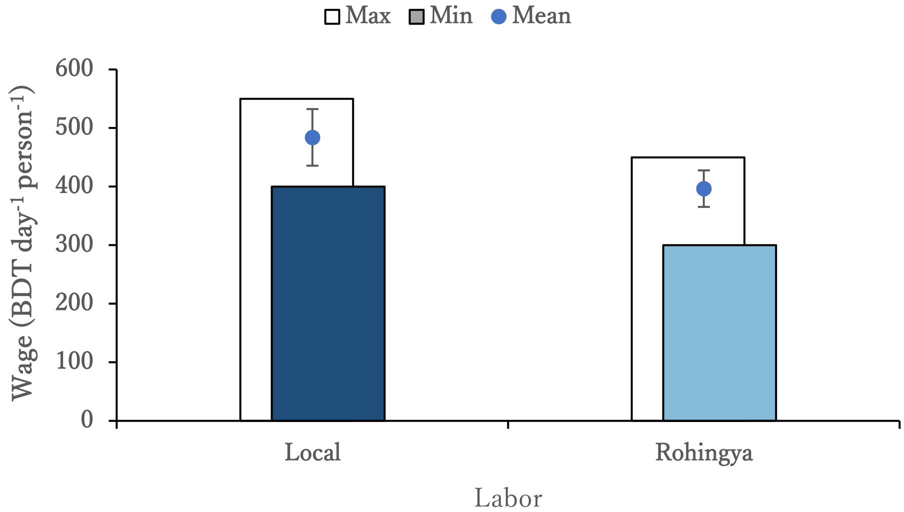

Figure 6. Wages of local and Rohingya laborers. Vertical bars indicate ±SD (n = 98)

Fig. 7 shows the hiring process of the refugee laborers. Most respondents (76%) reported that they first searched for Rohingya laborers when needed. This reflects the easy abundance of refugee labors in the local community. In general, Rohingya laborers were found to walk around the locality for daily basis work and 36% of respondents hired Rohingya laborers at their homes and/or crop fields. About a quarter of the respondents (24%) hired labor through brokers (Fig. 7).

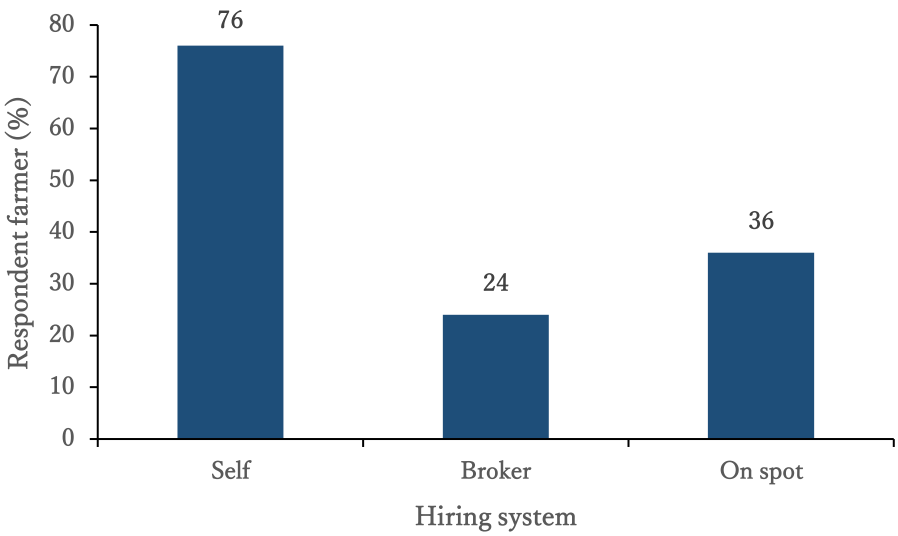

Figure 7. Distribution of the respondent farmers according to hiring system of Rohingya labor (n = 98)

3.5. Major challenges in the local agricultural systems due to refugee influx

The survey respondents in Teknaf were requested to identify and rank the major challenges they are facing due to the refugee influx. The farmers pointed out several problems that are negatively impacting the local agriculture systems and services. The most common problem mentioned by the farming community was the reduction of arable lands. This reduction happened in various ways. Some of the large farming families migrated to other places due to social security crisis, leaving their farms as absentee lands. Besides, in Teknaf, many farmers grow crops in forests and other government lands. However, following the influx, those lands were mostly used for refugee camps and, in some areas, restricted to locals due to security issues. Consequently, the available land for cultivation decreased. After the refugee influx, security concerns inside the forests limited the local community's access to forest resources. Unfortunately, the local community heavily depends on forests for fuelwood and agricultural input materials. The restricted access to forests severely impacted the farming community, especially those growing betel leaves as cash crops. The full ranking from 1 to 7 is presented in Table 3. The problems indicate that many people depend on limited resources, creating pressure on refugees' and hosts livelihoods.

Table 3. Major challenges of Rohingya influence on agriculture

Challenges	**Rank**
Decrease of arable land	1
Limited access to forest and other resources	2
High input cost	3
Scarcity of irrigation water	4
Unavailability of skilled labor	5
Lack of materials for betel leaf cultivation	6
Theft of agricultural products by Rohingya people	7

3.6. Price changes of major food items

The respondents were asked about the price change of food items over time. The price trends for selected food items between 2016 and 2020 demonstrate an increase in costs. As shown in Fig. 8, the most pronounced price escalation occurred for onions, with an increase of nearly 50%. Tomatoes and lentils also experienced significant price rises, at approximately 40% and 39%, respectively. Wheat and rice, two staple food items, witnessed increases close to 36% for both. Potatoes, while less affected, still showed a notable price rise of around 34%. Mangoes, with the smallest increase, had their prices go up by over 18%. Among the products, rice is cultivated locally but yet requires import from other regions. The error bars on the graph suggest a degree of variability which could reflect market fluctuations and other economic factors. These findings indicate a considerable inflationary pattern in the costs of key food items before and after the refugee influx in the region.

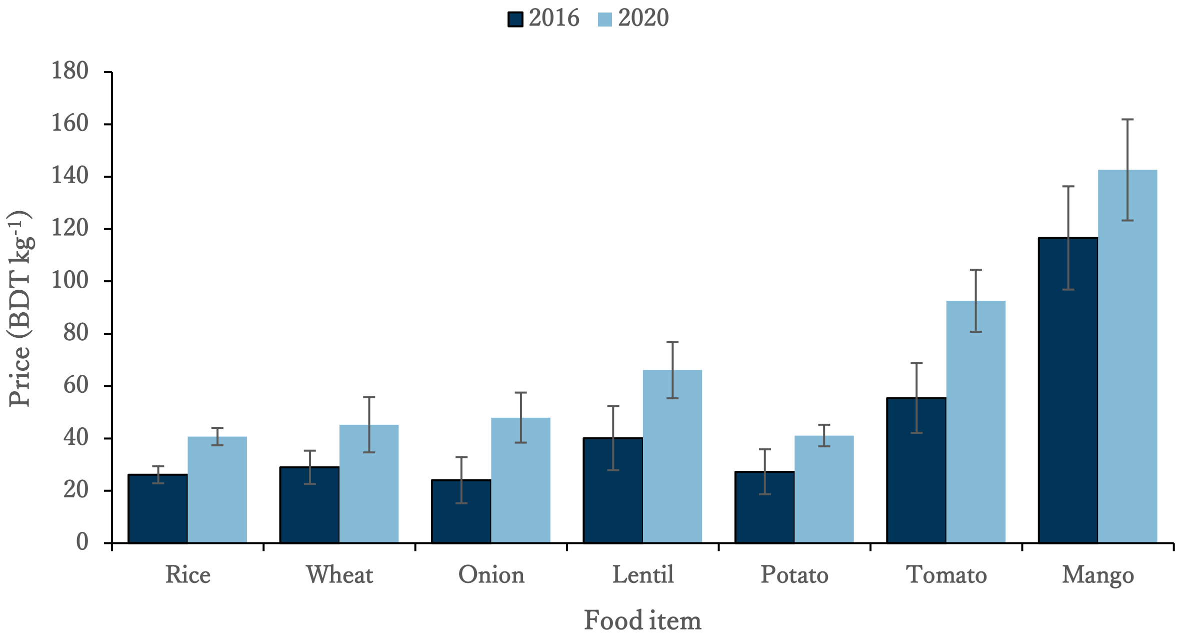

Figure 8. Comparison of prices of major foods in Teknaf before (2016) and after (2020) Rohingya influx. Vertical bars indicate ±SD.

4. Discussion

This study determined the impacts of the Rohingya refugee influx on the agricultural systems and services in Teknaf. To analyze the impact of refugee influx on local agriculture, it is important to understand the socioeconomic status of the farming community, who are mostly engaged in agricultural activities. The study revealed that the farmer community had low formal education, which can be related to the overall poverty and the lack of educational institutions in that region. The average household size was 6.4, larger than the national average of 4.4[26]. It is common among the farming-dependent community to have large families, and in Teknaf, our study found the domination of large families. This study found that farmers have moderate to high experience in farming but the agricultural service and system is not well developed compared to the country's other regions. Rahman et al. (2014)[27] reported that agriculture in Teknaf showed a significant increase after 1990 following extensive clearing of forests to create many settlements. Moslehuddin et al. (2018)[21] reported that agricultural productivity is lower in Teknaf than in many other parts of Bangladesh because of the use of conventional crop varieties and the lack of know-how. As a result, the region was listed to be a marginally food-surplus area[18]. The underdeveloped agricultural sector with lower education and large families indicates the vulnerability of the farming community. As farming cannot fully support their livelihood, all the respondents had secondary occupations other than agriculture. It was also found that the day laborers in agriculture and fishing were at a proportional rate, which is also a good agreement of Ullah et al. (2021)[28].

This study found that farm size diminished significantly after the refugee influx. Similarly, the area for paddy cultivation experienced a decrease in a similar time period. The Rohingya crisis had an environmental impact on the region, which also led to agricultural land loss[29]. Besides the agricultural land loss due to environmental degradation, it was also found that significant areas were inaccessible due to the construction of refugee hosting infrastructures and security concerns.

Interestingly, the per capita production of paddy was increased in the study area. An increase in paddy production can be associated with intensive cropping, hybrid variety use, increased use of fertilizers and availability of extra refugee labors. Consequently, the annual income of the farmers in the region also increased. This might be due to the price hike of crops in that region after the Rohingya influx related to the extra demand of food in the region. Other studies also found that rice prices have risen in Cox's Bazar due to the Rohingya crisis[30)]. Ullah et al. (2021)[28)] reported that the income from farming in the study area increased by 29% which can be associated with the increased crop production after refugee influx[7,19)]. Therefore, due to the increased food demand and food price, the annual income of the farmers increased even though the total cultivable land in the area experienced a decline.

After the refugee influx, the cropping pattern in the region change. This change can be associated with increased cropping intensity, elevated crop prices, availability of extra labor, and resource scarcity. A trend of shifting towards vegetable-based cultivation in recent times was observed in the region. Rice cultivation during the dry winter season was found to be decreased due to constraints in irrigation water availability. After the refugee influx, the region's population increased by nearly a million, which had a strain on the local water resources[29)]. The availability of a cheaper labor pool also facilitated the shift toward more intensive cropping practices, particularly in high-value, vegetable-based crops. The lowered labor costs made it financially viable for farmers to invest in crops that may require more labor but yield higher returns, effectively altering the traditional rice-dominant cropping patterns. Many Rohingya refugees, constrained by employment restrictions, were found to be engaged in agricultural services. They are often tasked with labor-intensive duties like land preparation and harvesting, thereby freeing up local skilled labor to specialize in tasks such as sowing and planting. Additionally, the high number of Rohingya laborers has suppressed agricultural wages in comparison to local rates, with Teknaf seeing an 11% wage decline due to the Rohingya influx[8,31)]. Despite a rise in production and intensified cropping, farmers observed higher commodity prices post the refugee influx in the Teknaf region. This influx led to a population surge of about a million in the area, triggering increased commodity demand and higher prices. This observation is consistent with Ahmad and Naeem's (2020)[8)] findings. Nationally, Bangladesh saw a rise in daily commodity prices, driven by increased per capita income. Certain commodities, like onions and potatoes, saw even steeper price hikes due to limited availability and import restrictions from India. For the Teknaf region, these prices were even higher due to transportation costs and a supply-demand imbalance. As a result of the refugee influx in Teknaf, farmers experienced increased income and shifted their focus towards vegetable cultivation, benefiting from lower labor costs. Concurrently, they encountered higher prices for local goods. This situation tends to favor farmers with extensive farmland and higher socioeconomic status. However, small-scale farmers, particularly those with minimal or no land and who rely primarily on secondary occupations such as labor work, may find it challenging to sustain their livelihoods.

The impacts of refugee influx on the agricultural systems, services and products are exacerbated by the impoverished socioeconomic status and deteriorating environment in the region. Although the annual income increased and the agricultural products experienced price hike, the cheap refugee labor force and decreased cultivable land had put pressure on small farms and farming labors. The local community in Teknaf highly depend on agriculture and natural resources. Teknaf was declared an ecologically critical area in 1999[32)] and the local forests are considered as protected areas with limited access inside. However, local communities depend on natural resources with very limited alternatives for their livelihoods [28)]. Severe damage to natural resources has been reported due to large-scale forced migration in poor countries[33)]. After the refugee influx, natural resources paid a toll to meet the extra demand. Water availability for household consumption and irrigation decreased remarkably due to the over-lifting of groundwater for the Rohingya people and the blocking of the water channel for Rohingya settlements[14,22]. All the refugee camps were established inside forest areas, resulting in deforestation[34]. IC Net (2018)[35] reported a few challenges to agriculture due to the Rohingya influx in Bangladesh, such as a decrease in cultivable land, scarcity of water supply and damage to crops.

The influx of refugees into Teknaf has significantly affected the agricultural landscape, exerting pressure within an already impoverished socioeconomic context and a vulnerable environment. The increase in annual income for farmers and the consequent rise in agricultural product prices has not uniformly benefited the local community. The availability of cheap refugee labor, while potentially beneficial for some agricultural practices, has imposed additional strains on small-scale farms and local laborers due to the concomitant reduction in arable land. The dependency of the Teknaf community on agriculture and natural resources is profound. Despite the designation of the region as an ecologically critical area in 1999 [32,36] and the protective status afforded to local forests, community reliance on these resources persists with few alternative means of livelihood[28,37]. The pressures on natural resources have been accentuated by the refugee presence[33,34], with water sources for both domestic use and irrigation being notably over-exploited to accommodate the needs of the Rohingya settlements. Additionally, the establishment of refugee camps within forested areas has led to considerable deforestation, further depleting the environmental assets that the local agricultural systems depend upon. In summary, while the refugee crisis has introduced a paradox where agricultural income has risen due to higher product prices and intensified cropping aided by an influx of labor, it has also precipitated a degradation of the environmental foundation essential for sustainable agricultural practices. The diminished availability of cultivable land and the depletion of natural resources, present critical challenges that must be addressed to ensure the resilience of the agricultural sector and the broader ecosystem in Teknaf.

5. Conclusion

The Rohingya refugee influx had impact on the agricultural landscape and food systems in Teknaf, both positively and negatively. Cultivable land deceased due to Rohingya settlement and related other activities. However, income from the agriculture sector increased due to the increasing production by using modern verities and technologies, despite the decrease in farmland. The wage of Rohingya laborers was lower than local labor which influenced farmers to hire Rohingya labor on a large scale, even though many farmers were not satisfied with their efficiency. Farmers in the study area experienced various challenges in agriculture such as decreased arable land, lack of irrigation, high input cost, post-harvest facilities, skilled labor crisis and technological know-how. The Rohingya influx increased the total population and created a wide gap between food supply and demand that may be responsible for the high market prices of foods. It is recommended that technical and logistic support programs for agriculture would promote income generation sustainably. Small-scale farming for Rohingya people would help improve the overall agriculture production and ensure food and nutrition security. Fallow lands can be brought under cultivation with proper design and cultivation plan. In conclusion, while the influx of refugees into Teknaf has led to a complex alteration in agricultural practices and outcomes, it is essential to balance the economic benefits with the social and environmental costs. Strategies to mitigate these impacts must consider the need for agricultural development, resource conservation, and socio-economic stabilization to ensure the resilience of both the host and refugee communities.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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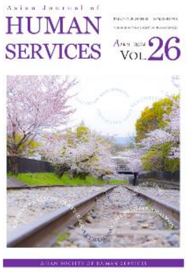

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ORIGINAL ARTICLE

Development of a Comfort Scale for Community Old Dwellers with Mild Cognitive Decline

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ABSTRACT

This study aimed to develop a scale for assessing the comfort in the daily life of community dwellers with mild cognitive impairment (MCI) or mild dementia (MD), the Comfort Scale for Mild Dementia (COSMID). A questionnaire survey was conducted for community dwellers with MCI or MD. A principal component analysis was performed using the responses to the items of a trial version of COSMID and other items of conceptually relevant established scales to confirm the dimensional allocation and the independence/similarities of these components. Then, we examined the reliability and validity of the entire COSMID item candidates. Of the six components extracted, the COSMID items were allocated to two components, "Comfortable living (PC1)" and "Fulfillment of physiological needs (PC4)." These components were positively correlated with other components reflecting relevant concepts. Both Cronbach's α and McDonald's ω of these components were at an acceptable level (>0.70). Finally, the COSMID comprising 15 items was completed, and its component reliability coefficients were α = .880 and ω = .873. PC1 was a principal component of COSMID. Furthermore, PC4 was composed of five components of COSMID, thereby demonstrating its independence as a component of COSMID. PC1 and PC4 were the principal components with independence and similarities in the measured content on the factor space. The COSMID showed high internal consistency, and it was suggested to be an effective tool for objectively assessing comfort in daily life for people with MD.

Keywords: Comfort in daily living, Construct validity, Dementia assessment scale, Mild dementia, Principal component analysis

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1. Introduction

As the world population continues to age, initiatives are being taken worldwide to respond to the universal challenges of accommodating the increasing number of people with dementia[1)]. Globally, there are 50 million people diagnosed with dementia. Furthermore, it is reported that approximately 10 million people are newly diagnosed with dementia every year[2)]. In Japan, the country with the longest life expectancy, it is predicted that one in five elderly people will have dementia by 2025[3)].

In Japan, the Comprehensive Strategy to Accelerate Dementia Measures (New Orange Plan) was decided in 2015[4)]. This plan aims to realize a Community-based Integrated Care System that provides medical care, nursing care, prevention, housing, and life support comprehensively so that people with dementia or patients requiring severe nursing care can continue to live comfortably in familiar surroundings[5)]. The policy particularly emphasizes the perspectives and needs of individuals with early-stage dementia. Additionally, it is intended to establish a system for early diagnosis and treatment of mild cognitive impairment (MCI) through cooperation among various occupations in the living sphere.

MCI is a stage between normal age-related cognitive changes and very early dementia (ED). The differences among the symptoms of MCI, normal aging, and severe ED are very subtle and difficult to distinguish[6)]. There are many similarities between the diagnosis and recognition of MCI and mild dementia (MD). People with MCI have an objective evidence of decline in cognitive function, but they are able to function independently in their daily life in a way that is indistinguishable from the past. Conversely, MD has evidence of significant difficulties in daily life that prevents independence[7)]. People with MCI can generally understand their memory functions and conditions; however, they are more likely to experience fear and anxiety about transitioning to dementia[8)], loss of self-confidence, and loss of motivation to live independently[9)]. Instrumental activities of daily living such as cooking, medication management, and money management begin to affect their daily life[10)]. Many people with early-stage dementia live at home with anxiety because receiving services under the Long-Term Care System in Japan is difficult[11)]. According to Fujita et al., the wishes in the lives of people with MCI are independence, autonomy, and continuation of self-sufficient hobby activities. On the contrary, the wishes of people with ED are to continue living their lives as usual; they need support that their wishes can be realized and to lead a comfortable life[12)]. Hence, to support them, it is necessary to develop evaluation tools for professionals to comprehend whether individuals are experiencing comfortable daily life.

Iwase et al[13)]. developed the scale of “Anshin” (it means comfort in Japanese). This scale is aimed at measuring the level of comfort situation in Japanese working adults and university students. A peculiar characteristic of this scale is that it reflects cultural factors: i.e., peace of mind of Japanese people, which can be acquired by interacting with others and having a sense of belonging to society, based on one’s own experiences[13)]. However, this definition cannot be applied to people with dementia, since it is difficult for people with dementia to gain comfort by themselves, and it is necessary to consider the surrounding people and the environment. Another scale measuring the comfort of demented person had been developed in the US[14)], but it was designed to evaluate comfort in the specific situation of end-of-life. Also, two quality of life (QOL) scales that involved a comfort measure had been established, i.e., dementia QOL instrument[15)] and Japanese QOL instrument for older adults experiencing dementia (QLDJ)[16)]. However, these scales are most suitable to people with moderate to severe dementia who have difficulty living of their own accord. Thus, for patients who suffered from MCI during the earlier stage through the subsequent stages, no scale exists to measure their comfort in the daily life. Under the integrated community care system, the Japanese government is working to create a system in which even if people suffer from a disease or dementia, they can continue to live their own way and comfortable in their familiar communities with the mutual help and formal service. However, the support strategy has not been established. We believe that developing a comfort scale for MD will be possible to measure the comfort, and specialists and local residents will be able to find support strategies by utilizing it, contributing to the realization of a comfortable daily life for community dwellers with MD.

To date, the voice of the people with dementia was considered important in providing appropriate care. However, there are only a few scales in which people with dementia were research participants without proxies, and interviews were used for data collection[15,17)]. Therefore, we aimed to develop an objective scale of comfort in daily life by conducting a questionnaire survey for people with MCI and MD and to test the validity of the scale in this study. We believe it will be possible to find support strategies by applying this scale in the home care field.

2. Methods

2.1. Development of the Comfort Scale for Mild dementia (COSMID)

Thirty-nine item pools were generated from the results of a prior concept analysis[18)]. The 39 item candidates were created from a literature search of MD and our concept analysis[18)]. We then requested four experts specialized in dementia nursing to determine whether these items are easy for people with MD to understand and if they accurately express comfort situation in their daily lives. After confirming the content validity, we constructed an initial version of 21-item comfort scale. Each of these items are measured on a 3-point Likert scale, with the following numeric rating scale: “I am worried” (0), “Neither” (1), and “I am not worried” (2). A cumulative score ranges from 0 to 42, with higher scores indicating stronger levels of comfort. Using the initial version, a pretest was conducted on 10 people with MD living in a community. After examining the face validity of the results, the wording of the questions was revised and designated as COSMID.

2.2. Data collection

2.2.1. Participants

The target participants for the COSMID were those who were diagnosed with MCI or MD at the Medical Center for Dementia-related Diseases, and a doctor judged whether they were able to answer the questionnaire survey. We requested the participation of 97 medical centers for dementia in western part of Japan. The questionnaire was distributed to 234 participants from 25 medical centers for dementia who were expected to be selectable of which 73 returned completed questionnaires (recovery rate 31.2%).

2.2.2. Survey

We conducted an anonymous self-administered questionnaire survey in 2021. We sent the letter of request for participation in the research, questionnaires, and return envelopes to the participants via the counselors of the medical centers. The participants were asked to take the survey within two weeks and to send it back in the return envelope.

The questionnaire consisted of three parts of items: i.e., demographics, COSMID, and scales for checking the factorial independency of COSMID. Demographic items were age, sex, family structure, disease name, long-term care certification, and usage of long-term insurance-covered care services. Then, QLDJ1[6)] items and items created using the ODAYAKA serenity scale (ODY)[19)] as a reference were used to examine the measurement dimension of the COSMID. We used two scales to evaluate the condition of elderly people with dementia from multiple domains, such as physical, psychological, and social aspects, same as COSMID. Yamamoto et al., who developed QLDJ, defined a state of high QOL as living a happy and comfortable daily life (Yamamoto et al., 2000). QLDJ comprises 24 items in 3 domains. It was shown that the reliability coefficients for each have high internal consistency: “Interacting with surroundings” (eight items,.89), “Expressing self” (ten items,.88), and “Experiencing minimum negative behaviors” (six items,.80). Higher scores on “Interacting with surroundings” and “Expressing self,” and lower scores on “Experiencing minimum negative behaviors,” indicate higher QOL. ODY is a scale that is expected to evaluate mental stability and make it easier to understand comfort. It comprises 25 items in 4 domains, which include “Interaction with others” (nine items,.92), “Exercising one’s true self” (seven items,.90), “Satisfaction and vigor” (six items,.86), and “Enjoyment of activities” (three items,.89). Higher scores indicate increased feeling of calmness. We created eight items using each domain of ODY as a reference.

2.3. Analysis

We examined the relationships between the components of comfort in daily living identified in the concept analysis and the known components such as QOL on factor space and further probed the independence/similarity. SPSS Statistics Ver. 28 was used for the statistical analysis. The respondents were requested to answer questions of the COSMID, and those created with reference to QLDJ have established reliability, validity, and ODY[19)]. A principal component analysis was performed on the total 53 items to find the multi-component structure. The following set of rules helped to determine the optimal number of components to be retained[20)]: Kaiser’s criterion for components with eigenvalues >1.0, the ratio of the eigenvalue of the first and second unrotated component ≥4.0[21)], Cattell Scree Test, and individual item loadings ≥0.40. Then, a promax rotation was used to simplify the components. The promax rotation in principle component analysis has been conducted since the 1980s and has continued to be used in several psychometric and personality studies[22)]. These rules were followed by examining the pattern and component correlation matrices to evaluate the independence of the dimensions of the names of the principal components and the created scale. Cronbach’s α[23)] and McDonald’s ω[24)] were calculated to determine the reliability of each scale based on the principal component structure. Then, we conducted a reliability analysis of the item candidates for COSMID.

2.4. Ethical approval

The participants were explained about the significance, purpose, method, and ethical considerations of the research, such as the protection of personal information or free will for research cooperation, using the request document before participation and were asked to inscribe a circle in the checkbox located on the cover page of the survey form to indicate their consent. Furthermore, participants were asked to seek support from the staff of the medical care center or a family member if they felt difficulty in answering a question. This study was approved by the Ethics Committee of the Graduate School of Nursing, Okayama University Graduate School of Health Sciences (Approval no. D20-07).

3. Results

3.1. Demographic character of respondents

Table 1 presents the questionnaires distributed to 234 people with MD, including those with MCI, who visited the medical centers for dementia, and 73 (31.2%) returned completed questionnaires. Of these, 72 were analyzed, excluding one invalid response.

The participants comprised 27 men (37.5%) and 45 women (62.5%) with a mean age of 76.1 ± 8.7 (mean ± SD) years.

Thirty-eight (52.8%) had never applied for certification of eligibility for long-term care, one required extensive long-term care, thirty-two (44.5%) required light long-term care, and twenty-four (33.3%) did not have any underlying disease. Fifty-two (72.2%) lived with other family members, forty-two (58.3%) did not use long-term care insurance services, and thirty (41.7%) used them.

3.2. Dimensional structure of the item candidates for COSMID

A principal component analysis of the responses to the COSMID and of the existing scale items extracted six principal components. Table 2-1,2 shows the factor pattern after a promax rotation of the six principal components with an eigenvalue of ≥1.0.

Regarding the characteristics and naming of each principal component, the first principal component (PC1) was composed of 11 items of COSMID, including “7. A relaxing living environment” and “13. Satisfaction with daily living” and one item of QLDJ. As they described an emotional state representing comfort and the presence of a lifestyle and people who help create that, it was named “Comfortable living.” The third principal component (PC3) comprised three items of the COSMID, namely, “15. Enjoyment of social interactions,” four items of the QLDJ, and one item of the ODY, and was named “Interaction with others” to describe relationships with people and the presence of things that interest them. The fourth principal component (PC4) comprised exclusively of the five items of the COSMID related to physiological needs, such as “1. Does not worry about meals” and “3. Does not worry about defecation,” and it was named “Fulfillment of physiological needs.” The second principal component (PC2) mainly included items of the QLDJ and one of the items of COSMID. As it showed how the presence of others helps modulate an upset emotional state and attain stability, it was named “Presence of others.” The fifth principal component (PC5) consisted mainly of the ODY scale items, and the sixth principal component (PC6) consisted only of four items of QOL and were accordingly named “Proactive action” and “Emotional stability,” respectively. Factor loading of the single COSMID item “8. Doing whatever I can do by myself” was low and did not have any commonalities with the other items. Additionally, the reliability coefficients of the principal components that indicate the characteristics of this scale were PC1 (α = .898, ω = .905), PC4 (α = .786, ω = .770), and PC3 that indicates the similarity with other scales (α = .600, ω = .637).

As for inter-component correlations, PC1 “Comfortable living” was positively correlated with all other principal components. Among these, there was some correlation with PC2 “Presence of others” (>0.40) and was almost orthogonal to PC6 “Emotional stability” (0.01). PC3 “Interaction with others” showed a weak positive correlation with all principal components (<0.30). PC4 “Fulfillment of physiological needs” was positively correlated with PC1, PC2, and PC5 “Proactive action” and was almost orthogonal to PC6 (−0.05). Thus, the three components of the COSMID PC1, PC3, and PC4 had some communality on the factor space with the components of the other scales. Furthermore, PC2 “Presence of others” was positively correlated with PC1 and PC5 (>0.35), had a weak positive correlation with PC4 (>0.20), and was almost orthogonal to PC6 (−0.06). PC5 “Proactive action” showed a weak negative correlation with PC6 (−1.3) and a positive correlation with the other principal components, including a weak correlation with PC3 (>0.10). PC6 “Emotional stability” was almost orthogonal to PC1, PC2, and PC4, and showed a weak positive correlation with PC3 (>0.25).

Table 1. Demographic character of respondents *N* = 72

			N	(%)
Basic characteristics of the participants				
	Age (M ± SD)		76.1 ± 8.7	
	Sex	Men	27	(37.5)
		Women	45	(62.5)
	Long-term care certification	Never applied	38	(52.8)
		Requiring help 1	7	(9.7)
		Requiring help 2	4	(5.6)
		Long-term care level 1	20	(27.8)
		Long-term care level 2	1	(1.4)
		Long-term care level 3	0	(0.0)
		Long-term care level 4	0	(0.0)
		Long-term care level 5	1	(1.4)
	Disease name	Hypertension	22	(30.6)
		Sequelae of brain stroke	2	(2.8)
		Cardiac disease	7	(9.7)
		Diabetes	7	(9.7)
		Nothing in particular	24	(33.3)
		Other	15	(20.8)
Family composition				
	Household structure	Living alone	20	(27.8)
		Living with family	52	(72.2)
	Relationship	Spouse	39	(54.2)
		Child	21	(29.2)
		Spouse of child	4	(5.6)
		Grandchild	4	(5.6)
		Parent	2	(2.8)
		Parent of spouse	0	(0.0)
		Other family	2	(2.8)
		Other	1	(1.4)
Service use status				
	Service use	No	42	(58.3)
		Yes	30	(41.7)
	Service name	Visiting long-term care	6	(8.3)
		Visiting nurse	3	(4.2)
		Visiting rehabilitation	2	(2.8)
		Day service	21	(29.2)
		Day care	7	(9.7)
		Other	1	(1.4)

Note. Service names are abbreviated.

Table 2-1. Dimensional structure of the item candidates for CSMID

		PC1	PC2	PC3	PC4	PC5	PC6	Existing scale†
PC1: Comfortable living (α = .898, ω = .905)								
COSMID 20	Feeling of being cherished	**0.95**	−.35	0.23	0.02	−.27	−.17	
COSMID 13	Satisfaction with daily living	**0.86**	0.08	−.11	0.05	−.05	0.01	
COSMID 9	Someone understands how I want to live	**0.83**	0.07	0.18	−.23	−.13	0.12	
COSMID 7	A relaxing living environment	**0.82**	−.16	−.08	0.06	0.18	−.16	
COSMID 10	Feeling calm	**0.74**	−.07	0.07	0.19	0.07	−.27	
COSMID 18	Someone listens to me when I am worried	**0.69**	0.37	−.16	0.06	−.50	0.24	
COSMID 21	Feeling of happiness	**0.68**	0.14	0.01	−.12	0.11	−.08	
COSMID 12	Living faithfully to my uniqueness	**0.65**	0.26	−.07	−.17	0.15	−.16	
COSMID 19	People who understand me holistically	**0.65**	−.22	0.36	0.06	−.08	0.03	
COSMID 11	Living at my own pace	**0.64**	0.02	−.29	0.13	0.17	0.35	
COSMID 6	Does not worry about money	**0.56**	−.59	−.04	0.35	0.13	0.13	
QLDJ 4	Appears to be content…	**0.5**	0.16	0.11	−.10	0.3	−.06	Interacting with surroundings
PC2: Presence of others								
QLDJ 13	Takes care of one's…	−.21	**0.79**	0.18	0.08	−.03	0.06	Expressing self
QLDJ 7	Seek contact with …	−.09	**0.73**	0.29	0.03	−.04	0.05	Interacting with surroundings
QLDJ 17	Dose not express beliefs…	−.08	**0.68**	0.21	0.03	−.34	0.22	Expressing self
QLDJ 11	Is considerate to…	−.04	**0.59**	0.03	−.06	0.12	0.13	Expressing self
ODY 4	Relaxed	−.03	**0.56**	0.06	−.06	0.45	0.13	Satisfaction and vitality
ODY 6	Calm and acceptance	0.05	**0.47**	0.23	0.2	0.09	−.09	Interacting with surroundings
COSMID 17	Someone who understands my health status	−.01	**0.43**	0.28	−.18	−.08	0.33	
ODY 8	Kind to others	−.22	**0.41**	0.29	0.24	0.31	−.12	Interacting with surroundings
QLDJ 22	Makes repeated efforts to…	−.33	**−.60**	0.02	0.1	0.1	0.29	Experiencing minimum negative behaviors
QLDJ 21	Restless and wound up…	−.10	**−.66**	0.23	0.01	−.14	0.39	Experiencing minimum negative behaviors
QLDJ 23	Throws, hits, kicks or…	−.10	**−.66**	0.23	0.01	−.14	0.39	Experiencing minimum negative behaviors
QLDJ 24	Calls out, yells…	−.15	**−.68**	0.3	−.04	−.08	0.31	Experiencing minimum negative behaviors
QLDJ 20	Resists…	−.04	**−.73**	0.24	−.26	0.1	0.21	Experiencing minimum negative behaviors
PC3: Interaction with others (α = .600, ω = .637)								
COSMID 15	Enjoyment of social interactions	−.20	0.07	**0.77**	0.14	−.08	0.05	
QLDJ 3	Shows pleasure or enjoyment…	0.05	0.11	**0.67**	−.10	0.08	0.05	Interacting with surroundings
QLDJ 1	Smile or laughs…	−.04	0.32	**0.65**	0.2	0	−.17	Interacting with surroundings
COSMID 16	Desires to be helpful to others	0.33	−.17	**0.63**	−.13	−.14	−.23	
QLDJ 12	Has something to be…	−.04	−.06	**0.58**	−.17	0.06	−.16	Expressing self
COSMID 14	Relationship with close ones (including pets)	0.05	0.05	**0.52**	−.03	−.02	−.11	
QLDJ 15	Shows interest in events…	0.02	−.16	**0.51**	0.29	0.27	−.43	Expressing self
ODY 7	Spends time with others one gets along with	0.3	0.24	**0.47**	0.03	0.17	0.01	Interacting with surroundings

Note. Principal component analysis was applied using Promax rotation.
Kaiser's criterion for components with eigenvalues >1.
†Abbreviations: QLDJ: Japanese Quality of Life Instrument for Older Adults Experiencing Dementia (Yamamoto-Mitani et al., 2002), ODY: ODAYAKA scale
(Tsujimura & Koizumi, 2021)

Table 2-2. Dimensional structure of the item candidates for CSMID

		PC1	PC2	PC3	PC4	PC5	PC6	Existing scale†
PC4: Fulfillment of physiological needs (α = .786, ω = .770)								
COSMID 5	Does not worry about physical symptoms	−.06	0.03	0	**0.92**	−.30	−.07	
COSMID 3	Does not worry about defecation	0.11	0.08	−.31	**0.69**	0.15	0.21	
COSMID 4	Sleeping well	−.30	0.06	0.19	**0.67**	−.03	−.30	
COSMID 1	Does not worry about meals	0.27	0.17	0	**0.63**	−.20	0.05	
COSMID 2	Does not worry about urination	0.28	0.02	−.26	**0.4**	0.2	0.15	
PC5: Proactive action								
ODY 2	Self-paced lifestyle	−.05	0	−.26	−.19	**0.84**	−.06	Being yourself
ODY 3	Altruistic actions	0.21	−.06	0.19	−.20	**0.68**	−.04	Being yourself
QLDJ 9	Makes or indicates choices…	−.07	0.11	0.05	0.13	**0.66**	0.42	Expressing self
ODY 5	Doing favorite stuffs/activities	0.18	−.05	0.38	0.17	**0.42**	0.08	Enjoyment of activities
PC6: Emotional stability								
QLDJ 18	Talks about feeling unsafe…	−.09	−.14	−.01	0.03	0.01	**0.68**	Expressing self
QLDJ 19	Is irritable or easily…	−.10	−.06	−.21	−.28	0.38	**0.68**	Experiencing minimum negative behaviors
QLDJ 10	Talks about or continues…	0.3	0.09	0.04	0.16	0.34	**0.47**	Expressing self
QLDJ 5	React with pleasure to…	−.01	0.06	0.19	−.08	0.06	**−.45**	Interacting with surroundings
QLDJ 16	Is aware of one's…	0.25	0.38	−.02	0.35	0.1	0.01	Expressing self
QLDJ 2	Has a lively facial…	0.37	0.22	0.29	−.07	0.13	−.10	Interacting with surroundings
QLDJ 14	Enjoys voluntary activities such…	0.06	0.32	0.15	−.02	0.36	0.02	Expressing self
QLDJ 6	Shows a sense of…	0.34	0.2	0.19	−.20	0.09	−.11	Interacting with surroundings
COSMID 8	Doing whatever I can do by myself	0.2	0.13	0.28	−.34	0.05	0.25	
QLDJ 8	Is comfort and reassured…	0.13	0.2	0.3	0.15	−.30	0.21	Interacting with surroundings
ODY 1	Being proud of himself/herself as a person	0.27	0.15	0.25	−.11	0.18	0.11	Being yourself
Component correlation								
	PC1: Comfortable living	1	0.46	0.28	0.35	0.37	0.01	
	PC2: Presence of others	0.46	1	0.11	0.23	0.36	−.06	
	PC3: Interaction with others	0.28	0.11	1	0.15	0.14	0.26	
	PC4: Fulfillment of physiological needs	0.35	0.23	0.15	1	0.35	−.05	
	PC5: Proactive action	0.37	0.36	0.14	0.35	1	−.13	
	PC6: Emotional stability	0.01	−.06	0.26	−.05	−.13	1	

Note. Principal component analysis was applied using Promax rotation.
Kaiser's criterion for components with eigenvalues >1.
†Abbreviations: QLDJ: Japanese Quality of Life Instrument for Older Adults Experiencing Dementia (Yamamoto-Mitani et al., 2002), ODY: ODAYAKA scale
(Tsujimura & Koizumi, 2021)

Table 3. Corrected item-total correlations of primary and final COSMID items and the final principal component structure

COSMID Items		Corrected item-total correlation		Corrected item-subscale correlation		Principal Component Structure	
						PC1	PC2
		Primary	Final	PC1	PC2	Comfortable living	Fulfillment of physiological needs
		α=.873	α=.880	α=.898	α=.762		
		ω=.867	ω=.873	ω=.905	ω=.766		
COSMID 10	Feeling calm	0.81	0.794	0.773	—	**0.831**	0.096
COSMID 13	Satisfaction with daily living	0.768	0.771	0.821	—	**0.865**	0.03
COSMID 7	A relaxing living environment	0.735	0.742	0.811	—	**0.844**	0.02
COSMID 11	Living at my own pace	0.641	0.641	0.64	—	**0.648**	0.151
COSMID 20	Feeling of being cherished	0.595	0.592	0.667	—	**0.804**	-0.14
COSMID 21	Feeling of happiness	0.572	0.579	0.685	—	**0.814**	-0.166
COSMID 19	People who understand me holistically	0.567	0.531	0.571	—	**0.685**	-0.055
COSMID 12	Living faithfully to my uniqueness	0.543	0.57	0.64	—	**0.757**	-0.077
COSMID 6	Does not worry about money	0.526	0.473	0.466	—	**0.51**	0.057
COSMID 9	Someone understands how I want to live	0.523	0.49	0.488	—	**0.502**	0.176
COSMID 18	Someone listens to me when I am worried	0.475	0.529	0.515	—	**0.569**	0.112
COSMID 1	Does not worry about meals	0.607	0.575	—	0.649	0.178	**0.718**
COSMID 3	Does not worry about defecation	0.45	0.447	—	0.552	-0.084	**0.914**
COSMID 2	Does not worry about urination	0.421	0.367	—	0.694	-0.105	**0.833**
COSMID 5	Does not worry about physical symptoms	0.371	0.328	—	0.377	0.056	**0.495**
COSMID 16*	Desires to be helpful to others	0.285	—				
COSMID 4*	Sleeping well	0.25	—				
COSMID 15*	Enjoyment of social interactions	0.18	—				
COSMID 14*	Relationship with close ones (including pets)	0.15	—				
COSMID 17*	Someone who understands my health status	0.081	—				
COSMID 8*	Doing whatever I can do by myself	-0.028	—				

Interfactor correlations		
PC1	1	0.372
PC2	0.372	1

* Items removed from the final scale due to lower correlations with total scores of the remaining items.

3.3. Test of internal consistency for COSMID

We examined the reliability of the item candidates for COSMID that added “COSMID17. Someone who understands my health status” loaded on PC2 and “COSMID8. Doing whatever I can do by myself” did not load on any principal component (Table 2-1,2). Table 3 shows the Item-total statistics of the item candidates for COSMID in descending order of Corrected item-total corr. (CITC). All items showed positive correlations, but the correlation coefficients of the six items, namely COSMID16, COSMID4, COSMID15, COSMID14, COSMID17, and COSMID8 were low that did not explain the 10% variance of the total remaining items. We determined that these items contributed less to the scale score and removed them. We conducted a principal component analysis of the responses to the remaining 15 items again and completed COSMID with two subscales: Comfortable living, which comprises 11 items (α = .898, ω = .905), and “Fulfillment of physiological needs,” which comprises 4 items (α = .762, ω = .766). The reliability coefficients for all 15 items were α = .880 and ω = .873. (Table 3)

4. Discussion

In this study, we developed the COSMID to measure the comfort in daily life of people with MD based on conceptual analysis. As a result of examining its measurement dimensions, we recognized similar aspects to QOL and unique aspects to comfort in daily life. Furthermore, we examined its reliability. The COSMID comprised two subscales that included comfortable living and fulfillment of physiological needs. It was suggested that the scale uniquely measures comfort in daily life for people with MD.

4.1. Dimensional structure of COSMID

To determine how the newly developed scale is placed on the factor space, we analyzed it using the answers to the conceptually similar QLDJ and ODY and found that COSMID had three components: PC1 “Comfortable living” related to QOL, PC4 “Fulfillment of physiological needs” related to ensuring that physiological needs are met, and PC3 “Interaction with others,” which concerns social relationships.

PC1 “Comfortable living” contained QLDJ “4. Appears to be content…” but as with COSMID “13. Satisfaction with daily living,” it is a question about satisfaction, and thus, it is reasonably in the relevant measured dimension, indicating its high independence. Furthermore, PC4 “Fulfillment of physiological needs” is composed of items of comfort and was shown to be a distinct dimension of comfort independent of other scales. The former two aspects could be considered as the axes that stand independently even while accounting for the components of other similar scales. COSMID “8. Doing whatever I can do by myself” did not show commonalities with any other item. This may be explained by the fact that while the participants of the concept analysis had varying severities of dementia, the participants of this study had MCI and MD with fewer effects on activities of daily living (ADL) and social activity and might have shown a different dimension.

4.2. Test of reliability and validity for COSMID

The content validity of COSMID is generally achieved, given that it comprises components extracted from a concept analysis.

The items of “PC1. Comfortable living,” which indicates a life without anxiety and a feeling of peace adequately reflected “Living in a calm state of mind” and “People who understand me holistically,” which were the results of a concept analysis of previous studies. “PC4. Fulfillment of physiological needs” reflected “Ensured fulfillment of physiological needs,” such as meals, elimination and sleep in the concept analysis, and can be considered to demonstrate the construct validity of the core aspects of comfort in a person with MD. Moreover, the fact that PC3 “Interaction with others” formed components with groups of similar items of QOL for people with dementia also demonstrated construct validity.

The complete version of COSMID indicated high internal consistency, the reliability coefficients were $\alpha = .880$, $\omega = .873$. The scale comprised subscales PC1 “Comfortable living” ($\alpha = .898$, $\omega = .905$) and PC4 “Fulfillment of physiological needs” ($\alpha = .762$, $\omega = .766$). It was suggested that COSMID is a scale that measures adequacy of the comfort unique to the person in individual life.

4.3. Practicality of COSMID

This scale is a tool that can measure the comfort in the daily life of people with MD living in the community. The questions are expressed in simple terms, and the number of items is small. Hence, the burden of answering is insubstantial, and it is possible for people with MD to answer the questions on their own. In other words, it is possible to measure the peace of mind of the concerned individual, and it is not merely an evaluation by others. Moreover, such tools can potentially be used by healthcare professionals, care givers, and social institutions to better understand their lifestyle and—if there is such need—to provide adequate support. By using this tool, it is possible to consider support for people with MD to live comfortably in the community, and we believe that it would be useful for improving their QOL.

4.4. Limitation

Although this study was significant in that it targeted people with dementia, its reliability was not verified with confirmatory factor analysis owing to the small sample size of 72. Originally, the options were on a 4-point Likert scale similar to the existing external scale, but a 3-point evaluation was adopted because the accuracy of the answers obtained was prioritized. This might have influenced the strength of the correlation. The boundaries between MCI and MD in community dweller are unclear. Therefore, we did not specify the number of participants for each. However, it cannot be denied that the results may be biased depending on the number of participants. In the future, it is necessary to search for a method that can more accurately evaluate the comfort in daily life and to refine the measurement.

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Disclosure statement

The authors declare no conflict of interest.

Data availability

Not applicable

Author contributions

Ms. Suzuki involved in the entire process of this research and wrote the paper. Prof. Tanigaki provided guidance and advice throughout the process of carrying out this research. Prof. Iwata designed the analysis and provided advice on performed the analysis and wrote the paper.

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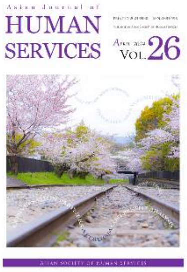

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ORIGINAL ARTICLE

A Survey of Towards the Utilization of Volunteers as a Preventive Measure for Cognitive Decline in the Elderly; Nursing Care Scenes in an Acute Care Hospital Setting

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ABSTRACT

Acute care hospitals in Japan are struggling to manage the elderly with cognitive decline. In this study, we performed text mining analysis of 312 nurses at 78 hospitals with over 200 beds in the top 10 prefectures in Japan with a large population aged 65 and over to assess scenes in which nurses wanted someone to be involved with the elderly with cognitive decline.

The collection rate was 75.3%, and the valid response rate was 77.4%. Of the 294 sentences in the text data of the 164 participants, the total number of extracted words was 5,133 (2,183 words used), and the number of different words was 704. Among the top 100 frequently occurring words in the list of extracted words, the top 10 extracted words were "correspondence" (47 times); "time" (40 times); "need" (24 times); "fall" (17 times); "many" and "listen" (16 times); and "nurse call," "watch over," "person," and "talk" (all 15 times). From the data created by KH coder, it clarified that nurses in acute care hospitals recollected scenes, such as scenes in which they needed someone to provide basic care based on the symptoms of dementia, scenes in which they needed someone to be involved with patients with dementia for safe and comfortable recuperation, and scenes in which they wanted someone to execute work in the acute phase.

Keywords: The elderly with dementia, Acute care hospitals, Volunteers, Nurses, Conversation partners

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1. Introduction

The total population of Japan is estimated to be 124.71 million as of September 15, 2022, a decrease of 820,000 from the previous year. In contrast, the population aged 65 and over is 36.27 million, an increase of 60,000 from the previous year (36.21 million) and the highest ever. The percentage of the total population is 29.1%, which is a record high, indicating an increase of 0.3 percentage points from the previous year (28.8%)[1)]. In 2012, the number of elderly people with dementia was 4.62 million, and about one in seven people aged 65 and over suffered from dementia (prevalence rate of 15.0%). In 2025, the number is expected to be approximately 7 million, and about one in five elderly people over the age of 65 will develop dementia[2)].

Under these circumstances, the Ministry of Health, Labor and Welfare aims to create a society in which people with dementia are respected and can continue to live in their own way as much as possible in their familiar surroundings. In January 2015, the Comprehensive Strategy to Accelerate Dementia Measures, so-called the New Orange Plan, was formulated. The New Orange Plan consists of seven pillars. Of these, timely and appropriate medical care and caregiving according to the condition of dementia" was listed to improve the ability to correspond to dementia in general hospitals, such as appropriate correspondence to behavioral and psychological symptoms of dementia (BPSD) and physical complications[3)]. In 2019, the seven pillars of the New Orange Plan were followed by five pillars of the Framework for Promoting Dementia Care. In June 2023, The Dementia Basic Act to promote the realization of a cohesive society was approved. It is aim to comprehensive and systematic promotion of policies to enable those with dementia to live in dignity with a sense of purpose.

In acute care hospitals, the prevalence of dementia among patients aged 65 and older was 23.5% in 2014, increasing to 32.5% in 2022[4)]. In the acute phase, nurses perform important roles, such as assisting with various treatments and examinations and managing medical equipment. In addition, nursing practices are increasing because of the shortening of hospital stay. “Recuperative care” is important for the elderly with dementia. However, nurses in acute care hospitals feel the dilemma of nursing care related to symptoms of dementia[5),6)] and feel the dilemma of whether to choose safety or dignity when it comes to fall prevention[7)].

44.5% of patients with dementia in acute care hospitals use one of the 11 physical restraints specified by long-term care insurance[8)]. It is pointed that the prioritization of the value of accident prevention in both aspects about legal/environmental and clinical implementation about nursing care for the elderly with dementia in acute care hospitals[9)]. In 2016, "Advocating for Older Adults with Dementia in Acute Care Hospitals 2016" was announced, and in the same year, the revision of medical fees included the additional dementia care[10)]. In a super-aged society, the number of hospitalizations for the elderly with dementia is expected to increase in the future. It is urgent and important to improve the quality of dementia care and promote team care for patients with dementia in acute care hospitals. Therefore, in order to resolve nurses' dilemma and improve the quality of care for elderly with dementia, we considered using dementia supporters who are knowledgeable about the symptoms of dementia and how to respond to elderly with dementia.

As of March 31, 2023, the number of dementia supporters was 14,339,585, they were trained in dementia supporters caravan implemented by the Ministry of Health, Labor and Welfare, an increase of 705,382 from the previous year (13,634,203) [11)]. Supporters of people with dementia and their families undertake many activities in the community to enhance the well-being and self-esteem of the elderly, such as "volunteers for listening attentively" and "volunteers as conversation partners," in special elderly nursing homes and group homes for the elderly with dementia[12),13)]. However, there is not enough evidence to support the usefulness of dementia supporters and volunteer activities. Similarly, "Establishment of a volunteer organization within the hospital" was added to the evaluation items by the Japan Hospital Function Evaluation Organization (established in 1995), but there were no reports on the usefulness of volunteer activities in acute care hospitals. It is expected that watching over and responding to the elderly with dementia through dementia supporters and volunteer activities will lead to peace of mind and safety for the elderly with dementia. It is also thought to be useful in providing care to compensate for the shortage of nurses and busy nursing duties, as well as providing mental peace to families of elderly with dementia.

Therefore, when introducing volunteers for the elderly with dementia in acute care hospitals, it is necessary to figure out the situations in which nurses need volunteers. This study has significance as a basic investigation toward the introduction of dementia supporters as a volunteer activity in hospital that can replace conventional animal therapy and doll therapy.

2. Purpose of the Study

This study aimed to clarify the scenes in which nurses in acute care hospitals needed someone to watch over and be a conversation partner for the elderly with cognitive decline for the introduction of volunteers for elderly with dementia.

3. Research Methods

3.1. Participants

The participants were nurses working in hospitals with 200 or more beds in the top 10 prefectures in Japan with a large population aged 65 and over. As for healthcare system in Japan, hospitals with less than 200 beds are classified as family medicine in terms of medical fees. Therefore, we targeted hospitals with 200 or more beds that were not primary care hospitals.

3.2. Data Collection

We requested cooperation from hospitals with 200 or more beds in the top 10 prefectures with the largest population of people aged 65 and over. Then, questionnaires were distributed to 78 hospitals that were able to obtain cooperation (for four nurses per hospital) by posting mail.

Basic attributes of the target person were investigated, such as age, gender, years of experience, and position, and questions were asked about the introduction of volunteers, such as both frequency and scenes in which nurses wanted someone to be involved with the elderly with cognitive decline. In response to the question, "Would you want someone to be involved with elderly with dementia instead of nurses?" it was measured on a 4-point scale of <very often> <yes> <sometimes> and <no>, as for <very often> <yes> and <sometimes>, scenes were freely described.

3.3. Data Analysis Method

3.3.1. Reasons for choosing an analysis method

Analysis was performed using text mining software KH Coder (version 3.0). Text mining is a general term for techniques that try to find meaningful information and features[14]. It is a quantitative analysis method that uses statistical methods, focusing on the number of occurrences of words, types of parts of speech, and relationships between words contained in the text data to be analyzed[15]. Text mining using KH Coder was chosen because it ensured the objectivity and reliability of the analysis,[16] such as the possibility of objectively analyzing the free descriptions of situations in which nurses in acute care hospitals wanted someone to be involved with the elderly with cognitive decline instead of themselves.

3.3.2. Analysis procedures

1) We entered free descriptions of situations in an Excel file, checked context before and after sentences, corrected typos and converted kanji, and unified words that were almost synonymous but had different spellings. We then decomposed the sentences into parts of speech through morphological analysis.
2) The division of medical treatment and nursing care terminology into smaller units would affect data analysis. Therefore, we carried out forced extraction using the “selection of words” function.
3) We excluded words that might identify individuals or organizations, such as proper nouns, organization names, personal names, place names, and interjective parts of speech.
4) The total number of extracted words (number of words used) refers to the total number of words included in the analysis, and the number of different words (number of words used) refers to how many types of words were included. The number of words used is the number of words that KH Coder recognizes by excluding common words that appear in any sentence, such as particles and auxiliary verbs. Words with a large number of occurrences were confirmed.
5) A co-occurrence network is the network of words with similar appearance patterns. The degree of co-occurrence was measured by the Jaccard coefficient, and the co-occurrence relationship was represented by circles and lines.
6) It is conceivable that the head and chief nurses (hereafter referred to as nurse managers) and the staff who provide training guidance, education, and night shifts (hereafter referred to as the nursing staff) have different perceptions of how to deal with the elderly with dementia. There may be different perceptions between nurse manager and the nursing staff because nursing managers manage overall nursing care and do not provide direct care. Moreover, specific scenes might influence how often both nurse managers and the nursing staff wanted someone to be involved with the elderly with dementia instead of nurses. Therefore, we used the positions of nurse managers and the nursing staff and the frequency of thoughts as external variables, and confirmed the co-occurrence relationship by the Jaccard coefficient for each variable.
7) We extracted characteristic words in position and frequency. Characteristic words are words or phrases that appear biased toward their attribute after taking into consideration not only the frequency but also the distribution. The resulting number represents the Jaccard coefficient. Frequent words had a low Jaccard coefficient and were excluded from the top 10 words, while characteristic words had a high Jaccard coefficient.

4. Definition of Terms

In this study, a "substitute (*kawari* in Japanese)" is a person who acts as a substitute for nurses to watch over and be a conversation partner for the elderly with dementia. "Being involved with the elderly with dementia" was defined as creating a place where it is easy to talk, not denying or evaluating what is being said, showing a willingness to listen and accept the patient’s thoughts, and watching over the patient to ensure safety without restricting movement at the bedside or in the day room.

5. Ethical Considerations

An anonymous self-administered questionnaire was distributed to each participant, and explanations were given verbally and in writing about the purpose and method of the study, protection of personal information, voluntary nature of participation in the study, and the fact that there would be no disadvantage even if the participant did not participate in the study. The questionnaires were collected in separate envelopes, and return of a completed questionnaire was taken as consent to participate in the study. This study was approved by the ethics committee to which the researchers belong (approval number 2019-7).

6. Results

6.1. Overview of the Participants

A total of 312 questionnaires were distributed to 78 hospitals that cooperated with us, and 235 questionnaires were collected (response rate: 75.3%). There were 182 valid responses (valid response rate: 77.4%). The participants were 8 males and 174 females whose average age was 40.16 (SD=9.15) and average years of experience were 16.54 (SD=8.65). 167 participants answered that they wanted someone to be involved with the elderly with dementia instead of themselves, and 15 people did not want someone to be involved with them. Of the 167 participants who answered that they wanted someone to be involved with the patients, 164 were included in the analysis after excluding 3 who did not describe specific situations. Of the 43 nurse managers, 14 answered <very often>, 15 answered <yes>, and 14 answered <sometimes>. Of the 121 nursing staff members, 44 answered <very often>, 36 answered <yes>, and 55 answered <sometimes> (Figure 1).

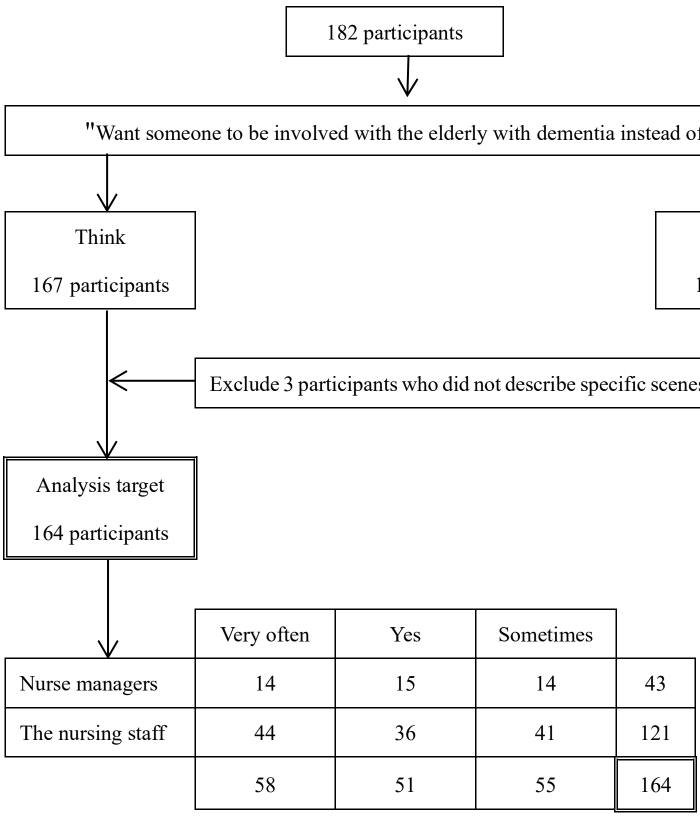

Figure 1. Overview of the participants

6.2. Frequent Words in Specific Scenes

In the 294 sentences in the text data of the 164 participants, the total number of extracted words was 5,133 (2,183 words used), the number of different words was 704 (545 words used), the number of occurrences was 4.01 times, and the standard deviation of the number of occurrences was 10.55.

Among the top 100 frequently occurring words in the list of extracted words, the top 10 extracted words were "correspondence" (47 times), "time" (40 times), "need" (24 times), "fall" (17 times), "many" and "listen" (16 times), and "nurse call," "watch over," "person," and "talk" (all together 15 times). The 57 words that appeared eight or more times in the list were shown in Table 1.

Table 1. The frequently words in situations in which nurses wanted someone to be involved with patients instead of themselves

Extracted word		Number of occurrences	Extracted word		Number of occurrences	Extracted word		Number of occurrences
Correspondence	(*)	47	Other	(noun)	13	Leave	(verb)	10
Time	(adverb possible)	40	Intravenous drip	(*)	13	Self	(noun)	9
Need	(adjective verb)	24	Eyes	(noun)	13	Treatment	(*)	9
Fall	(*)	17	Staff	(noun)	12	Few	(adjective)	9
Many	(adjective)	16	Risk	(noun)	12	State	(noun)	9
Listen	(verb)	16	Case	(adverb possible)	12	Explanation	(*)	9
Nurse call	(tag)	15	Involve	(verb)	11	Decrease	(*)	9
Watch over	(verb)	15	Repeat	(verb)	11	Talk	(verb)	9
Person	(noun)	15	Ward	(noun)	11	Rest	(noun)	8
Talk	(*)	15	Suppression	(*)	11	Together	(*)	8
Delirium	(noun)	14	Dangerous	(adjective verb)	10	Nurse	(tag)	8
Task	(noun)	14	Conduct	(verb)	10	Strong	(adjective)	8
Think	(verb)	14	Go	(verb)	10	Say	(verb)	8
Calm down	(verb)	14	Oneself	(noun)	10	Face each other	(verb)	8
Can take (eyes) off	(verb)	14	Removal	(tag)	10	High	(adjective)	8
Wandering	(*)	14	Frequent	(tag)	10	Operation	(*)	8
Care	(noun)	13	Unrest	(adjective verb)	10	Scene	(noun)	8
Toilet	(noun)	13	Night	(noun)	10	Situation	(noun)	8
Behavior	(*)	13	Night shifts	(*)	10	Cognitive function	(tag)	8

Note; (＊) = nouns that become verbs by adding "do (*suru* in Japanese)"

6.3. The Co-occurrence Relationship

6.3.1. Overall picture of the co-occurrence network

The co-occurrence network consisted of eight subgraphs (Figure 2). Each subgraph was assigned a group name from I to VIII. The numbers shown in the figure are the Jaccard coefficients (hereafter referred to as Jaccard). The larger the number of occurrences, the larger the circle, and the stronger the co-occurrence relationship, the darker the line. Extracted words in the co-occurrence network were indicated by " ", descriptive data were *italicized* ≪≫, and words drawn within them were underlined. In addition, their usage was analyzed by reading the context before and after the words classified into eight subgraphs. Each group was given a name that expressed the characteristics of the scene in which nurses wanted someone to care for the elderly with dementia instead of them and was indicated by [ ] (Table 2).

Group I consisted of 14 words, which was more than the other groups, and in order of the number of occurrences, it was co-occurrence words, such as "time," "person," "talk," "task," "think," "calm down," "other," "involve," "suppression," "self," "face each other," "condition," "call," and "too busy." "Task" was highly central and had a co-occurrence relationship with "other" (Jaccard=0.23), "involve" (Jaccard=0.19), "talk" (Jaccard=0.17), "self" (Jaccard=0.17), and "face each other" (Jaccard=0.16). "Think" formed another centrality and had a co-occurrence relationship with "face each other" (Jaccard = 0.33), "calm down" (Jaccard = 0.19), "person" (Jaccard = 0.18), and "call" (Jaccard = 0.13). It was also associated with "staff" (Jaccard=0.17). "Time" had the highest number of occurrences and had a co-occurrence relationship with "involve" (Jaccard=0.19).It was [scenes where nurses could not have enough time to be involved with them], such as ≪*I don't have time to get involved and talk slowly*≫,≪*I want to listen to their talk slowly, but when I have another task*≫,≪*I cannot do myself a task in a situation where I cannot take my eyes off*≫, and ≪*I think that having someone by their side and telling them "It is okay," they are able to calm down, but I cannot find the time to do that myself*≫.

Group II consisted of 9 words: "correspondence," "need," "fall," "intravenous drip," "risk," "removal," "self," "rest," and "high." "Correspondence" appeared frequently and had a co-occurrence relationship with "necessary" (Jaccard=0.16) and "fall" (Jaccard=0.15). "Self" had a strong co-occurrence relationship with "removal" (Jaccard=0.58), "high" (Jaccard=0.31), and "intravenous drip" (Jaccard=0.29). Examples of [scenes where priority was given to avoiding risks such as removal of intravenous drips and falls] were ≪*It is need to give priority to the treatment and examination of other patients*≫,≪*Patients who having risk of removal of roots or falling try to move alone restless*≫,≪*They need rest, but they cannot keep it*≫, and ≪*There are concern of self-removal or falling during postoperative intravenous drip or insertion of a drain*≫.

Group III consisted of 10 words: "listen," "wandering," "staff," "ward," "unrest," "night shift," "state," "few," "talk," and "together." "State" had a co-occurrence relationship with "staff" (Jaccard = 0.20), "ward" (Jaccard = 0.19), "unrest" (Jaccard = 0.19), and "listen" (Jaccard = 0.15). In addition, "few" had a co-occurrence relationship with "night shift" (Jaccard = 0.27), "together" (Jaccard = 0.25), and "wandering" (Jaccard = 0.21). Examples of [scenes where it was difficult to correspond on night shifts with fewer nurses] were ≪*Especially when there are few staff, such as night shifts or weekends, they are likely to become unrest and I cannot leave their side*≫,≪*I cannot take my eyes off wandering around at the night shift when there are few nurses*≫, ≪*They get so excited that they don't listen to what I say*≫, and ≪*I don't have time to listen to their current thoughts and concerns*≫.

Group IV consisted of 9 words: "nurse call," "delirium," "frequent," "night," "nurse," "say," "medical treatment," "hand," and "violence". "Nurse call" had a strong co-occurrence relationship with "frequent" (Jaccard=0.44), and "night" had a co-occurrence relationship with "delirium" (Jaccard=0.26). Examples of [scenes where care according to need was required], including frequent nurse calls and night delirium, were ≪*We can't communicate with each other, they keep getting nurse calls frequently*≫ and ≪*Marked night delirium and terrible wild words for nurses*≫.

Group V consisted of 9 words: "care," "toilet," "repeat," "go," "treatment," "explanation," "operation," "go home," and "watch." "Repeat" had a co-occurrence relationship with "go home" (Jaccard=0.31), "toilet" (Jaccard=0.25), "care" (Jaccard=0.21), and "explanation" (Jaccard=0.19). Examples of [scenes where it was necessary to compromise on other tasks such as care and treatment] were ≪*Repeat the same question over and over again*≫, ≪*Unfamiliar with the environment, repeatedly saying* "*I want to go home*"≫, ≪*Insufficient time due to treatment and care for other patients*≫, and ≪*Repeated complaints of "I want to go to toilet"*≫.

Group VI consisted of 4 words: "can take (eyes) off," "behavior," "eyes," and "dangerous." " Danger" had a strong co-occurrence relationship with " behavior" (Jaccard=0.28) and "fall" (Jaccard=0.17) in Group II. Examples of [scenes where there was dangerous behavior and nurses could not take their eyes off] were ≪*There is dangerous behavior and I cannot take my eyes off*≫ *and* ≪*When their behavior is restless. When it is judged that it is dangerous if I take my eyes off*≫.

Group VII consisted of two words: "watch" and "do" (Jaccard=0.16). Examples of [scenes where nurses wanted someone to watch over during recuperation] were ≪*Watching over when conducting medical care such as intravenous drips and drains*≫ and ≪*I want someone to watch over them about simple things like activities and coloring pages*≫.

Group VIII consisted of three words: "many," "decrease," and "cognitive function." "Cognitive function" had a strong co-occurrence relationship with "decrease" (Jaccard=0.89). Examples of [scenes where nurses realized the current situation in which there were many patients with cognitive impairment] were ≪*Many patients are elderly, and many of them have cognitive function decrease, it is difficult to do work smoothly*≫, and ≪*To need someone to talk to because they have many sleep during the day*≫.

Nurses in acute care hospitals recollected [scenes where care according to need was required] and [scenes where there was dangerous behavior and they could not take their eyes off], such as frequent nurse calls and night delirium, from [scenes where nurses realized the current situation in which there were many patients with cognitive impairment]. In addition, nurses recollected [scenes where it was necessary to compromise on other tasks such as care and treatment], [scenes where it was difficult to correspond on night shifts with fewer nurses], and [scenes where priority was given to avoiding risks such as removal of intravenous drips and falls] and found it difficult to carry out tasks. On the other hand, they recollected the scenes where they felt the necessity of involvement for the mental stability of the elderly with dementia from [scenes where nurses could not have enough time to be involved with them] and [scenes where they wanted someone to watch over during recuperation].

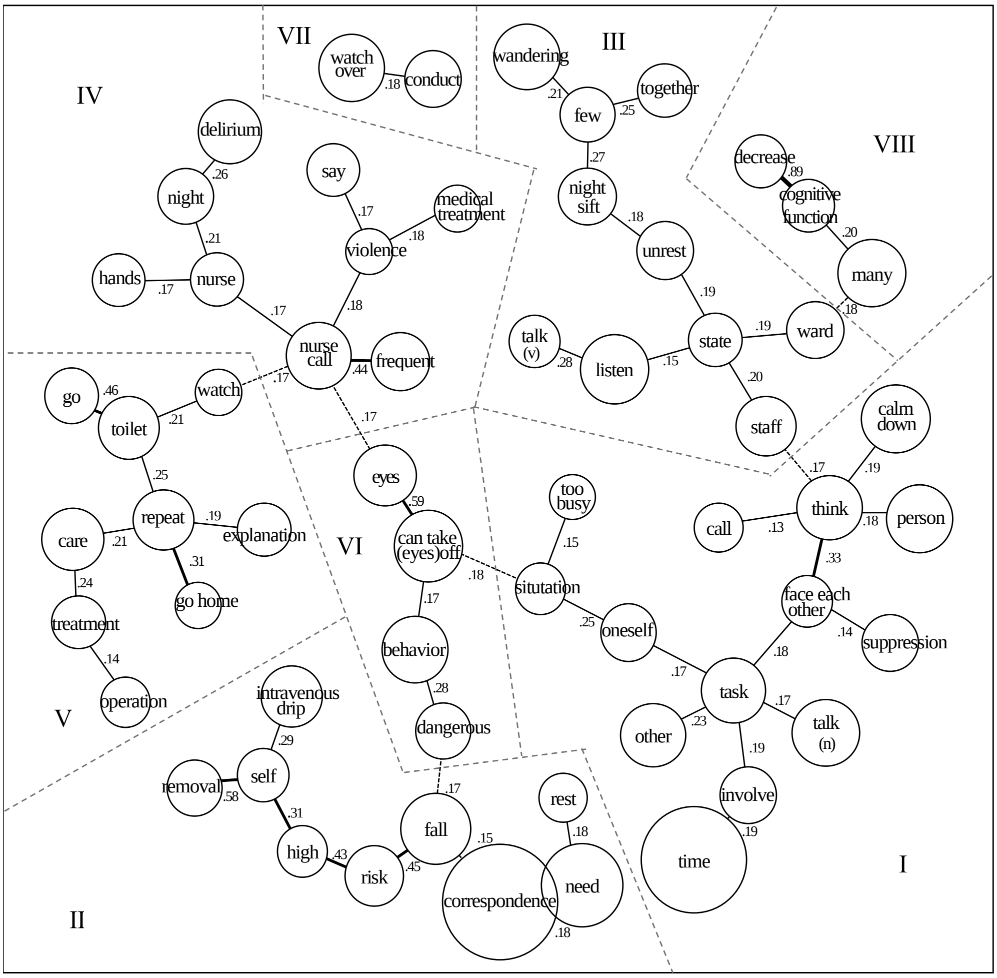

Figure 2. Overall picture of co-occurrence network in scenes nurses want someone to be involved with the other elderly with cognitive decline instead of themselves

Note; The larger the number of occurrences, the larger the circle, and the stronger the co-occurrence relationship, the darker the line. Numbers on the line indicate Jaccard coefficients. Numbers in dotted frames indicate group classifications.

Table 2. Characteristics of situations from extracted words by group

I	[Scenes where nurses could not have enough time to be involved with them]
II	[Scene where priority was given to avoiding risks such as removal of intravenous drips and falls]
III	[Scenes where it was difficult to correspond on night shifts with fewer nurses]
IV	[Scenes where care according to need was required]
V	[Scenes where it was necessary to compromise on other tasks such as care and treatment]
VI	[Scenes where there was dangerous behavior and nurses could not take their eyes off]
VII	[Scenes where nurses wanted someone to watch over during recuperation]
VIII	[Scenes where nurses realized the current situation in which there were many patients with cognitive impairment]

Note; Roman numerals indicate group classification in Figure 2.

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6.3.2. Co-occurrence network with position as an external variable

In the co-occurrence network with position as an external variable, "correspondence," "time," and "fall" had a co-occurrence relationship with both the nursing staff and nurse managers (Figure 3). "Correspondence" had a co-occurrence relationship with the nursing staff (Jaccard=0.23) and nurse managers (Jaccard = 0.10), as for "time" the nursing staff (Jaccard = 0.20), nurse managers (Jaccard=0.09), as for "fall" the nursing staff (Jaccard=0.10), nurse managers (Jaccard=0.09). Both terms had a stronger co-occurrence relationship with the nursing staff than with nurse managers.

For the nursing staff, there was a co-occurrence relationship between "nurse call" (Jaccard=0.10), "toilet" (Jaccard=0.08), "wandering" (Jaccard=0.08), "delirium" (Jaccard=0.08), and "danger" (Jaccard 0.08). The nursing staff recollected [specific scenes related to dementia symptoms]. They felt that the "time" (Jaccard=0.20) to be involved with patients with dementia was the "necessary" (Jaccard=0.15).

For nurse managers, there was a co-occurrence relationship between "watch over" (Jaccard=0.17), "calm down" (Jaccard=0.10), "involve" (Jaccard=0.08), and "talk" (Jaccard=0.08). It is [scenes where nurses wanted to be involved with the elderly with dementia with so that they could continue their hospitalization in peace.] On the other hand, from the words "care" (Jaccard=0.10), "medical treatment" (Jaccard=0.09), and "too busy" (Jaccard=0.14), we could also read [scenes where the busyness of the nursing staff was captured from a managerial view].

6.3.3. Co-occurrence network with frequency as an external variable

In the co-occurrence network in which the frequency of wanting someone to be involved with the patient as an external variable, "correspondence," "time," and "need" were common to any frequency of wanting someone to be involved with the patient (Figure 4).

The frequency of "correspondence" was <very often> (Jaccard=0.17), <yes> (Jaccard=0.16), and <sometimes> (Jaccard=0.14). The more the nurses found it difficult to resolve their problems, the more frequently they wanted someone to care for the patients.

The frequency of "time" was <very often> (Jaccard=0.15), <yes> (Jaccard=0.12), and <sometimes> (Jaccard=0.14). The frequency of <very often> was related to [securing time for care practice that require immediate response to patients with dementia], and <sometimes> was related to [securing time to get close to patients with dementia].

The frequency of "need" was <very often> (Jaccard=0.13), <yes > (Jaccard=0.11), and <sometimes> (Jaccard=0.08). Focusing on related words about nursing care, among all nurses who answered <very often>, "nurse call" (Jaccard=0.14), "toilet" (Jaccard=0.11), "description" (Jaccard=0.10), and "care" (Jaccard=0.09), among all nurses who answered <yes>,"night shift" (Jaccard=0.09), "intravenous drip" (Jaccard=0.08), among all nurses who answered <sometimes>, "involve" (Jaccard=0.08), "face each other" (Jaccard 0.07), "watch over" (Jaccard=0.06). The higher the frequency of wanting someone to be involved with the patients, the more the co-occurrence of vocabulary related to specific care scenes.

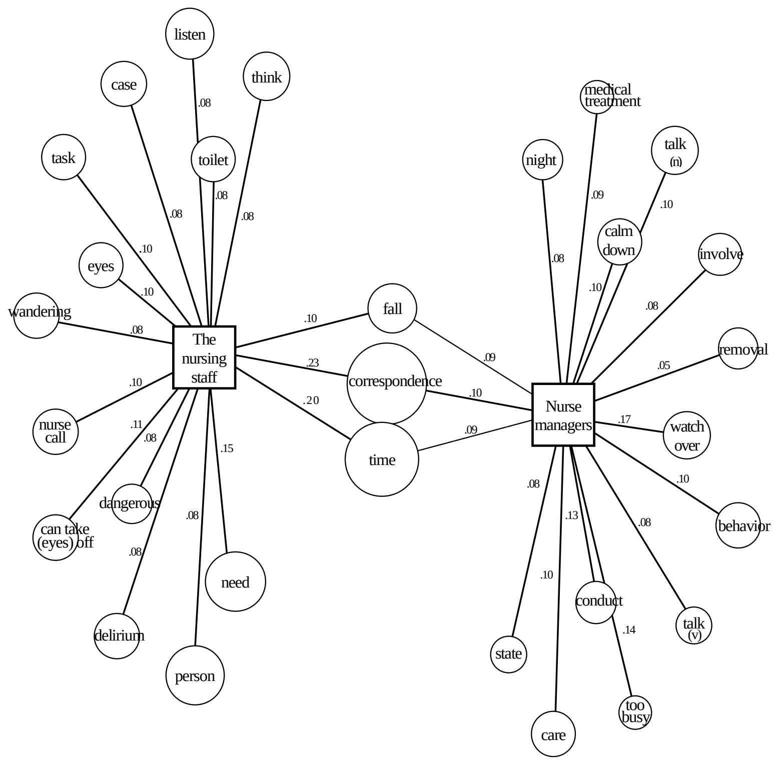

Figure 3. Co-occurrence network by position (the nursing staff or nurse manager) as an external variable

Note; The larger the number of occurrences, the larger the circle, and the stronger the co-occurrence relationship, the darker the line. Numbers on the line indicate Jaccard coefficients.

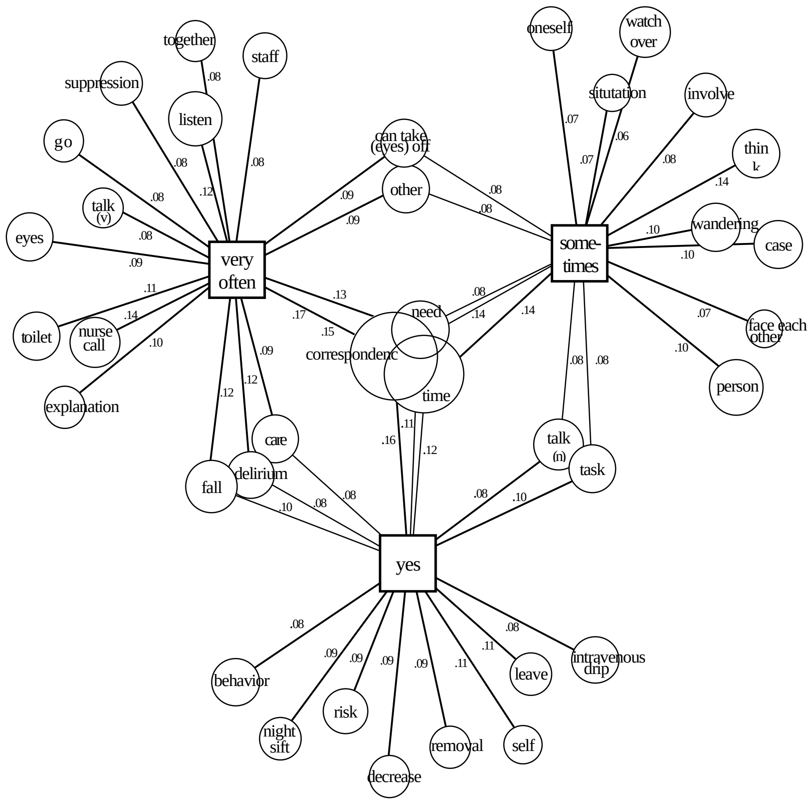

Figure 4. Co-occurrence network by frequency (in which nurses want someone to face each other patients with dementia instead of themselves) as an external variable

Note; The larger the number of occurrences, the larger the circle, and the stronger the co-occurrence relationship, the darker the line. Numbers on the line indicate Jaccard coefficients.

6.4. Characteristic Words in Position and Frequency

The characteristics of words in "position" and "frequency" are shown in Table 3 and Table 4.

1) The nursing staffs

Among the nursing staff who answered that there were scenes in which they wanted <very often> someone to be involved with the patients with dementia, it was characteristic words about the influence on work because of [difficulty of correspondence], such as "correspondence" (Jaccard=0.157) and "time" (Jaccard=0.134). Examples of characteristic words related to [symptoms and behavior] associated with dementia were "toilet" (Jaccard=0.149), "delirium" (Jaccard=0.137), "fall" (Jaccard=0.109).

Among the nursing staff who answered <yes> , "correspondence" (Jaccard=0.159) was extracted as a characteristic word. Other words were extracted from the [perspective of performing a task], for instance, "task" (Jaccard=0.111), "treatment" (Jaccard=0.100), and "night shift" (Jaccard=0.095).

Among the nursing staff who answered <sometimes>, "time" (Jaccard=0.159) was extracted as a characteristic word. "Anxiety" was also extracted (Jaccard=0.070), as it was related to [mental involvement] to reduce anxiety.

The higher the degree of frequency, the more characteristic the words related to [symptoms and behavior]. On the other hand, "time" was perceived differently depending on frequency.

2) Nurse managers

Among nurse managers who answered <very often>, "watch over" (Jaccard=0.130) and "relation" (Jaccard=0.118) were extracted as characteristic words, as they indicated [mental involvement] in a calm environment.

Among nurse managers who answered <yes>, "watch over" (Jaccard=0.125), "calm down" (Jaccard=0.120), and "involve" (Jaccard=0.083) were extracted as characteristic words, they wanted [mental involvement] in a calm environment more than nurse managers who answered <very often>.

Among nurse managers who answered <sometimes>, "wild words" (Jaccard=0.118) and "removal" (Jaccard=0.091) were extracted as characteristic words, as they were related to [symptoms and behavior]. As for [perspective of management], among nurse managers, there were characteristic words such as "assessment " and " prevention."

Table 3. Characteristic words by position and frequency

The nurse staff					
<very often >		<yes>		<sometimes>	
Correspondence †	.157	Correspondence †	.159	Time †	.159
Toilet *	.149	Self	.125	Think	.152
Need	.138	Leave	.122	Case	.106
Delirium *	.137	Need	.115	Person	.100
Nurse call *	.137	Task **	.111	Involve ***	.083
Time †	.134	Fall *	.104	Task **	.078
Eyes	.118	Treatment **	.100	Can take (eyes) off	.078
Listen	.115	State	.098	Wandering *	.078
Can take (eyes) off	.115	Decrease	.098	Come	.071
Fall *	.109	Night shift **	.095	Anxiety ***	.070

* [symptoms and behavior], ** [perspective of performing a task], *** [mental involvement],
† [difficulty with correspondence]
Note; Numbers in the table indicate Jaccard coefficients.

Table 4. Characteristic words by position and frequency

Nurse managers

<very much>		<yes>		<sometimes>	
Conduct	.200	Ordinary	.133	Other	.125
State	.150	Watch over ***	.125	Prevention ‡	.125
Assessment ‡	.143	Nurse situation	.125	Talk ***	.120
Afternoon	.143	Calm down ***	.120	Wild word *	.118
Possible	.133	Measurement of body temperature **	.118	Understanding	.118
Watch over ***	.130	Go home	.100	Can obey ***	.111
Bed	.125	Medical treatment **	.100	Rest	.105
Body	.125	Too busy †	.100	Self	.105
Want	.125	Removal *	.087	Too busy †	.105
Relation ***	.118	Involve ***	.083	Removal *	.091

* [symptoms and behavior], ** [perspective of performing a task], *** [mental involvement], † [difficulty with correspondence],
‡ [perspective of management]
Note; Numbers in the table indicate Jaccard coefficients.

7. Discussion

The scenes in which nurses in acute care hospitals wanted someone to be involved with the elderly with dementia were analyzed using the frequency of words used, co-occurrence relationships, and characteristic words.

7.1. Scenes in Which Nurses Wanted Someone to Provide Basic Care Based on the Symptoms of Dementia

In the overall picture of the co-occurrence network, nurses in acute care hospitals recollected [scenes where they realized the current situation in which there were many patients with cognitive impairment]. Even in acute care hospitals, the issues because of increase in the number of the elderly with dementia have been highlighted from [scenes where care according to need was required] and [scenes where there was a dangerous behavior and nurses could not take their eyes off].

In the co-occurrence network with frequency as an external variable, "correspondence," "time," and "need" had a co-occurrence relationship with each frequency. The more the scenes in which nurses suffered from "correspondence" with patients with dementia, the more frequently they wanted someone to be involved with them. Among all nurse who answered <very often>, correspondence was required in a timely and appropriate manner, such as fall prevention, delirium support, and toilet guidance. Among all nurse who answered <yes>, it was related to work situation of nurses, such as correspondence, tasks, and intravenous drips, in night shifts. Among all nurse who answered <sometimes>, there was not a life-threatening risk, but they often thought that they needed someone to watch over, be involved with, and be involved with the elderly for better recuperation.

For the nursing staff, as the frequency increased, characteristic words related to symptoms and behaviors associated with dementia appeared frequently.

In acute care hospitals, hospitalization, treatment, and discharge of patients proceed in formal way. Therefore, when nurses be involved with the elderly with dementia, they are confused by a different perspective from normal nursing care. Nurses in acute care hospitals understand the importance of accurately grasping the cognitive function and physical and psychological conditions of patients with dementia in critical situations[17)]. Each nurse is required to have self-management to fully implement predictive correspondences and be involved with the patients with dignity based on dementia symptoms. In addition, the ability of dementia nursing was indicated the ability to cooperate with relevant parties and help the elderly with dementia to maintain lives[18]. In the local community, Dementia Supporters actively organize Orange Cafes (places where anyone can easily come, such as elderly with dementia, their families, local residents and professionals), and their activities have already been recognized and established[19]. However, experienced volunteers pointed out the need for teamwork with nursing staff, as it was impossible to provide direct physical care to dementia patients[20]. Therefore, if information on the needs of patients with dementia can be obtained and shared through cooperation with volunteers, for example, dementia supporters, sharing information about needs can be positioned as an ability similar to "the ability to continue living with the elderly with dementia in cooperation with related person."

7.2. Scenes in Which Nurses Wanted Someone to Be Involved with Patients with Dementia for Safe and Comfortable Recuperation

In the co-occurrence network with position as an external variable, “correspondence," "time," and "fall" had a co-occurrence relationship with positions for both the nursing staff and nurse managers. Both positions had a stronger co-occurrence relationship for the nursing staff than for nurse managers.

Reasons for physical restraint include fall and removal by the patients themselves (e.g., intravenous drips) with dementia admitted to acute care hospitals[21]. In addition, although many safety items are prepared for patients with dementia admitted to acute care hospitals, there has been not enough places considered ~~of~~ their well-being[22]. Against this background, nurses have become more sensitive to "falling."

Nurse managers recollected [scenes where nurses wanted to be involved with the elderly with dementia with an emphasis on their peacefulness] and [scenes where the busyness of the nursing staff was captured from a managerial point of view]. Acute care hospitals give priority to medical treatment and safety, but they do not provide a physical environment in which the elderly with dementia can feel comfortable. Therefore, volunteers contributed to patients’ mental stability. Then, Volunteers were also more psychologically well than support recipients in terms of personal growth, depression and perceived well-being[23], so volunteer work was thought to be beneficial not only for elderly with dementia but also for volunteers.

7.3. Scenes in Which Nurses Wanted Someone to Execute Work in the Acute Phase

In the overall co-occurrence network, nurses often encounter [scenes where nurses could not have enough time to be involved with them], [scenes where it was necessary to compromise on other tasks such as care and treatment], [Scenes where it was difficult to correspond on night shifts with fewer nurses], and [scenes where priority is given to avoiding risks such as removal of intravenous drips and falls]. Therefore, they felt that they did not have "time" for "correspondence" for [scenes where nurses wanted someone to watch over patients during recuperation].

Characteristic words for nurse managers were "assessment" and "prevention." Reflecting on their previous work experience, they felt necessity for their alternative existence in order to prevent cognitive decline and activities of daily living (ADL). In addition, for nurse managers, the higher the frequency, the more the characteristic word "watch over" was extracted. They wanted a relationship based on the premise of facing each other elderly with dementia themselves. However, for the nursing staff, the higher the frequency, the more the characteristic word "correspondence" was extracted. At the same time as I felt the need for "correspondence" to safely carry out "task", they also felt expectations for someone who could take the place of them in the role of "correspondence".

The nursing staff find it difficult to provide acute nursing care, including care for the elderly with dementia, leading to both reduction and improvement of work, as volunteers watch over patients with dementia and are their conversation partners. Thus, adopting an organizational approach that can improve the response capability according to the environmental characteristics of the ward and nurses' abilities is important.

8. Limitations and Future Challenges

In this study, using the text mining software KH Coder (version 3.0), we analyzed the "free descriptions" of situations where nurses in acute care hospitals thought that elderly people with cognitive decline needed someone to watch over them and be their conversation partners. We obtained basic data on the introduction of volunteers.

However, "free descriptions" did not reflect nurses' recognition of dementia and years of experience. Therefore, it was possible that we could not sufficiently interpreted information and characteristics with meaningful and significant. In addition, volunteers at hospitals had to deal with not only elderly people with cognitive decline but also ward nurses. Therefore, in scenes where nurses wanted someone to the elderly with dementia instead of themselves, a system design that allows volunteers to intervene appropriately was required.

9. Conclusions

Through text mining, the following points were reached regarding scenes where nurses in acute care hospitals wanted someone to be involved with the elderly with cognitive decline.

1) Regarding position, "correspondence," "time," and "fall" had a co-occurrence relationship with both nurse managers and the nursing staff, and all words had a stronger co-occurrence relationship with the nursing staff than with nurse managers.
2) Regarding frequency, "correspondence," "time," and "need" were found to have a co-occurrence relationship with all frequencies, and the frequency increased as the number of scenes in which "correspondence" was more difficult increased.
3) For nurse managers, "assessment" and "prevention" were extracted as characteristic words, and the more scenes in which they wanted someone to be involved with the elderly with dementia, the more "watch over" was characteristic word. For the nursing staff, the more scenes in which they wanted someone to care for the elderly with dementia, the more there were characteristic words, such as words related to symptoms and behavior associated with dementia, and "correspondence."
4) Nurses in acute care hospitals recollected scenes in which they wanted someone to provide basic care based on the symptoms of dementia, scenes in which they wanted someone to be involved with patients with dementia for safe and comfortable recuperation, and scenes in which they wanted someone to execute work in the acute phase.

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Conflicts of interest

There are no conflicts of interest to disclose regarding this study.

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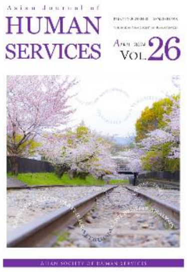

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ORIGINAL ARTICLE

An Analysis of the Feasibility of Implementing Art Workshops in Disability Facilities in Japan; A Qualitative Analysis Utilizing the Grounded Theory Approach based on Saiki's Theory

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ABSTRACT

Drawing upon Saiki's theoretical framework, this study employs a qualitative, grounded theory approach to assess the feasibility of introducing art workshops in disability facilities across Japan.

The primary aim of this study is to meticulously examine the impact of art-based workshops on individuals with disabilities. This approach facilitates a thorough understanding of the extent to which art workshops affect the everyday lives of participants. Findings indicate a pronounced tendency among participants to persist in their engagement with the workshops. This tendency is marked by a significant increase in their motivation and a growing appreciation for art. Furthermore, there is a noticeable rise in interest in professional artistic pursuits among the participants.

In its conclusion, the study underscores the necessity of tailoring art workshops to meet the specific needs and expectations of participants in disability welfare facilities. It argues that such customization not only bolsters the efficacy of the workshops but also substantially contributes to the overall satisfaction and personal development of the participants. This research endeavors to identify and elaborate on four critical factors—Preparation of an Environment suitable for workshops, Enhancement of Participation Support, Diversification of projects, and Understanding of Scientific Data—that are essential for the successful execution of art-based workshops in disability facilities, thus enhancing their impact and effectiveness.

Keywords: Art Workshops, Disability Arts, Leisure Support, Interpersonal Assistance, Disabilities.

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1. Introduction

In Japan, art activities such as art, music, drama, and dance are increasingly popular for fostering a symbiotic society and assisting people with disabilities. The government, particularly the Ministry of Health, Labour and Welfare and the Agency for Cultural Affairs, has expanded support for these activities, establishing 35 centers nationwide to facilitate them. A survey in Osaka and Iwate prefectures revealed that nearly 70% of disability facilities offer art workshops, showing their widespread implementation. Additionally, the government has supported the discovery and commercialization of artworks by disabled artists[1)].

These artistic activities have been reported to significantly enhance the well-being of people with disabilities, boosting their self-esteem and satisfaction[2-4)]. They provide a unique means for expression, non-verbal communication, and achieving self and societal acceptance. In various sectors, such as interpersonal support and nursing care, these activities have been recognized for their positive impact on the quality of life, social participation, and rights protection of disabled individuals[1)]. For example, ikebana and relaxation exercises in nursing care have improved well-being, and musical programs in psychiatric hospitals have been beneficial for mental health patients, offering enjoyment and aiding in treatment and recovery[5)]. These practices are also expanding to educate others about disability. Additionally, numerous international studies have observed positive effects when individuals with disabilities engage in artistic activities. For example, participation in art appreciation has been found to induce relaxation, reduce tension, and increase satisfaction among participants. Furthermore, reports have shown that engaging in dance, art appreciation, and simple craft-making workshops can enhance participants' confidence, communication skills, self-esteem, and mental health scores. These findings underscore the broad benefits of art involvement for individuals with disabilities, reinforcing the therapeutic and developmental potential of such activities in diverse settings[1)].

The artistic endeavors of individuals with disabilities have been extensively explored across four main domains: the pursuit of artistic merit and evaluation in the field of art, therapeutic interventions in the medical field such as art therapy and various therapies, art activities as everyday leisure in the welfare sector, and Disability Art, which critiques these paradigms in art, medicine, and welfare[6)]. In Japan, since the development of art activities for individuals with disabilities through leisure support in welfare facilities in the 1990s, there has been a particularly strong connection to welfare. The works of artists with disabilities have garnered recognition as artistic creations[7)], and art workshops, as leisure support, are esteemed for their positive impact on daily satisfaction, creativity, and communication skills among individuals with disabilities. Community art and other inclusive activities have been shown to foster shared values irrespective of disability[6)]. Moreover, art improvisation workshops have successfully elicited participants' autonomy and initiative[8)]. Since the late 1990s, numerous studies have delved into the creative activities of individuals with disabilities, offering new perspectives on social values related to disability, normalcy, and abnormality. This has spurred initiatives by NPOs and private organizations in the social welfare field[9)]. Additionally, since 2014, the Ministry of Health, Labour and Welfare has implemented the Disability Arts and Culture Activities Promotion Project, establishing support centers for disability arts and culture activities in 35 prefectures nationwide (as of 2021). These centers provide support for the artistic creation and activities of individuals with disabilities. Consequently, many welfare facilities have incorporated art-based workshops and recreational activities into their leisure support.

Previous research on art activities in welfare facilities has been limited, largely consisting of qualitative studies similar to case reports that focus on the impact of art activities on individuals with disabilities. For instance, dance workshops have been said to expand the understanding of what participants can do and feel with their bodies, and to communicate different ways of using the body and forms of interaction in collaboration with others[10]. Various workshops and art activities have been acknowledged for enabling individuals with disabilities to demonstrate their abilities, enhance interpersonal skills through interaction with peers and community members, and gain roles[11]. Furthermore, reports indicate that art activities stimulate imagination and creativity in participants, as they create movements derived from their own imaginations rather than imitation of others[12]. However, as previously mentioned, many issues raised in prior research remain unresolved. These include: (1) diversification of tools for artistic activities, guidance on techniques/methods, and support from art professionals[13-15], (2) new perspectives on evaluating artworks by individuals with disabilities and methods for assessing the effectiveness of workshops[15-18], (3) the significance of commercialization[15], (4) accommodating participant diversity [19], and (5) sustaining these activities[13].

This study aims to address the unresolved issues through interviews with individuals with disabilities who regularly participate in art activities at welfare facilities. The aim is to explore their needs and propose feasible solutions to the problems identified in prior research. Using the Corbin and Strauss Grounded Theory Approach (GTA), this study seeks to clarify the changes experienced by participants in the workshops, identify emerging needs during participation, and examine the potential for widespread adoption of such workshops in welfare facilities. Additionally, this study utilizes the concept of Well-Being as defined by the World Health Organization (WHO), encompassing not just physical health but also mental and social fulfillment.

This research emphasizes the societal necessity of art activities conducted by individuals with disabilities, particularly within welfare facilities, highlighting their impact on personal well-being from a social perspective. Firstly, these art activities promote self-expression and self-acceptance among participants with disabilities, contributing to the construction of a more inclusive society by enhancing social recognition and acceptance. This provides a means for individuals with disabilities to find new ways of expressing themselves and deepen mutual understanding through non-verbal communication with others.

Secondly, art activities facilitate social participation of individuals with disabilities, leading to a reduction in discrimination and protection of their human rights. This signifies providing opportunities for persons with disabilities to actively participate in society, demonstrating their abilities through interactions with other community members.

Thirdly, the study proposes methods for the qualitative evaluation of the effects of art activities and encourages a reevaluation of societal standards for appraising artworks created by individuals with disabilities. This aims to acknowledge the cultural and social value of artistic creations by people with disabilities, enhancing their societal role and status through commercialization and public exhibitions.

Finally, the proliferation of art activities in welfare facilities helps to create environments where individuals with disabilities can achieve self-fulfillment and social belonging as members of society, supporting their physical, mental, and social well-being. This underlines the collective responsibility and efforts of the entire society to support the social inclusion and welfare improvement of individuals with disabilities, thereby contributing to the formation of a symbiotic society.

2. Research Methodology

2.1. Study Participants

The subjects of this study consisted of users from three employment support facilities operated by Company B in Osaka City, Osaka Prefecture. These facilities cooperated with the research. Over the span of a year, from August 2019 to August 2020, art-based workshops were held twice a month (24 sessions in total) in the café area of the Company B premises.

The workshop content was determined through staff meetings with Company B's support workers and administrators, who considered various proposals. The final selection of the 24 workshop sessions was based on a survey of the participants' interests and the types of workshops they were interested in.

The workshop instructor and design were led by the author, who worked as a part-time support worker, with assistance provided by daily staff members during each session. The details of the workshop content are shown in Table 1. The study involved interviews with six participants: four men and two women. The age distribution included three individuals in their 50s, two in their 60s, and one in their 80s. All participants suffered mental disabilities, with four also experiencing physical disabilities (Table 2).

All research collaborators were users of Type B employment continuation support facilities, primarily utilized by individuals with severe disabilities or the elderly, resulting in a participant group predominantly in their 50s and older.

Table 1. Workshop Content

Times	**Workshop Details**	**Description of Activities**
August 2019	Trick Art ①②, Opening Session	Greetings to each other, 3D Origami Art Creation
September 2019	Fan Making, Sand Art	Making and Decorating Uchiwa Fans, Coloring with Colored Sand
October 2019	Candle Holder Making, Scratch Art	Painting Candle Holders and Creating Pictures with Scratch Art Sheets
November 2019	Herbarium, Keychain Making ①	Creating Herbariums with Dried Flowers and Making Keychains with Natural Stone Parts
December 2019	Christmas Wreath Making, Bracelet	Decorating a Christmas Wreath and Crafting a Natural Stone Bracelet
January 2020	Bingo Game, Shimenawa (New Year's rope) Making	Hosting a Bingo Game with Prizes, and Making a New Year's Shimenawa
February 2020	Valentine's Card Making, Making Glowing Bottle Indirect Lighti	Creating Handmade Valentine's Day Cards and Fashioning LED Bulb Decorations in Glass Bottles for Indirect Lighting
March 2020	UV Resin Crafting ①② (Accessories)	Creating Resin Art with Embedded LED Lights
April 2020	Keychain Making ②, Tile Coaster Making	"Crafting a Key Ring with Natural Stone Parts and Making a Coaster with Tiles
May 2020	Photo Frame Making, Color Sand Bonsai Making	Creating a Photo Frame with Tiles and Designing a Succulent Bonsai with Colored Sand
June 2020	Oil Painting Magnets, Photo Frame Making	Creating Oil Paintings on Magnets and Coloring Photo Frames
July 2020	UV Resin Crafting ①② (Keychain)	Creating Resin Art with Embedded LED Lights
August 2020	Coloring, Closing Session	Japanese Landscape Coloring Book and Year-End Review

Table 2. Details of Interview Subjects

Case No.	Age	Diagnosis	Interview Duration	Years of Use	Living Arrangement	Usage Time (Outside WS)
1	50s	Physical Disability, Mental (Fitting a Prosthetic Limb) Disability (Schizophrenia)	35 minutes	About 1 year	Living with family	Every day 9am-3pm
2	50s	Physical Disability (Paraplegia), Mental Disability (Schizophrenia)	25 minutes	About 1 year	Living alone	Every day 9am-3pm
3	50s	Intellectual Disability, Mental (IQ:64) Disability (Schizophrenia)	23 minutes	About 2 years	Living alone	Every day 9am-3pm
4	60s	Physical Disability (Fitting a Prosthetic Limb), Mental Disability (Depression)	12 minutes	About 2 years	Living alone	Every day 1pm-3pm
5	60s	Physical Disability, Mental (Paralysis of the Right Arm) Disability (Depression)	15 minutes	About 1.5 years	Living alone	Twice a week, 9am-1pm
6	80s	Mental Disability (Depression)	37 minutes	About 8 months	Living alone	Every day 9am-1pm

Furthermore, as the participants attended the facility on a day-service basis, the majority lived alone. Additionally, Company B, under three years in establishment, reflected a shorter duration of facility use among the participants.

The interviews were semi-structured and focused on the degree of satisfaction with the art workshops, including content satisfaction, expectations, and participants' preferences for future workshops. With the consent of the participants, the interviews were recorded and later transcribed.

2.2. Data analysis

In this study, qualitative analysis was conducted using the Corbin and Strauss Grounded Theory Approach (GTA), a methodology renowned for its capacity to delve deeply into human relationships and emergent concepts through interaction. This approach is particularly apt for understanding complex social phenomena. Corbin delineates GTA as a method centered around data-driven analysis, aimed at cultivating a 'theory' that elucidates the mechanisms of phenomena arising directly from the data. The 'theory' in GTA is essentially a narrative articulated in sentences, elucidating the relationships between concepts. This method is distinctive for its ability to extract concepts from data and weave them into a cohesive relational framework.

Within the context of this research, the GTA was instrumental in uncovering the elements of art-based workshops that enhance the satisfaction of participants with disabilities. This was achieved by inductively deriving categories from GTA and creating correlation diagrams to map out the connections between these categories and participant satisfaction. This approach facilitated a nuanced understanding of how these workshops influence lifestyle changes and overall contentment among the participants.

The utilization of GTA in this study is supported by a rich tradition of research across various fields, demonstrating its versatility and robustness as a qualitative research methodology. Studies like Glaser and Strauss's exploration of dying patients, Charmaz's work on chronic illness in young adults, and Clarke's research on cancer patients receiving chemotherapy, exemplify the breadth of its application. These studies have utilized GTA to develop comprehensive theoretical frameworks that provide profound insights into the social processes they investigated[20,21].

Furthermore, the emergent nature of GTA, with its iterative process of data collection and coding stages, ensures that the resulting theory is deeply grounded in the data and reflects the complexity of the studied phenomenon. This methodological rigor underscores the validity of the findings and the depth of understanding it offers, particularly in new or complex areas of research.

While Grounded Theory offers significant advantages, such as its data-first approach and the ability to explore new research areas flexibly, it is not without its challenges. Researchers must be mindful of potential biases in interpreting qualitative data and the extensive time resources required for thorough analysis. Nevertheless, the approach's capacity to develop data-driven, comprehensive theoretical frameworks makes it an invaluable tool in qualitative research, especially for understanding intricate social phenomena[22].

In sum, the application of the Grounded Theory Approach in this study aligns with its established role as a powerful and flexible tool in qualitative research, enabling a detailed exploration of the effects and impacts of art-based workshops on individuals with disabilities. The GTA’s methodological framework has been instrumental in identifying key aspects of these workshops that contribute to participant satisfaction, offering significant insights into their experiences and aspirations.

In discussing the Grounded Theory Approach (GTA), Saiki[17] highlights its methodology as not merely summarizing data, but as a means to produce a "theory" that explains the mechanisms behind phenomena emerging from the data. In GTA, this "theory" is a storyline, articulated in sentences that describe the relationships between concepts. Therefore, GTA can be rephrased as a method that extracts concepts from data and seeks to interrelate them. This study employs GTA to thoroughly explore the categories involved in the enhancement of well-being among workshop participants, delving into how these categories contribute to the improvement.

The interview included the following questions:

How did you find the workshops you have attended so far?

Were there any workshops that you found difficult? How could they be made more enjoyable?

Were there any workshops that you enjoyed? What did you enjoy about them?

What kind of enjoyable experiences have you had through workshop participation?

Please tell us about any deficiencies and satisfactions you've had with the workshops over the past year.

Are there any workshops you would like to try in the future?

These questions were designed to capture the personal impressions of the workshops and individual requests, with the intention of creating a category correlation diagram to guide the implementation of the workshops (Figure 1). Additionally, the study generated detailed categories through the GTA analysis of the interview content (Table 3).

2.3. Implementation Period

August 2019 - August 2020

2.4. Ethical Considerations

Research collaborators were informed of the study's objectives, survey methods, and data handling (including personal information) both in writing and orally, and it was explained that their cooperation was voluntary and that there would be no disadvantage in declining to participate. Consent was also obtained from the facility administrators both orally and in writing. This study was approved by the Ethics Committee for Experiments Involving Humans at the Graduate School of Design, Kyushu University (approval number 361).

2.5. Ensuring the Quality of Analysis

To ensure this study's reliability, three specialized evaluators were involved: an arts management expert with a decade of experience, a 25-year-experienced employment support program manager, and a counseling support worker/vocational guidance counselor with five years in the field. They scrutinized the survey and analysis for several subjects, providing essential advice. Additional input was gathered from staff during facility meetings. Moreover, the lab's supervisor, an arts management specialist with 15 years of experience knowledgeable in social inclusion and qualitative analysis in disability arts, rigorously reviewed the research methods, results, and discussion.

3. Results

The analysis using the Grounded Theory Approach (GTA) yielded the central phenomenon of “Workshops Leading to Satisfaction and six categories: 《Discomfort with Detailed Tasks》, 《Expression of Interest in Workshops》, 《Expectations for Freedom in Activities》, 《Hopes for Large Group Workshops》, 《Desire for Recognition》, and 《Activities that Become Memorable》. These categories are designated with the symbols 《》 for categories, 「」 for subcategories, and 〈〉 for codes. Within these findings, categories such as 《Discomfort with Detailed Tasks》 revealed participants' 《Expectations for Freedom in Activities》 and a tendency to prefer simpler tasks. Furthermore, it was discovered that all participants harbored 《Hopes for Large Group Workshops》 and had positive recollections of 《Activities that Become Memorable》

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Table 3. Category for workshops leading to satisfaction

Category	Subcategory	Code (Direct quotes from interviewees' speech may be included)
《Discomfort with Detailed Tasks》	「Reasons for Inability」	＜Dislike of the form＞＜Objects are too small＞＜Can't see well＞<Too complicated＞＜Takes too much time＞＜Can't concentrate well＞＜Lack of physical strength＞＜Influence of disability＞＜Lack of specialist knowledge＞＜Chronic illness＞
「Difficulty of Workshops」	＜Just being there is good enough＞＜Can't do it at all＞＜Too fickle to do it＞＜Observing is enough＞＜Want a sample to follow＞＜Exhausted when getting home＞＜Feel like I tried hard for a week＞＜Too tired to go out afterwards＞<Don't want to go out after it's over＞	
「Dependence on the Instructor」	＜Can't do it alone＞＜Possible if doing it with others＞＜Get help from the teacher＞＜Feel safe when the teacher is there＞	
《Expression of Interest in Workshops》	「Expected Content」	＜Making things is good＞＜Jewelry-related is good＞＜Simple things are okay to do＞＜Things that can be given as gifts are good＞＜Visually appealing items＞＜Items with a good atmosphere＞＜Enjoyable items＞＜Can take home＞＜Free workshops to participate in＞
「Desire to Participate」	＜Changed the number of days using the facility＞＜Workshops are a place for communication＞＜Becomes part of daily life＞	
《Desire for Recognition》	「Intensity of Feeling」	＜Motivation increased＞＜Keep carefully＞＜Want to study specialized knowledge＞＜Want to make an artist debut＞＜Want to try selling artwork＞
「Level of Confidence」	＜Never been to school before＞＜Poor at human relationships＞＜Not suitable for a product＞＜Complained by partner before＞＜Bullied by a brother before＞	
《Activities that Become Memorable》	「Items to Treasure」	＜Real feeling of making something＞＜Emits light＞＜Creates a good atmosphere＞＜Visually sparkling items＞＜Items that make you feel good＞＜Moment of being moved＞＜Displayed in the entire room＞
「Connections with People」	＜Give to a lover＞＜Passing on to friends＞＜Give to a supervisor＞＜Experience of being thanked＞	
《Expectations for Freedom in Activities》	「Facility Restrictions」	＜Cramped＞＜Times don't match＞＜Short duration＞＜No supporter available＞＜Want to make food＞＜Wanted to do more＞
《Hopes for Large Group Workshops》	「Nature of Enjoyment」	＜Group format workshops＞＜Better with more than three people＞＜Getting along with everyone＞＜No weird people＞＜Just the right distance＞＜Not too close＞＜Good to be able to make noise and have fun＞
「Type of Large Group Workshops」	＜Joint project＞＜A few people make one item＞＜Group creation＞	

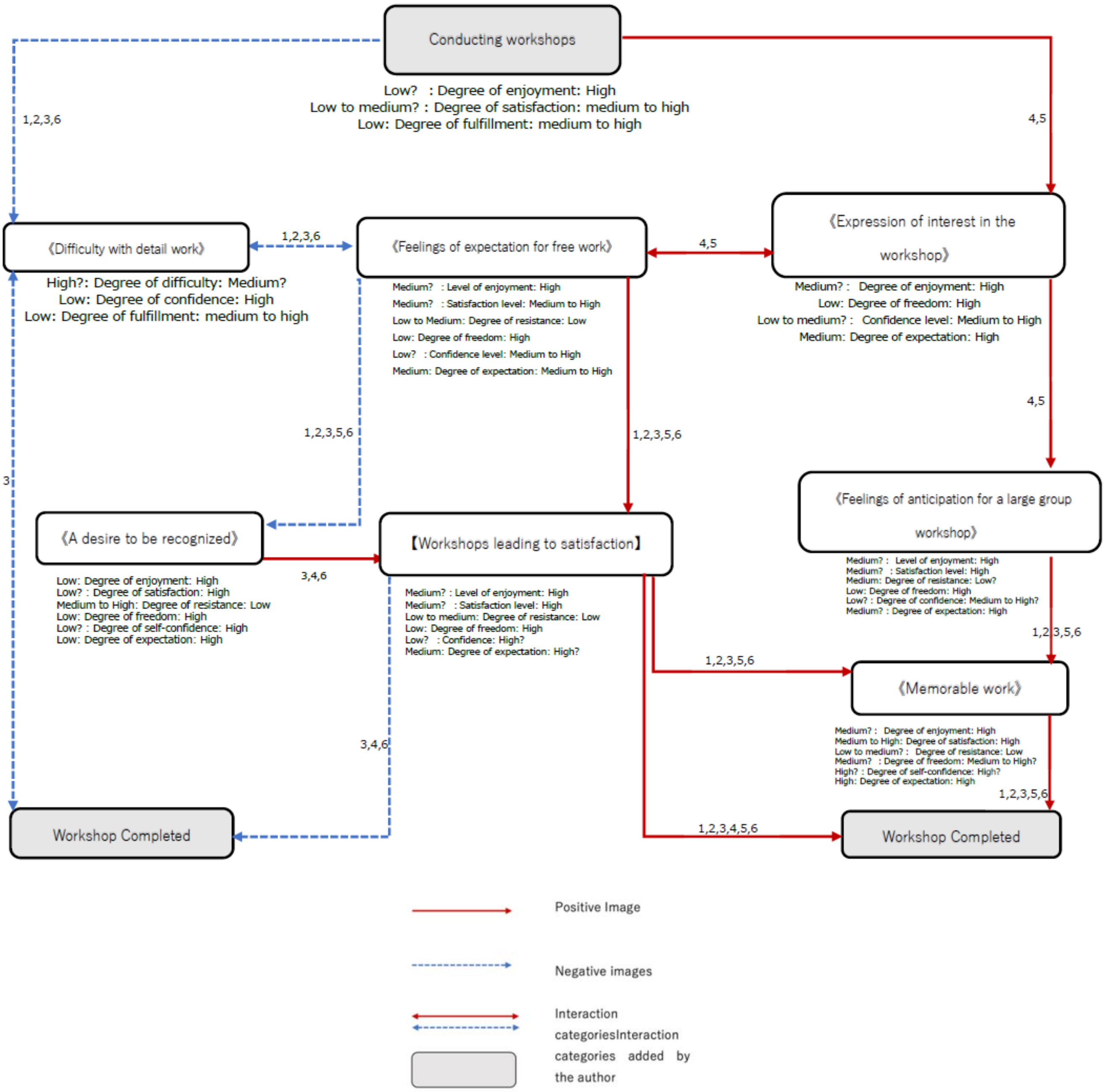

Figure 1. Category Related Chart

Based on the aforementioned results, the interview data underwent fragmentation, and through this process, dimensions were identified and labeled for each fragment, a step known as open coding. After open coding, a correlation diagram was created (Figure 1).

In terms of overall satisfaction with past workshops, the participants' satisfaction was not universally low. However, many expressed a 《Discomfort with Detailed Tasks》 due to the challenges posed by their disabilities, task difficulty, or insufficient support from instructors. Initially, participants showed a weak 《Expression of Interest in Workshops》, indicating little interest in the workshops. Nonetheless, those who continued to participate found satisfaction in the ability to work freely. Some even expressed a desire to pursue their craft at a professional level or make an artist debut, as indicated by codes such as 〈Want to study specialized knowledge〉 and 〈Want to make an artist debut〉.

Even participants who were not vocal about their interest in the workshops demonstrated strong 《Expectations for Freedom in Activities》, as evidenced by comments such as 〈Want to make food〉,〈Wanted to do more〉, or 〈Times don't match〉, indicating a desire for free engagement in activities of interest. Eventually, such activities evolved into 《Activities that Become Memorable》, categorized as "Items to Treasure" and "Connections with People," which contributed to the central category. It is anticipated that such activities will continue to foster a sense of satisfaction among the participants.

The following is a detailed interpretation of each category.

(1) 《Discomfort with Detailed Tasks》

This category represents the feelings and attitudes of disabled participants when introduced to the content of workshops. Participants cited physical limitations such as〈visual impairments〉, 〈lack of physical strength〉, and 〈chronic illnesses〉 as reasons for their discomfort with detailed tasks. Regarding the 《Difficulty of Workshops》, some participants showed no motivation and were content with 〈just being present〉 or 〈merely observing〉, stating 〈complete inability〉 to perform the tasks. The degree of 《Dependence on the Instructor》 was evident as participants sought support from instructors or others (e.g., 〈cannot do it alone〉, 〈need help from the teacher〉), and exhaustion was common after the workshops (e.g., 〈don't want to go out after it's over〉, 〈exhausted when returning home〉).

(2) 《Expression of Interest in Workshops》

This category shows the expectations disabled participants harbor regarding the content of workshops. Within the 《Expected Content》, responses ranged from 〈enjoying crafting〉 to preferences for 〈jewelry-making〉 and 〈items that can be given as gifts〉, with a shared desire for simple yet visually appealing items. The subcategory 《Desire to Participate》 reflects participants' appreciation for the workshops, with changes in their routine (e.g., 〈changing the number of days they use disability services〉) and viewing workshops as an integral part of their social life and daily routine.

(3) 《Desire for Recognition》

This category captures the desire of disabled participants to be recognized for their work or actions during and after their participation in workshops. Participants found motivation in positive feedback from instructors, staff, or peers, leading some to treasure their creations and even display 〈all of them in their room〉. The range of feelings was observed, ranging from〈keeping the work carefully〉 to 〈wanting to give it to friends〉, and aspirations for 〈professional engagement〉 or 〈artist debut〉 were noted. However, many participants also exhibited a low 《Level of Confidence》 due to negative experiences such as difficulty in interpersonal relations or being uneducated.

(4) 《Activities that Become Memorable》

This category describes the characteristics of workshop activities that leave lasting impressions on disabled participants. The creation of tangible items and a specific atmosphere (e.g., 〈emitting light〉, 〈sparkling objects〉, and 〈moments of being moved〉) were highlighted as important factors. Connections formed through the workshops (e.g., 〈giving to a lover〉 or 〈passing on to friends〉) contributed to memorable experiences.

(5) 《Expectations for Freedom in Activities》

This category reveals the participants' expectations for freedom in their workshop activities. Limitations in the facility's environment (e.g., 〈too cramped〉) and personal constraints (e.g., scheduling conflicts with care services) led to feelings of 〈wanting more time〉 or 〈desiring to do more〉. Some participants, typically those involved in food preparation, expressed the desire to create 〈desserts and meals〉 during workshops, indicating a desire for free pursuit of their interests.

(6) 《Hopes for Large Group Workshops》

This category indicates the expectations of disabled participants for workshops conducted in large groups. The 《Nature of Enjoyment》 included preferences for 〈group-based workshops〉, 〈more than three people〉, 〈good camaraderie〉, and 〈lively interaction〉, while also acknowledging the need for 〈appropriate distance〉 and 〈not being too close〉. Regarding the 《Type of Large Group Workshops》, many desired 〈joint activities〉 and 〈collaborative creation〉 among multiple members.

(7) Environmental Setup – Suitable Environment for Workshops

Complaints about the inconvenience of time and place within the category 《Expectations for Freedom in Activities》 indicated a need for a relatively spacious work environment for artwork creation. The current situation in many welfare facilities, where the workspace is too small, leads to a 《Discomfort with Detailed Tasks》 due to inadequate space or supplies. The lack of environmental setup ultimately affects the quality of workshops. In light of this, it is crucial to improve the workshop space and equipment to meet the 《Expectations for Freedom in Activities》 and ultimately contribute to the enhancement of participants' Well-Being.

(8) Participation Support

The interview results suggest a correlation between participant satisfaction, the instructor's behavior, and peer evaluation (《Desire for Recognition》). Higher satisfaction levels are linked to more frequent and positive evaluations. Despite a 《Discomfort with Detailed Tasks》, support and assistance can turn activities into 《Activities that Become Memorable》 and enjoyable. Therefore, post-workshop peer evaluations and feedback from support staff and instructors are expected to contribute to participant satisfaction.

(9) Diversification of Types

The workshops in the study were primarily craft-based, designed with consideration of the participants' physical conditions and facility operational operations. However, the interviews revealed a desire for larger group workshops and the establishment of strong relationships with peers to turn activities into 《Activities that Become Memorable》. Participants interested in 《Expression of Interest in Workshops》 sought a variety of activities, from lively crafting sessions to jewellery-making. The willingness to change service usage days suggests active engagement and a broad interest in different types of workshops.

(10) Data Application

The study suggests the use of quantitative measures, such as the SF-36 or WEMWBS, to assess participant satisfaction in workshops, complementing the qualitative research commonly conducted in Japan. Quantitative studies could also reveal the effectiveness of workshops on participants' Well-Being. The study proposes that the improvement of participant satisfaction can be achieved through adherence to the workshop composition suggestions, leading to the formation of small communities within the art workshops. Such communities facilitate free communication and self-expression among participants, potentially enhancing life satisfaction and Well-Being, as well as greater social participation and employment in the arts.

4. Discussion

Based on these results, the continuation and expansion of creative workshops in welfare facilities are deemed desirable for the enhancement of the Well-Being of individuals with disabilities. To establish a foundation for the proliferation of such workshops, all subcategories derived from coding through the Grounded Theory Approach (GTA) were classified into four groups. This categorization provided a guide for the design of workshops, visualized in Desired Image of the Workshop 1 (Figure 2). The categories corresponding to each division were outlined in the outer frame of the figure, indicated by arrows.

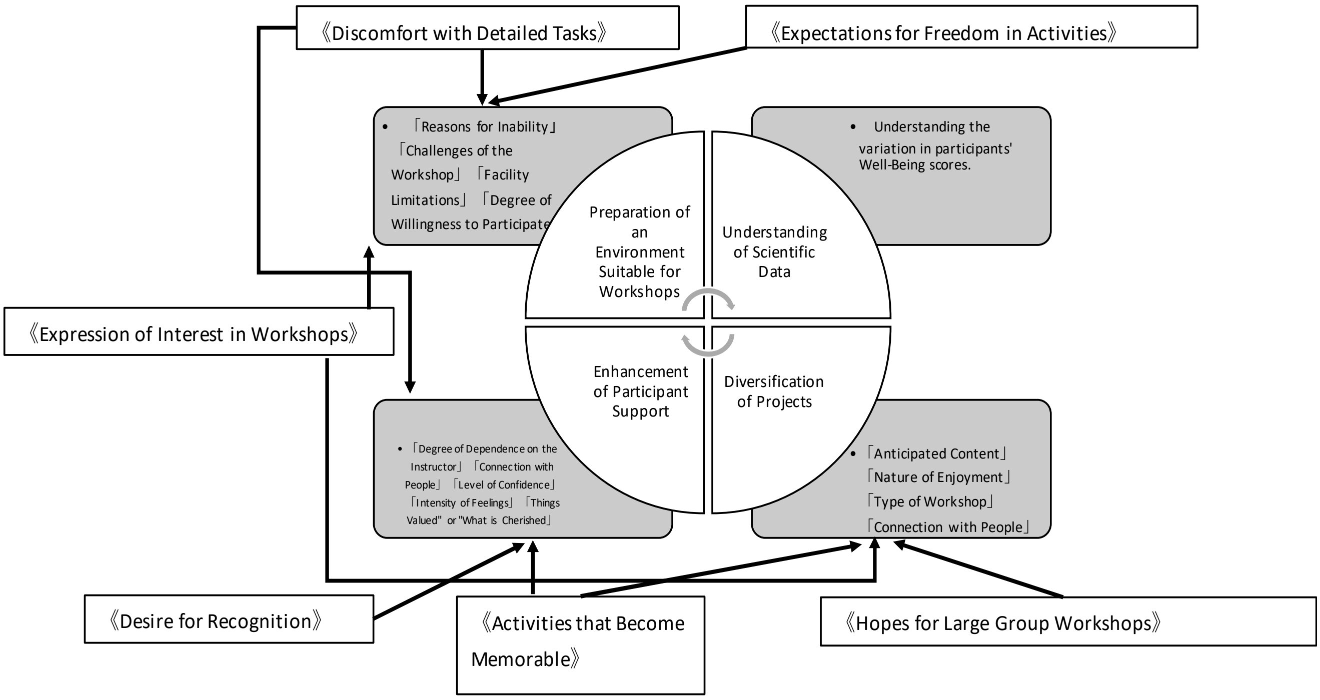

Figure 2. Desired Image of the Workshop

4.1. Preparation of an Environment suitable for workshops

Analysis of categories indicates that participants expressed concerns about the inconvenience of time and location under the "Expectation of Being Able to Work Freely". This highlighted the need for relatively spacious work environments in creative workshops. In reality, many welfare facilities faced limitations due to space constraints (e.g., ‘Facility Restrictions’ → ‘Cramped’). Under such conditions, participants might find it challenging to create as they wish, and a lack of equipment could contribute to a ‘Discomfort with Detailed Tasks’. Insufficient environmental setup ultimately affects the quality of the workshops. Therefore, providing a well-equipped workspace and tools is vital for enhancing participants' Well-Being in art workshops.

4.2. Enhancement of Participation Support

The interviews from this study suggest that participant satisfaction correlates with the instructor's behavior and peer evaluation (‘Desire for Recognition’). Satisfaction and motivation to participate change based on the level and frequency of positive feedback. Despite a ‘Discomfort with Detailed Tasks’, support and assistance can transform the activity into an enjoyable and memorable experience. As part of the art workshops in welfare facilities, not only artistic creation but also post-workshop peer evaluations and feedback from support staff and instructors are expected to build participant satisfaction.

4.3. Diversification of projects

The workshops conducted in this study, centered on crafting, were designed considering participants' physical conditions and operational capabilities of the facilities. Although primarily focused on individual tasks, interviews revealed participants' desires for larger group workshops and forming good relationships, expecting these to be memorable experiences. Those expressing 'Interest in Workshops' hoped for a variety of activities (e.g., 'Enjoy group settings', 'Crafting is good', 'Making accessories'). In fact, the prospect of creating different items each time led some to change their service usage days, actively participating and showing interest in the workshops.

4.4. Understanding of Scientific Data

Finally, this study's design suggests the use of scales like SF-36 (Health-Related Quality of Life, HRQOL) and WEMWBS (Warwick-Edinburgh Mental Well-being Scale) to assess participant satisfaction in workshops, as seen in foreign studies. While qualitative research within Japan allows detailed understanding of individual changes, capturing the overall and progressive changes among all participants can be challenging. Therefore, this study also conducted quantitative research, using scale scores of participants and non-participants to demonstrate the workshops' effectiveness and changes among participants. Statistical analysis suggested that continued participation over a year in Type B Continuous Employment Support facilities contributed to improved scale scores. Quantitative data is expected to clearly illustrate the significance and efficacy of workshops through numerical comparison between participants and non-participants. Future evaluations should aim to be both qualitative and quantitative, facilitating the wider adoption of creative workshops in various facilities and regions. As discussed, future workshop designs should consider larger group sizes, varying the types of activities each time, adjusting participant numbers to suit the environment, and ensuring sufficient equipment. Communication between participants and instructors, as well as participants and staff, is crucial, including support in interactions and skill development. By considering these factors in workshop design, participants' Well-Being can be enhanced, potentially forming tight-knit communities within workshops. This could enable participants to freely communicate and express themselves, improving life satisfaction and Well-Being, and possibly leading to societal participation, employment in artistic fields, and even artist debuts.

This study aligns with existing literature in several respects but also introduces new elements and perspectives on the implementation of art workshops in disability facilities in Japan. Like previous studies, this research recognizes the positive impacts of art activities on individuals with disabilities, such as improved satisfaction, motivation, and lifestyle changes. These findings are consistent with others in the field, showing that engagement in artistic endeavors can enhance the well-being and quality of life for people with disabilities[18]. Additionally, this study reflects the prevalent theme in literature concerning personal development and self-expression through art. Prior research has underscored the significance of art in facilitating non-verbal communication, fostering creativity, and providing a means for self-expression for individuals with disabilities. Unique to this study is the application of the Saiki Framework in a Japanese context, offering a culturally nuanced view of art workshops' impacts. Furthermore, the focus on tailoring workshops to individual needs and preferences in disability facilities is an approach not extensively explored in existing literature. This study also delves into the administrative and logistical challenges of implementing art programs in Japanese disability facilities, a topic that receives little attention in global research. By addressing these gaps, the research provides a comprehensive view that balances cultural context, individual needs, and practical implementation challenges, making a valuable contribution to the field.

This study introduces innovative elements across several key areas, significantly enriching the field of art workshops in disability care settings:

(1) Application of Saiki's Theoretical Framework: This research pioneers the use of Saiki's theoretical framework in assessing art workshops within disability facilities, providing a unique lens to view these activities. While Saiki's theory has been predominantly applied in medical and nursing research, its application in the realm of disability support, especially in studies involving interviews with disabled individuals, has been scant. By deploying this theory, our study not only fills this gap but also underscores the potential of Saiki's theoretical framework in advancing interpersonal support fields.

(2) Emphasis on Tailoring Workshops: The study places a strong emphasis on the customization of workshops to align with the specific needs and aspirations of the participants. This approach represents a significant stride in addressing the diverse and often overlooked needs of individuals with disabilities. It moves beyond the generic application of art workshops, presenting a more nuanced and participant-centric model that resonates with the individual experiences of disabled persons.

(3) Identification of Critical Factors: We delve into four pivotal factors - environmental preparation, participation support, project diversification, and the comprehension of scientific data. This investigation culminates in a comprehensive and practical framework for the execution and evaluation of art workshops. It pioneers a new methodology in the field, one that balances artistic creativity with structured, evidence-based approaches.

Overall, this research not only broadens the existing knowledge base on the impacts of art on individuals with disabilities but also injects new insights and actionable strategies into the field. These innovations are particularly pertinent in the context of Japanese disability welfare facilities, where such comprehensive and tailored approaches can significantly enhance the quality of care and support offered to disabled individuals.

Limitations of the Study

There was a significant gender imbalance among the study's subjects. Additionally, a limited number of cooperating individuals rendered random selection impossible; as a result, the results are only valid within the cooperating institution. To refine the workshop conceptual model, it is necessary to implement the same workshops in other facilities and make corresponding revisions based on user interviews.

Furthermore, the art activity workshops in this study involved participants with mental, physical, and intellectual disabilities, suggesting that the impact of these workshops may vary depending on the type of disability. However, due to variability in the data, this research did not conduct a qualitative analysis of the effects specific to each disability type. Future studies should explore the impact of workshop participation on individuals, considering the variations based on the type of disability. This approach will provide a more nuanced understanding of how art workshops differentially affect participants with diverse disability profiles.

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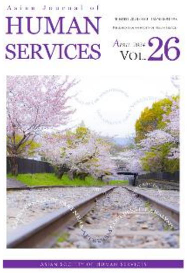

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ORIGINAL ARTICLE

Policy Effectiveness Analysis of the Korean Senior Employment and Social Activity Support Program (SESAP): Focusing on the Senior Internship Program

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ABSTRACT

The Senior Employment and Social Activity Support Program (SESAP) has been promoted as a policy to realize old-age income security, social participation in old age, and active aging by creating jobs and providing opportunities for the elderly aged 65 (or 60 or older) to participate in economic and social activities by investing state financing. As SESAP has been expanded over the past two decades, social interest has increased in the appropriateness, feasibility, and sustainability of the government-funded job policies on SESAP. This paper uses cost-benefit analysis to examine the economic effects of SESAP, especially focusing on the Senior Internship Program.

As a result of the cost-benefit analysis, we obtain the benefit-cost ratio of 3.39 for the Senior Internship Program (3.45 if the healthcare savings are included). In other words, the Senior Internship Program generates more benefits than the financial costs and is therefore considered to have a policy and economic feasibility.

The findings suggest that SESAP is effective in increasing income, improving health, and reducing socio-economic costs (including healthcare costs). Considering Korea's situation, which is experiencing a rapidly aging population and a lack of a public old-age income security system, the SESAP is significant as a multi-player policy that can respond to the "four hardships" of old age–poverty, no one to rely on, loneliness, and illness. Therefore, SESAP needs to be continually expanded and promoted as a social safety net for the elderly, and it is necessary to verify the effectiveness of SESAP from various perspectives.

Keywords: Senior Employment and Social Activity Support Program(SESAP), Senior Internship Program, Cost-Benefit Analysis

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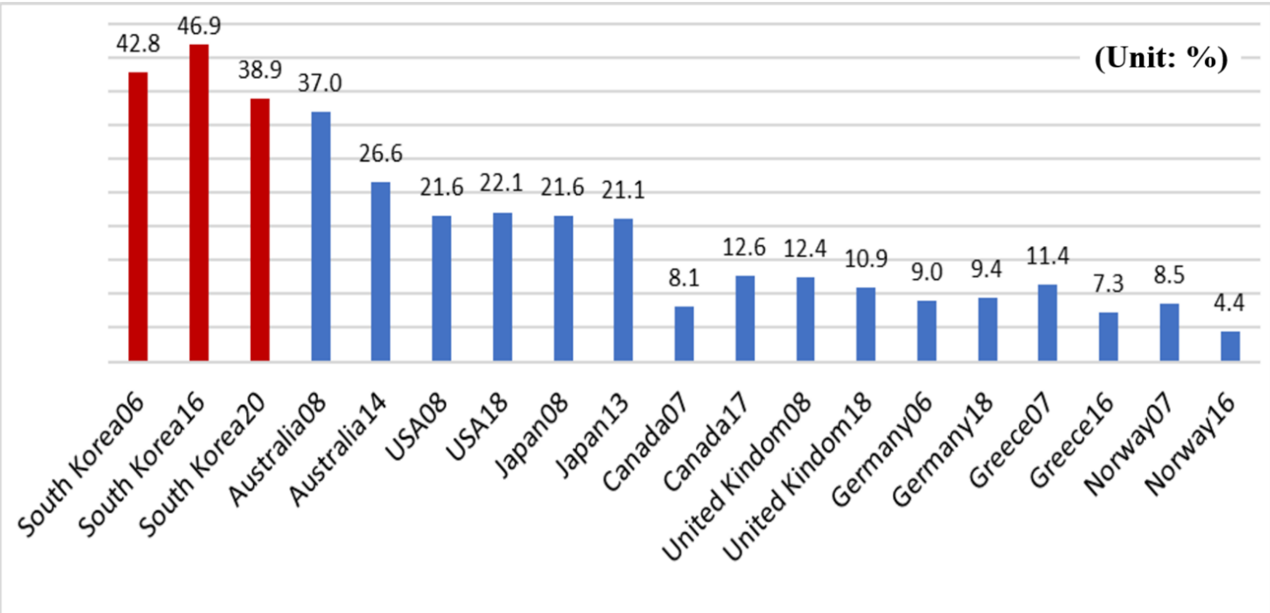
1. Introduction

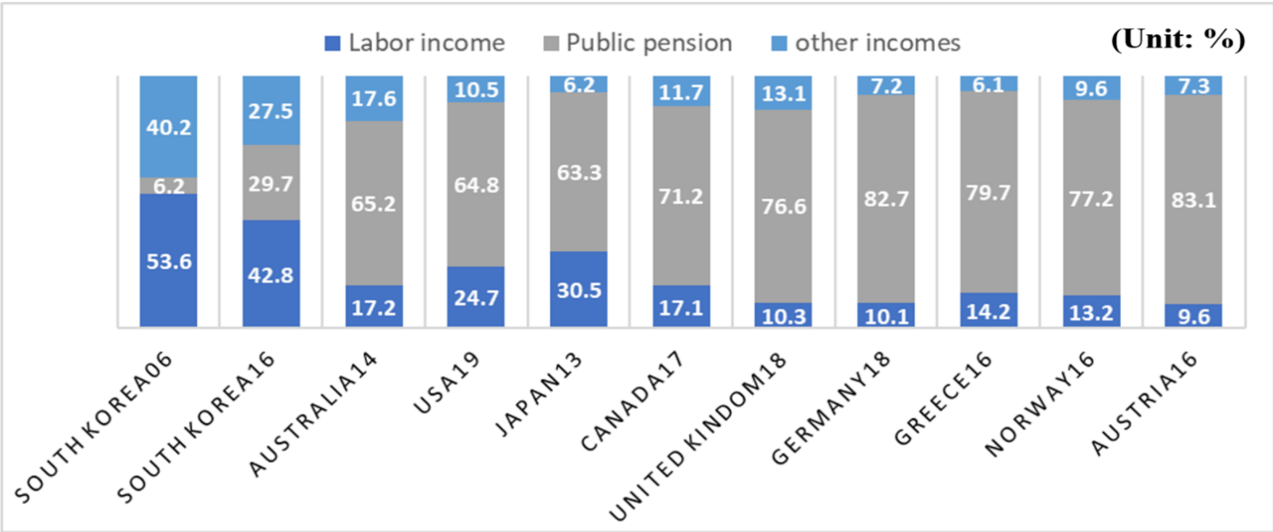
Korea has one of the fastest aging populations in the world. As of 2023, Korea has an estimated 9.5 million seniors aged 65 or older, accounting for 18.4% of the total population. With a declining birthrate and aging population expected to continue, the country is on the verge of entering a "super-aged society" in 2025, when the number of elderly people will exceed 20% of the total population. The country is expected to enter the super-aged society 25 years after entering the aged society in 2000.

Korea has been expanding its social security system to cope with its aging population, but the country's elderly population is still facing serious problems, with the country's elderly poverty and elderly suicide rates ranking the first in the Organization for Economic Cooperation and Development. As of 2020, the elderly poverty rate in Korea was 38.9%, more than double the OECD average. The reason behind the severe elderly poverty problem in Korea is the immature public pension system and the high proportion of elderly people who experience an income gap after retiring from the labor market. Currently, the elderly in Korea often re-enter (or remain in) the labor market after retiring from the labor market owing to insufficient pension income caused by the immaturity of the public pension system. This is reflected in the fact that labor income (or the sum of labor income and business income) accounts for more than 90% of the household income of the elderly in Korea, the highest level among OECD countries. However, even with labor income, there is a limit to being able to live a sufficiently comfortable life because the labor income obtained after retirement is often less than half of the income before retirement. In other words, the lack of a mature public retirement income security system and the significant decline in labor income have led to a high elderly poverty rate in Korea.



Source: LIS(Luxembourg Income Study) database. http://www.lisproject.org

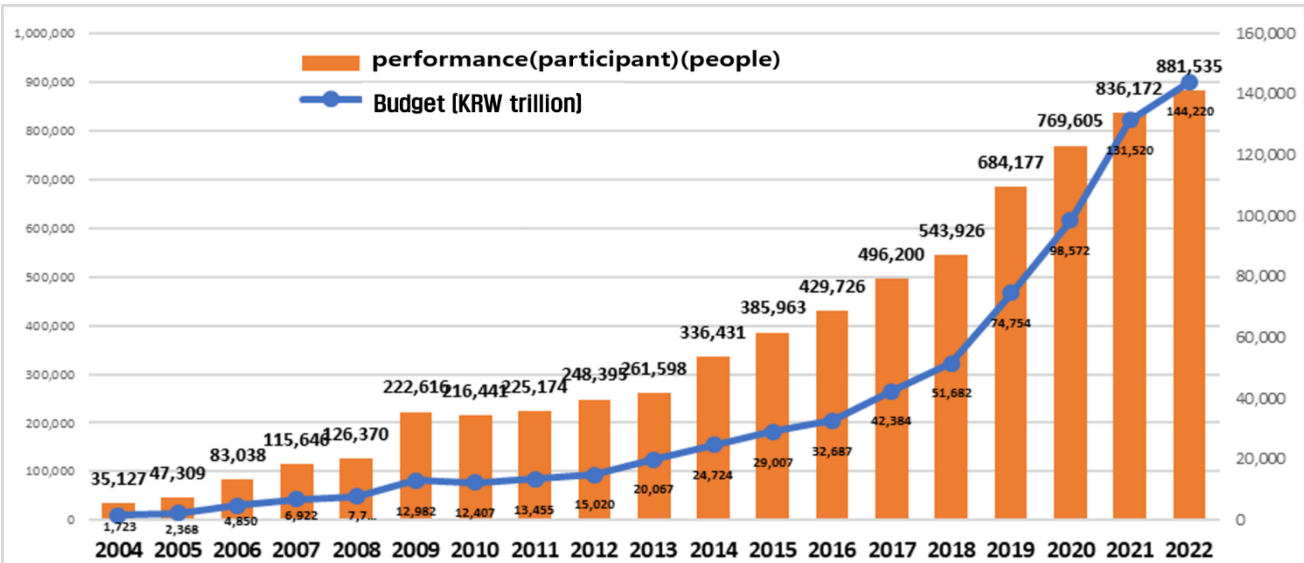
Figure 1. Elderly poverty rates in OECD



Source: LIS(Luxembourg Income Study) database. http://www.lisproject.org

Figure 2. Elderly household income Categories in OECD

Under this trend, the Senior Employment and Social Activity Support Program (SESAP) has been promoted as a policy to realize old-age income security, social participation in old age, and active aging by creating jobs and providing opportunities for the elderly aged 65 (or 60 or older) to participate in economic and social activities by investing state financing. Although some jobs are combined with private funding, SESAP has a policy distinction in that it is mostly a job program created through 100% public funding. The socio-economic necessity of SESAP has been emphasized as poverty, suicide, no one to rely on, and loneliness among the elderly in Korea have intensified, and the program has been continually expanded for about 20 years since its introduction in 2004.



Source: Korea Labor Force Development Institute for the Aged (2023). Statistical trends for the Senior Employment and Social Activity Support Program

Figure 3. Performance of SESAP in Korea (2004~2023)

As SESAP has been expanded over the past two decades, social interest has increased in the appropriateness, feasibility, and sustainability of the government-funded job policies on SESAP. Recently, as the sustainability of government budgets has been highlighted, socio-economic interest in job-type SESAP, which combines government budgets and private capital, has increased. Accordingly, several studies have been conducted to verify the economic and social effects of SESAP. Based on the results of previous studies analyzing the policy effectiveness of SESAP, it is found that SESAP creates positive effects such as improving the income level of participants (hereinafter referred to as participating seniors), improving the quality of life in old age, improving health, and restoring psycho-emotional functioning[13,2,10)]. In addition, the studies' findings reveal direct effects on reducing medical expenses and alleviating the poverty rate of the elderly compared to before participation[13,14,2,10)]. However, these previous studies are limited to some project types (i.e., public service, social service jobs) promoted by SESAP, so they do not verify the policy effectiveness of private capital-invested job programs, such as senior internships and senior-friendly companies. Public service and marketable program groups account for more than 80% of SESAP, so it is natural for them to be a key target of policy effectiveness evaluation. However, it is also necessary to verify the economic effects of job-type SESAP, which has recently received increasing social attention in terms of the sustainability of government budgets.

In this context, this study focuses on job-type SESAP, which has not been studied before, to analyze its economic effectiveness. In particular, the costs, benefits, and effects of the senior internship program, which represent a job-type SESAP, were comprehensively considered to verify the economic effects and suggest policy implications.

Table 1. Types of SESAP projects

Type	Targets	Main Contents
Public service	Income allowance beneficiaries (65 or older)	Volunteer activities that older persons participate in to improve their sense of self and accomplishment, and also to promote the public interests of their local communities
Social service	65 or older (some 60 or older)	Jobs that utilize the experiences and capabilities of older persons to provide services in areas that need social assistance
Social service leading model	60 or older	Jobs tailored to the new senior generation in the social service sector using external resources (human, material resources)
Marketable project group	60 or older	Employment for older persons for which a part of the labour costs is supplemented and year-round operation is conducted with additional business revenue
Employment placement		Employment that can receive a fixed wage throughout a working period by connecting those who have completed certain training or have the related work capabilities of the demand sources
Senior internship		Project that encourages continued employment and promotes the employment of those 60 or older by supporting companies with labour costs
Senior-friendly company		Support for the establishment of companies that employ a large number of older persons in various occupations where they may have a competitive edge

Source: Ministry of Health and Welfare (2023). 2023 Guide to the Senior Employment and Social Activity Support Programme. Recomposed.

2. Methods

2.1. Cost-Benefit Analysis (CBA)

Cost-benefit analysis is the most common analysis framework used to evaluate various policies or investment programs undertaken by the government[3], which can be defined as an economic evaluation method that monetarily measures the costs and benefits of various programs or policy alternatives expected to achieve the goals, and compare and evaluate them to determine the best alternative[4].

CBA is characterized as an economic analysis that evaluates government investment programs and is an objective analysis method that examines costs and benefits from a realistic and social perspective. In social welfare, CBA has the advantage of evaluating the outcomes of a program in monetary units, which allows analysts to directly compare the cost of a program with outcomes measured in the same unit of measure[12].

To select specific programs or policy measures to achieve policy goals, three methods are used to compare the costs and benefits of each alternative: the present value method, the internal rate of return method, and the B/C method. In this study, we focus on the benefit-cost ratio (B/C) criteria as an analysis framework to verify the economic effectiveness of the senior internship program, a representative private job program among SESAPs.

2.2. Analysis Data and Analysis Framework

The CBA of the senior internship programs will be divided into cost estimate, benefit estimate, and CBA. By analyzing the costs, benefits, and benefit-cost ratio of the SESAP financing as of 2022, it is necessary to confirm the necessity and financial efficiency of the financing.

The cost of the senior internship program refers to the direct financial investment of the central government, while the benefits are understood as the direct and indirect income generated through the financial investment and the resulting economic effects. The effect is understood as a positive effect that does not appear as a benefit but appears through the income generation of participating seniors. Costs are government budgets that include labor subsidies, operating costs, and success fees, which were identified through internal data from the Korea Labor Force Development Institute for the Aged ("the institute").

Benefits can include increased income of participating seniors, increased tax revenue including both direct taxes and indirect taxes from the increased income and consumption, induced value-added in the whole economy by macroeconomic multiplier effects, and medical cost reduction of participating seniors. Specifically, the increase in earnings of participating seniors will be measured using internal data from the institute. The macroeconomic multiplier effect was determined using the scenarios and results of the economic analysis model, considering the proportion of participating seniors using the economic activity census data and the supplementary survey of the elderly. In addition, effective demand generation was estimated using data from the 2020 survey on the status of the elderly, which surveyed the status and situations of the elderly aged 65 or over. The increase in direct and indirect taxes was determined using the results of the economic analysis model, reflecting the effects of employment creation and income generation.

Table 2. Senior internship cost-benefit analysis framework

Category	Variables		Data
Cost	-Subsidies for labor costs -Outsourced operating expenses (program operating expenses)	-Labor cost Subsidy -Operating cost	Senior internship performance data (program operations and subsidy budget)
Benefit	-Increase in participants' income	-Increased income of participants	Wage data for senior internship participants (calculated as gross salary and average monthly income)
	-Participants' contribution to taxes (income tax, indirect tax)	-Increased income tax revenue (direct tax) -Increased VAT (indirect tax)	2020 elderly status survey data (calculated as average monthly income of elderly households and average monthly consumer spending)
	-Value added	-Value added induced	Industry-associate analysis result data (production inducement coefficient, added value inducement coefficient, job inducement coefficient, employment inducement coefficient)
Effect	-Reduced senior medical costs	-Medical cost reduction	Average annual medical expenses for seniors aged 65 years or older (average medical expenses per senior citizen) calculated by the National Health Insurance Service

3. Results

3.1. Cost Estimation

There are two ways to calculate the cost of the senior internship program. First, based on the fact that the job program allocates the same activity cost and activity time for each participating senior, we will calculate the cost using the number of participants and standard activity cost.

<Table 3> shows the performance of the senior internship program in 2020-2022. The number of participants was 15,547 in 2020, 32,268 in 2021, and 41,228 in 2022. The number of (matching) organizations implementing the program and the number of participating companies increased, and the rate of continuing employment increased after a decrease, but 91.6% of participating seniors continued to participate in the program after three months in 2022, which is deemed to have increased their loyalty to the business.

Table 3. Performance of Senior Internship Program (2020~2022)

(Unit: organization, people, %)

Category	2020	2021	2022
Number of (matching) organizations	159	235	294
Number of participating companies	4,350	9,200	12,991
Target number of participants (A)	17,500	38,000	45,000
Number of participants	15,547	34,434	46,570
Number of seniors in continuing employment(C)[1)]	14,943	30,268	41,228
Continuing employment rate (C/A*100)	85.4	79.7	91.6

Note : 1) Number of seniors in continuing employment - Participating seniors in continuing employment after the end of the three-month internship period

<Table 4> specifies the trend of the government investment budget for Senior Internship Program in 2020-2022. The total cost of the program was KRW 38.85 billion in 2020, KRW 84.36 billion in 2021, and KRW 99.9 billion in 2022. By budget category, the budget consists of grants of program support costs, non-grants of program support costs (operating costs), and various operating costs. The amount of wage subsidy support directly provided to eligible seniors participating in the senior internship program is set at KRW 36.57027 billion in 2020, KRW 82.12356 billion in 2021, and KRW 97.07298 billion in 2022. Here, program support costs (other than grants), general operating costs, operating allowances, travel and transportation costs, and fees paid are considered operating costs of the senior internship program in total because they do not directly provide wage support to the participating seniors. In 2022, the total cost of the senior internship program is allocated at KRW 99.9 billion, where KRW 97,072,975,412 is for wages, and the remaining KRW 2,827,024,588 is for operating expenses. Here, the wage support for seniors creates added value in the industrial sectors where the participating seniors are employed, and the final demand for the commodities in the macroeconomic model happens in the whole economy of Korea by the amount of support. And this increase in the final demand will create value-added in proportion to the multiplier as a whole.

Table 4. Trends in financial investment for senior internship programs (2020-2022)

(Unit: organization, people, %, KRW)

Category		2020	2021	2022
Budget		38,850,000,000	84,360,000,000	99,900,000,000
Spending		38,850,000,000	84,360,000,000	99,900,000,000
Budget by category	Program support cost (subsidies)	36,570,270,000	82,123,560,410	97,072,975,412
	Program support cost (non-subsidies)	1,486,475,670	1,241,672,540	609,928,338
	General operating cost	698,777,120	872,624,724	2,038,345,310
	Operating allowances	7,200,000	12,733,400	11,043,290
	Travel and transportation costs	23,603,820	39,408,926	87,630,650
	Fees paid	63,673,390	70,000,000	80,077,000

3.2. Benefit Estimation

We estimate the benefits of Senior Internship Program along the four paths; increased income of participants, increased tax revenue, induced value-added in the whole economy, and medical cost reduction of participants.

First of all, the calculation of the benefits of Senior Internship Program can be estimated in terms of the amount of increased income of participants supported from the public financing.

<Table 5> shows the total wage of participants both from the public funds and from the matching funds of participating companies in 2020-2022 periods.

In 2022, the total budget for Senior Internship Program was KRW 99.9 billion, and 46,570 participating seniors were employed by 12,991 participating companies. But the total government grant for the wage support was KRW 97,073 million. The total amount of matching costs from 12,991 participating companies was KRW 177,425,692,518, but the corporate matching wage from participating companies was KRW 132,306 million. Therefore, the total wage paid to participating seniors was KRW 229,379 million. And the average monthly wage per person was KRW 2,087 thousand.

Table 5. Wage income generation from Senior Internship Program (2020-2022)

(Unit: KRW million, KRW thousand)

Year	Number of participants	Government grants (KRW million) (A)	Corporate matching Wage (KRW million) (B)	Total wage (KRW million) (A+B)	Average monthly Income (KRW thousand) (A+B)/12
2020	15,547	38,850	35,129	73,979	1,937
2021	34,434	84,360	213,625	297,985	1,961
2022	46,570	97,073	132,306	229,379	2,087

Note:1) Corporate matching wage refers to total wage minus government grants.

Source: Calculations using internal performance and settlement data from Korea Labor Force Development Institute for the Aged;

Estimates may differ from actual figures.

Now we estimate direct and indirect tax revenues from the increased income of the participants in Senior Internship Program. For the calculation of the direct income tax revenue, we need the new tax base of participants from the created work. And for the calculation of the indirect income tax, we need the new expenditure level of participants from the created work. Thus, we need to delve into the detailed income and consumption status of participants.

The Survey of the Status of the Elderly, which reports the actual status of the elderly aged 65 or older who are subject to the SESAP policy, provides an overview of the current status of household income, personal income, and household consumption of the elderly. According to the 2020 Survey of the Status of the Elderly, which reports the elderly’s actual status in 2019, the household income of the elderly totaled KRW 30.265 million and the household earned income was KRW 10.77 million, which is the 44% of the household income.

<Table 6> details the absolute amount and the composition of annual total income for the elderly aged 65 or older, as presented in the 2020 Survey of the Status of the Elderly. The individual income of the elderly totaled KRW 15.576million and the individual earned income of the elderly was KRW 3.758 million, which is the 24.1% of the individual income of the elderly.

Table 6. Annual gross income for those aged 65 or older, composition by income item
(by age and by employment/unemployment status)

(Unit: KRW million, %)

Category		Annual total income	Earned income	Business income	Property income	Private transfer income	Public transfer income	Private pension income[2)]	Other income
Total[1)]									
	Amount	15.576	3.758	2.674	1.718	2.158	4.287	0.979	0.002
	Composition ratio	(100.0)	(24.1)	(17.2)	(11.0)	(13.9)	(27.5)	(6.3)	(0.0)
Employment/unemployment									
	Employed	22.378	8.785	6.291	2.253	1.629	2.795	0.625	0.
		(100.0)	(39.3)	(28.1)	(10.1)	(7.3)	(12.5)	(2.8)	(0.0)
	Not employed	11.865	1.015	0.701	1.426	2.446	5.101	1.172	0.03
		(100.0)	(8.6)	(5.9)	(12.0)	(20.6)	(43.0)	(9.9)	(0.3)

Notes: 1) Based on 10,097 total respondents (including proxy respondents)

2) Private pension income includes personal pension, retirement pension, and housing and agricultural pension.

Sources: 2020 Survey of the Status of the Elderly, Korea Institute for Health and Social Affairs

Since the average annual income of participating seniors in the SESAP, including those participating in Senior Internship Program, is estimated to be KRW 22.378 million in the employed state, it can be assumed that participation in Senior Internship Program will increase their income—at least on average—to over KRW 12 million, which is the minimum income level for the tax rate of 6% for the income tax.

The increase in wage income of Senior Internship Program participants additionally leads to an increase in tax revenue, which can be calculated as follows: Taxation refers to all taxes paid in relation to increased income, including income tax (including resident tax) as well as indirect taxes. To calculate the amount of taxes paid by the participants in the senior internship program, it is necessary to know the tax base and consumer spending patterns of each participant. Still, in practice, it is not easy to collect such data, so the average concept is used to calculate the amount of taxes.

The income tax on the income earned through the senior internship program is estimated as follows: An individual's income tax is determined by the tax base and tax rate, which are determined after income tax deductions and tax credits. According to the National Tax Service's 2022 National Tax Statistics Yearbook, the share of the tax base in earned income as of 2021 is 56.77%, and the average tax rate for the tax base below KRW 12 million is 6.0%. By applying this to the annual wage income increased by the senior internship program, the tax base and tax amount can be calculated. It is also possible to calculate the amount of annual income tax paid by each participant in the senior internship program.

<Table 7> shows the amount of income tax revenue generated by the senior internship program participants in 2022.

Table 7. Income tax revenue for participants in the senior internship program in 2022

(Unit: KRW million, %)

Participants' wage income	Average tax base	Tax rate for KRW 10 million or under	Participants' income tax
229,379	56.77%	6.0%	7,813

Indirect taxes are obtained by multiplying consumer spending by the indirect tax rate. By calculating the average monthly income and average monthly consumer spending of the elderly from the 2020 elderly status survey, multiplying it by the VAT rate, and dividing it by the population, we can calculate the indirect tax per capita.

According to the 2020 elderly status survey, the average monthly household income of the elderly is KRW 3.758 million, where the amount spent by the elderly on goods and services is KRW 1.475 million, making the share of consumer spending in their income 58.5%. By applying this share of consumer spending to the amount of wage income earned by participants in the senior internship program, the annual consumer spending-induced economic effect is derived. By applying a VAT rate of 10% and a VAT taxable volume rate of 50% to this estimate, the annual indirect tax payments are derived, and the indirect tax payments per participant are calculated. <Table 8> reveals the estimated amount of indirect taxes generated from the created income of participants in the senior internship program in 2022.

Table 8. Indirect taxes for participants in senior internship programs in 2022

(Unit: KRW million, %)

Participants' wage income	Estimated consumer spending	VAT rate	VAT taxable volume rate	Indirect tax
229,379	134,187	10%	50%	6,709

By adding up the income tax and indirect tax contributions of the senior internship program participants as measured above, we can estimate the annual tax paid by the participants. This is then divided by the number of participating seniors to estimate the amount of tax per capita.

Now we estimate the additional value-added in the whole economy, which is induced from the injection of income / consumption of senior internship program. For that purpose, we use inter-industry analysis results on the Korean economy by using 2019 Korea Input-Output Table.

When a senior internship program provides government expenditures of public funds to private firms as a wage cost subsidy, it acts as an injection into the firm's industry, generating macroeconomic value-added, employment, and job creation. Inter-industry analysis using input-output tables is used to examine the impact of this injection. As the basic year table for 2020 has not been created yet, the comparative year table for 2019 is utilized to perform various inter-industry analyses.

Inter-industry analysis is an economic analysis using various analysis coefficients such as the production inducement coefficient, using input coefficients calculated from input-output tables. Inter-industry analysis starts with the calculation of input coefficients that represent the raw material input composition of each industry sector. The production inducement coefficient plays a vital role in inter-industry analysis by indicating the direct and indirect production spillover effects of each industry sector by the final demand. In other words, the production inducement coefficient indicates the production level directly or indirectly induced in each industry sector to satisfy one unit of final demand when it is created.

Under the implicit assumption that supply capacity and labor force in the whole economy are sufficient, the inter-industry analysis assumes that the changes in final demand cause the changes in domestic output and that value-added is generated by production activities, and consequently, the changes in final demand are the source of the changes in value-added. The value-added inducement coefficient indicates the unit of value-added directly or indirectly induced in the national economy as a whole when one unit of final demand for domestic products of an item industry sector occurs.

The wage support for SESAP through the senior internship program acts as a form of final demand for the industries involved, generating direct and indirect value-added from the inter-industry analysis. In the case of the senior internship program, the government's subsidy is considered as wage support for participating seniors, where participating companies supplement wages in line with the average wage for the industry through matching, while paying additional amounts for operational costs to carry out the program. In 2022, participating companies matched KRW 177,425,692,518 to hire participating seniors, where KRW 132,306,094,010 was allocated for salary costs and KRW 45,119,598,508 for operating costs. Hence, it can be concluded that in 2022, participating companies that employed participating seniors utilized KRW 274,498,667,930 in economic activities, including KRW 97,072,975,412 in salary support from the government. This amount becomes an injection at the macroeconomic level in each industry, generating added-value, job creation, and employment through direct and indirect economic activities, according to the input-output model. Inter-industry analysis was conducted using internal data of the senior internship program.

<Table 9> shows value-added induced amount for each category of industry sectors and the total value-added amount for the whole economy, by using KRW 274,499 million as the total amount of injection through senior internship program.

The final demand generated by participating seniors employed in each industry through the senior internship program was estimated by multiplying the number of participants, the average monthly wage, and 2.84, which is the average month terms of employment of the senior internship program. For each category of 18 industry sectors, we obtain value-added induced amount for each industry, summing up KRW 221,885 million as the total value-added for the injection of KRW 274,499 million.

 DOI: http://dx.doi.org/10.14391/ajhs.26.198

Table 9. Value-added effect of increasing final demand by industry

(Unit: people, KRW million)

Category	No. of participants	Average monthly wage	Final demand	Value-added inducement coefficient	Value-added induced amount
Manufacturing	8,587	2.559	62,395	0.64	39,933
Transport	5,856	2.033	33,814	0.66	22,317
Accommodation & food services	2,119	1.879	11,309	0.82	9,273
Wholesale and retail	3,968	1.718	19,359	0.88	17,036
Arts/sports & leisure-related services	406	1.588	1,831	0.88	1,611
Other	2,614	1.696	12,592	0.84	10,578
Real estate and rental	693	2.255	4,438	0.96	4,260
Education services	2,548	0.826	5,976	0.93	5,558
Business facilities management and business support	10,481	2.213	65,866	0.93	61,255
Construction	2,254	2.926	18,726	0.81	15,168
Health and social care services	3,596	2.031	20,744	0.88	18,254
Associations and organizations/repair and other personal services	1,020	1.513	4,382	0.84	3,681
Professional, scientific, and technical services	662	2.347	4,431	0.86	3,810
Sewage and waste treatment/raw material recycling and environmental restoration	207	2.327	1,368	0.89	1,218
Publishing/video/broadcasting and information services	295	2.100	1,760	0.88	1,549
Electricity/gas/steam and water utilities	247	2.653	1,861	0.49	912
Agriculture/forestry and fishing	964	2.249	6,156	0.84	5,171
Finance and Insurance	51	2.140	310	0.92	285
Mining	2	2.945	17	0.88	15
Total (government's subsidy + cost payed by company)					221,885

Note: 1) Coefficients are determined based on services and other factors.

Sources: Korea Institute for Industrial Economics and Trade (2023). Key Industry Trend Indicators

The total value-added induced by the final demand generated through the entire senior internship program was estimated to be KRW 221,885 million. Of these, the effect of the government's financial injection is 42.57% since the government's wage subsidy KRW 97,073 million is 42.57% of the total injection KRW 274,499 million. Therefore, the value-added induced amount is KRW 94,457 million.

We finally estimate medical cost reduction of participants in senior internship program. Reduced healthcare expenditure as a result of improved health of participating seniors in the senior internship program, like other SESAP participants, can be calculated as another benefit. <Table 10> shows the average annual medical expenditure “per capita” in 2020 and 2021 for seniors aged 65 or over in Korea, calculated by using internal data from the National Health Insurance Service. It also lists the average annual medical expenditures of the waiting list and participants by year, calculated by using the medical expenditure data of participants who used medical care.

Table10. Annual medical expenditure “per capita” in 2020 and 2021 in Korea (seniors aged 65 and over)

(Unit: KRW million)

Category	2020 (A)	2021 (B)	Gap of average annual medical expenditure (A-B)	Gap of average monthly medical expenditure (A-B)/12
Total medical expenditure[1)] (per capita) (average)	4.959	3.045	1.914	0.159
medical expenditure of SESAP waiting people (per capita) (average) **(a)**	3.696	2.733	0.963	0.802
medical expenditure of SESAP participants (per capita) (average) **(b)**	3.581	2.028	1.553	0.129
Gap of medical expenditure (per capita) (average) **(a-b)**	0.114	0.705	-	-

Notes : 1) Total medical expenditure just shows average annual medical expenditure “per capita” in 2020 and 2021 for seniors aged 65 or over in Korea.

As of 2021, there was no statistical difference in medical expenses of SESAP participants in the previous year, with an average of KRW 0.144 million (KRW 114,403) per year, but the difference in medical expenses in the current year was very large, with an average of KRW 0.705 million (KRW 704,993) per year. As a result, it can be inferred that participation in SESAP in the current year resulted in reduced medical expenses due to improved health. Therefore, we estimate that the medical cost savings per SESAP participant was KRW 0.705 million (KRW 704,993).

Using the per capita medical cost savings of KRW 0.705 million (KRW 704,993) for seniors participating in SESAP as of 2021, the per capita medical cost savings for seniors participating in the senior internship program as of 2022 is calculated by using the average number of months of employment of 2.35, resulting in an average annual medical cost savings of KRW 0.138 million (KRW 138,061). The total healthcare cost savings for all 46,570 participants in the senior internship program as of 2022 is estimated to be KRW 6,429 million.

3.3. Cost-Benefit Analysis

From the estimates of the costs and benefits of the senior internship program, the net benefits of the senior internship program can be calculated. Specifically, two methods are commonly used: the net benefit magnitude, which is the difference between the two, and the benefit-cost ratio, which is the ratio of the two factors.

<Table 11> enumerates the costs and benefits of the senior internship program in 2022 and estimates the net benefit and benefit-cost ratio. Scenario 1 includes increased income, value-added, and increased taxes, while scenario 2 includes reduced healthcare costs in addition.

Table 11. Net social benefits of the senior internship program (2022)

(Unit: KRW million)

Category	Components of cost/benefit	Scenario 1	Scenario 2
Cost (C)	Labor cost	97,073	97,073
	Operating cost	2,827	2,827
	Total	99,900	99,900
Benefit (B)	Increased income	229,379	229,379
	Value added induced	94,457	94,457
	Medical cost reduction	-	6,429
	Increased income tax revenue	7,813	7,813
	Increased VAT	6,709	6,709
	Total	338,358	344,787
Net benefit size (B-C)		238,458	244,887
Benefit-cost ratio (B/C)		3.39	3.45

The net social benefit of the senior internship program in 2022 is estimated to be KRW 238,458 million, excluding healthcare cost savings, and KRW 244,887 million, including healthcare cost savings. The benefit-cost ratio of the senior internship program in 2022 is estimated to be 3.39, excluding medical cost savings, and 3.45, including medical cost savings.

4. Conclusion and Discussion

This study uses cost-benefit analysis to examine the economic effects of SESAP, focusing on the senior internship program. Unlike previous studies, this study is significant since it focuses on job-type SESAP to estimate its economic effects.

The cost-benefit analysis estimated the benefit-cost ratio by including the net social benefits of the investment in the senior internship program in terms of direct income support, direct and indirect income generation through employment support, direct and indirect tax revenues, value-added induced through the generation of final demand at the macroeconomic level in the supported industries, and healthcare cost savings through improved health due to participation in the program. As a result of the cost-benefit analysis, the net social benefit was estimated to be KRW 238.458 billion without including the effect of medical cost savings (Scenario 1), resulting in a benefit-cost ratio of 3.39. On the other hand, if the healthcare savings are included (Scenario 2), the net benefit is estimated to be KRW 244.887 billion, with a benefit-cost ratio of 3.45. In other words, the senior internship program generates more benefits than the financial costs and is therefore considered to have a policy and economic feasibility. In particular, the program includes the socio-economic benefits of reducing medical expenses, making it a program with great social policy effectiveness.

Our findings are in line with previous studies that have conducted cost-benefit analyses of SESAPs. Previous studies have conducted cost-benefit analyses centered on public-type SESAPs (public service, social service), and most studies have found that the benefits of SESAPs are relatively larger than the costs. In particular, the benefit-cost ratio was relatively large in models that included the social benefits of reducing healthcare costs[1)10]. However, in this study, the benefit-cost ratio was estimated to be quite large at 3.45(the benefit-cost ratio of SESAP was 1.35 ~ 1.59), which can be explained by the fact that the calculation of the benefit-cost ratio centered on the senior internship program, which is representative of the job-type SESAP, reflected the value-added benefits related to 'employment creation' that were not covered in the previous studies, and that the wage benefits were large due to the relatively high wage level compared to public type jobs. In addition, in the case of the senior internship program, despite the high participation rate of seniors aged 60-64 at 50 %, it can be understood that the benefit-cost ratio was estimated to be large because it reflected the benefits of reducing medical expenses for participating seniors aged 65 or older. This can be seen as a limitation of this study.

The findings suggest that SESAP is effective in increasing income, improving health, and reducing socio-economic costs (including healthcare costs). Considering Korea's situation, which is experiencing a rapidly aging population and a lack of a public old-age income security system, the SESAP is significant as a multi-player policy that can respond to the "four hardships" of old age–poverty, no one to rely on, loneliness, and illness. Given the socio-economic situation in Korea, it is difficult to expect institutional changes to create a stable foundation for old-age income security in a short period. Thus, SESAP needs to be continuously expanded and promoted as a social safety net for the elderly, and verifying the effectiveness of SESAP from various perspectives is necessary.

We hope that this study can be used as a basis for improving the effectiveness of SESAP in the future and contribute to policy improvement. However, we would like to see a more thorough policy effectiveness test, including costs, benefits, and effects that were not covered in this study. For example, a more detailed analysis of the benefits of SESAP in terms of expected employment creation, poverty reduction, and healthcare cost savings in the medium to long term would contribute to improving the policy feasibility and effectiveness of SESAP.

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SHORT PAPER

Current Status and Issues of Support for Selective Mutism at Employment/Career Transition Support Offices for People with Disabilities in Japan

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ABSTRACT

This study aims to clarify the current status and related issues regarding support for users, who are also persons with selective mutism (SM), of Employment/Career Transition Support Offices for People with Disabilities (hereafter, "Job Support Offices") in Japan. Survey request documents were sent by postal mail to 4,096 Job Support Offices throughout Japan, with requests for survey questionnaire responses to be provided online. The response data received from 586 offices were analyzed. As a result, the following items (among others) were clarified: users with SM symptoms are registered at approximately 40% of Job Support Offices; numerous and diverse communications means are used in daily communications with said persons; support toward finding employment is provided for these persons, but almost no support is given to alleviate/eliminate their SM symptoms. Based on these results, future support for said persons is discussed.

Keywords: Selective Mutism, Employment/Career Transition Support Offices, Current status, Support, Japan

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1. Introduction

Selective mutism (SM) is a condition where a person who has the ability to speak may have difficulties conversing in social settings (for example, the person may speak at home but have difficulty speaking at school). SM is classified as an “anxiety disorder” within the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), which is compiled by the American Psychiatric Association (APA)[1)].

As stated, SM symptoms appear in social circumstances. In many cases, the symptoms become apparent as soon as the child starts attending nursery or elementary school. It is for this reason that a major focus of research in this domain has been school-age children. The authors of this article have performed intervention support work for school-age children with SM, even while surveying the registration status of children with SM at high schools and at schools for children with special needs (hereafter, “special schools”)[5-7)]. In their support work, the authors have indicated the efficacy of engagements that combine strategies for alleviating/eliminating SM symptoms with support strategies for developmental disorders. From said surveys, they have found that children with SM are registered in high schools and special schools at rates equivalent to those of students at elementary and junior high schools; in addition, after graduation from said schools, these students face problems concerning support for their progress to further education and employment.

The main issue with SM is the fact that, in social situations, a person with SM becomes anxious and nervous and is unable to speak. This is not a temporary issue limited to the individual’s school years, but rather, it continues over the entire lifespan. In fact, in autobiographical writings of people with SM, one finds passages regarding the occurrence of various difficulties of these persons in post-graduation workplaces and other circumstances[2)]. Nevertheless, the actual status of persons with SM after they graduate has not been sufficiently investigated.

The present study focuses on Employment/Career Transition Support Offices for People with Disabilities (hereafter, “Job Support Offices”). As the name suggests, they provide job-search support for disabled persons and constitute one of the “designated disability welfare support services” stipulated within the Act on Providing Comprehensive Support for the Daily Life and Life in Society of Persons with Disabilities, a Japanese law. It can thus be said that Job Support Offices are a key institution when investigating support for persons with SM after they graduate. In the present study, a fact-finding survey of Job Support Offices throughout Japan was performed, specifically in regard to users of said Offices who have SM symptoms. The purpose was to ascertain their current status and discover related issues and problems.

2. Methods

2.1. Survey subjects and procedures

At the end of November 2022, survey request documents were sent via postal mail to 4,221 Job Support Offices throughout Japan (these were offices publicly noted as such within the Japan Ministry of Health, Labour and Welfare [MHLW] Disability Welfare Services, etc., Information System [i.e., via the Welfare and Medical Service Network System, WAM NET]). Mail was returned from 125 said Offices due to “address unknown,” among other reasons; therefore, the postal mailings reached 4,096 offices.

The survey request document included an explanation of the present survey, with a statement delineating the circumstances (symptoms) of SM and with reference to the diagnostic standard found in DSM-5 (this information was included to promote a better understanding of SM for the survey). It should be noted that inasmuch as the purpose of this survey was to gain a broad understanding of the current standing of Job Support Office users with SM symptoms, no question was made in regard to whether or not a medical diagnosis had been made for said users.

Those who wished to participate in the survey accessed a QR code or URL included in the survey request documents and were asked to complete an online questionnaire using SurveyMonkey (https://jp.surveymonkey.com). It is noted that for this survey, no designation of the respondent's name was made. The survey deadline was December 26, 2022. It is noted that no Offices mailed in a handwritten questionnaire response. Responses were received from 611 Offices (response rate: 14.9%), and responses with missing information from 25 Offices were omitted; thus, data for 586 Offices were analyzed (132 Offices that provide only job-search support, 379 Offices that provide multifunctional-type job-related support, and 75 "other" Offices).

2.2. Ethical Considerations

The present study was performed after obtaining the consent of the Research Ethics Committees of the Authors' affiliated institutions. A clear statement of the following two (2) points was made within the survey request document: "Responses will be statistically processed" and "There will be strict protection of the privacy of Job Support Offices and Users." Survey participation was left to the discretion of each Job Support Office.

2.3. Question Items

2.3.1. Awareness of SM

In regard to awareness of SM at the Office, response was requested for one of three choices: (1) the Office had heard of SM and knew of its details; (2) the Office had heard of SM but had no real understanding of it; and (3) the Office had never heard of SM.

2.3.2. Registration Status at the Office of Users with SM Symptoms

Offices were asked whether or not they had (registered) users with SM symptoms. For those Offices that responded "Yes, we have said users," responses were requested regarding the question items noted hereafter below; for those Offices that responded "No, we do not have said users," the survey was therewith concluded.

2.3.3. Means of Daily Communications with Users Having SM Symptoms

The Offices were asked to respond in regard to communication methods (e.g., handwritten notes) they utilize with Office users who show SM symptoms.

2.3.4. Contents (details) of Support Provided at the Job Support Office

The Offices were asked to respond (free answers) with details of the support they provided to users who have SM symptoms.

2.3.5. Level of Office Employees' Sense of Concern

In regard to the level of Office employee' concerns when interacting with and supporting users with SM symptoms, response was requested for one of four choices: (1) Extremely concerned, (2) Somewhat concerned, (3) Not so concerned, and (4) Not concerned.

2.3.6. Issues into the Future

The Offices were asked to respond (free answers) to the issues they foresee with regard to their support provision.

2.4. Analysis

For question items 1, 2, 3, and 5, simple tabulation was performed. For items 4 and 6, classification into categories was performed using the KJ method[3], which is used in qualitative data analysis. It is a way of interpreting data by recording them on cards and grouping them based on what can be read from them. In accordance with the performance procedures of Yamaura[9], cards were made using the freely written contents of question items 4 and 6; then, upon prudent deliberations by the authors (two researchers specialized in the fields of psychology and education, respectively) concerning objectivity and validity, major categories, minor categories, and sub-minor categories were produced (as deemed appropriate and applicable). When the authors differed in opinion, they had further discussion, based on which categories were produced.

3. Results

3.1. Awareness of SM

Of the participating Offices, 65.2% (n = 382) had heard of SM and knew of its details; 24.6% (n = 144) had heard of SM but had no real understanding of it, and 10.2% (n = 60) had never heard of SM.

3.2. Registration Status of Users with SM Symptoms

Of the participating Offices, 38.4% (n = 225) had registered users with SM symptoms, 61.6% (n = 361) did not.

3.3. Means of Daily Communications with Users Having SM Symptoms

Responses were as follows (Fig. 1): 34.5% (n = 110) body language; 27.9% (n = 89) written notes (using pen and paper); 13.5% (n = 43) oral conversation; 7.8% (n = 25) email and/or social networking services (SNS); 5.6% (n = 18) communication cards; 2.5% (n = 8) presentation of options for selection by said user; 2.5% (n = 8) eye contact; 1.6% (n = 5) audio (digital) application; 1.6% (n = 5) exchanges of notes; 0.9% (n = 3) telephone; 0.9% (n = 3) via a parent or guardian; 0.6% (n = 2) “other.”

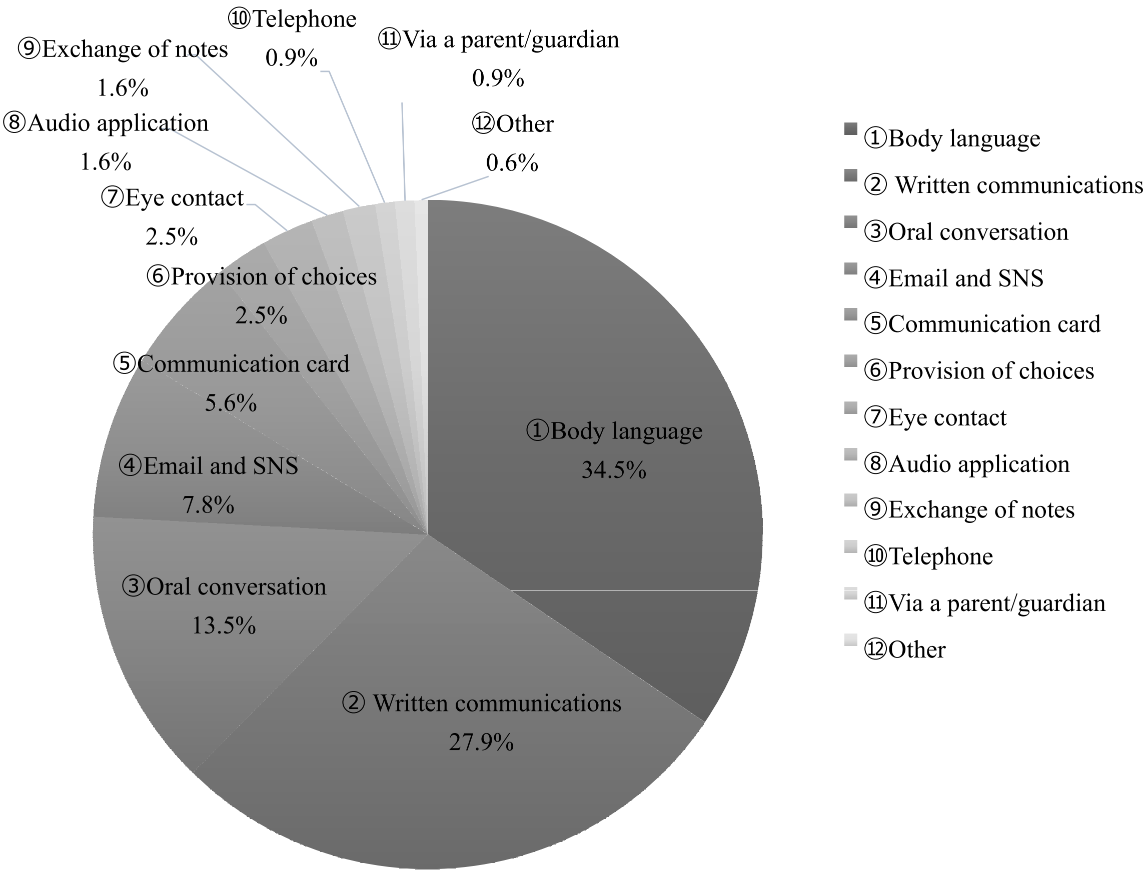

Figure 1. Means of daily communications with users having SM symptoms (n = 319)

3.4. Contents (Details) of Support Provided at the Job Support Office

A total of 192 cards concerned support contents. Upon deliberation on objectivity and validity, the authors made a classification into five (5) major categories (Table 1): (1) efforts to perform communications (n = 95); (2) approaches concerning job searches (n = 54); (3) efforts to make a comfortable and positive environment (n = 25); (4) responses the same as with other Office users (n = 16); and (5) other (n = 2).

Major category 1 was divided into seven (7) minor categories: (1) use of other (communication) means in lieu of oral communication (n = 22); (2) performance of face-to-face meetings (n = 18); (3) efforts in regard to the specific speaking styles/methods used by Office employees (n = 18); (4) securing of methods for users to make responses (n = 12); (5) sharing of information with parents/guardians (n = 12); (6) proceeding at a pace suitable for the user (n = 11), and (7) other (n = 2).

Sub-minor category divisions were as follows: (1) written communication (using pen and paper) (n = 9), communication cards (n = 4), email and/or SNS (n = 4), communication notebook (n = 3), body language (n = 2); (2) performance of face-to-face communications using a private room (meeting in a private room) (n = 10), performance of face-to-face communications at regular time periods (scheduled intervals) (n = 8); (3) use of “closed” questions (n = 6), appropriate modification of vocal utterances (n = 6), use of simple words when speaking (n = 5), proactive and positive vocal statements (n = 1); (4) use of “opinion expression” cards (n = 5), use of nodding and head shakes (n = 4), determination and use of fixed sentences (n = 2), confirmations with facial expressions (n = 1); (5) regularly scheduled questioning (n = 11), exchanges using a communication notebook (n = 1); (6) waiting patiently until a response is made (n = 10), proceeding at the pace set by the user (n = 1); (7) urging of user to express, in one or a few words, their impression of that day's experiences at the Office (n = 1); creation of sites and opportunities for the user with SM to speak with other Office users (n = 1).

Major category 2 was divided into four (4) minor categories: (1) provision of work, etc. (n = 21); (2) fostering of abilities geared towards employment (n = 12); (3) approaches specialized for SM symptoms (n = 11); (4) support for job-search activities (n = 10).

Sub-minor category divisions were as follows: (1) performance of light work (n = 15), practice using the personal computer (PC) (n = 3), learning tasks (n = 3); (2) self-understanding and disability-understanding (n = 8), social skills training (n = 4); (3) acquisition of communication methods other than speaking (n = 8), speech promotion training (n = 3); (4) support for job-search activities (n = 8), performance of vocational assessments (n = 2).

Major category 3 was divided into three (3) minor categories: (1) relationships with Office employees (n = 12); (2) considerations about work tasks, etc. (n = 11); (3) information sharing among Office employees (n = 2).

Sub-minor category divisions were as follows: (1) building of rapport (n = 8), creation of environments in which it is easy to speak (n = 4); (2) taking care not to pressure the user with SM (n = 6), establishment of work/task patterns (n = 3), environmental structuring (n = 1), securing of site for taking breaks/resting (n = 1); (3) information sharing among Office employees (n = 2).

Major category 4 consisted of only the major category. Major category 5 had the following sub-minor categories: assisting in finding a hobby or personal interest (n = 1), communication of the happiness gained from working (n = 1).

Table 1. Contents (details) of support provided at the job Support Office (n = 192)

Major category	Minor category	Sub-minor category
Ⅰ Efforts in order to perform communications (n=95)	1 Use of other (communication) means in lieu of oral communication (n=22)	1) Written communication (n=9)
		2) Communication cards (n=4)
		3) Email and SNS (n=4)
		4) Communication notebook (n=3)
		5) Body language (n=2)
	2 Performance of face-to-face meetings (n=18)	1) Meeting in a private room (n=10)
		2) Performance of regular-period consultations (n=8)
	3 Efforts in regards to the specific speaking styles/methods used by Office employees (n=18)	1) Use of closed questions (n=6)
		2) Appropriate modification of vocal utterances (n=6)
		3) Use of simple words when speaking (n=5)
		4) Proactive and positive vocal statements (n=1)
	4 Securing of methods for users to make responses (n=12)	1) Use of "opinion expression" cards (n=5)
		2) Use of nodding and head shakes (n=4)
		3) Determination and use of fixed sentences (n=2)
		4) Confirmations with facial expressions (n=1)
	5 Sharing of information with parents/guardians (n=12)	1) Regularly scheduled questioning (n=11)
		2) Exchanges using a communication notebook (n=1)
	6 Proceeding at a pace suitable for the user (n=11)	1) Waiting patiently until a response is made (n=10)
		2) Proceeding at the pace set by the user (n=1)
	7 Other (n=2)	1) Urging of user to express, in one or a few words, her/his impression of that day's experiences (n=1)
		2) Creation of sites and opportunities for the user to speak with other Office users (n=1)
Ⅱ Approaches concerning job searches (n=54)	1 Provision of work, etc. (n=21)	1) Performance of light work (n=15)
		2) Practice using the PC (n=3)
		3) Learning tasks (n=3)
	2 Fostering of abilities geared toward employment (n=12)	1) Self-understanding and disability understanding (n=8)
		2) Social skills training (n=4)
	3 Approaches specialized for SM symptoms (n=11)	1) Acquisition of communication methods other than speaking (n=8)
		2) Speech promotion training (n=3)
	4 Support for job-search activities (n=10)	1) Support for job-search activities (n=8)
		2) Performance of vocational assessments (n=2)
Ⅲ Efforts to make a comfortable and positive environment (n=25)	1 Relationships with Office employees (n=12)	1) Building of rapport (n=8)
		2) Creation of environments in which it is easy to speak (n=4)
	2 Considerations about work tasks, etc. (n=11)	1) Taking care not to pressure the user (n=6)
		2) Establishment of work/task patterns (n=3)
		3) Environmental structuring (n=1)
		4) Securing of site for taking breaks/resting (n=1)
	3 Information sharing among Office employees (n=2)	1) information sharing among Office employees (n=2)
Ⅳ Responses the same as with other Office users (n=16)	1 Responses the same as with other Office users (n=16)	1) Responses the same as with other Office users (n=16)
Ⅴ Other (n=2)	1 Other (n=2)	1) Assisting in finding a hobby or personal interest (n=1)
		2) Communication of the happiness gained from working (n=1)

3.5. Level of Office Employees' Sense of Concern

Of office employees, 6.2% were extremely concerned (n = 14); 49.3% were somewhat concerned (n = 111); 37.3% were not so concerned (n = 84), and 7.1% were not concerned (n = 16).

3.6. Issues into the Future

A total of 110 cards concerned future issues. Upon deliberations concerning objectivity and validity, the author made a classification into three (3) major categories (Table 2): (1) items concerning SM symptoms (n = 63); (2) items other than SM symptoms (n = 25); (3) nothing in particular (n = 22).

Major category 1 had the following sub-minor category divisions: difficulty of confirming the desires of the user with SM (n = 31); acquisition by Office employees of support methods for SM (n = 19); having the employing company come to an understanding of SM (n = 11); having other Office users come to an understanding of SM symptoms (n = 2).

Major category 2 had the following sub-minor category divisions: bolstering support for characteristics other than SM symptoms (n = 13); strengthening the sharing of information among Office employees (n = 5); building of a strong relationship with the user (n = 3); promotion of links with the parent/guardian of the user with SM (n = 3); responses required in emergencies (n = 1).

Major category 3 consisted of only the major category classification.

Table 2. Issues into the future (n = 110)

Major category	Sub-minor category
Ⅰ Items concerning SM symptoms (n=63)	1) Difficulty of confirming the desires of the user with SM (n=31)
	2) Acquisition by Office employees of support methods for SM (n=19)
	3) Having the employing company come to an understanding of SM (n=11)
	4) Having other Office users come to an understanding of SM symptoms (n=2)
Ⅱ Items other than SM symptoms (n=25)	1) Bolstering support for characteristics other than SM symptoms (n=13)
	2) Strengthening the sharing of information among Office employees (n=5)
	3) Building of a strong relationship with the user (n=3)
	4) Promotion of links with the parent/guardian, etc. (n=3)
	5) Responses required in emergencies (n=1)
Ⅲ Nothing in particular (n=22)	1) Nothing in particular (n=22)

4. Discussion

The results showed that 65.2% of surveyed Job Support Offices “had heard of SM and knew of its details,” while 24.6% “had heard of SM but had no real understanding of it.” Though the level of understanding differed, roughly 90% of Offices were aware of SM. Moreover, users with SM symptoms were registered at approximately 40% of the Job Support Offices. Thus, employees of Job Support Offices have (a certain level of) knowledge about SM, and SM is not at all a rare disease but is encountered relatively frequently.

As means of daily communications with users having SM symptoms, in addition to body language and written conversation, various strategies are employed, such as the use of information and communications technology (ICT) devices including email and audio/voice applications. Further, the primary means of communication used at high schools and special schools is written communication[5,6]. The extent of SM and difficulties of daily life vary widely, which suggests the need for support tailored to the needs and status of each individual with SM[4]. Therefore, it is also necessary to proactively introduce the kinds of various communication methods already employed at Job Support Offices into education sites.

At said Offices, in addition to the efforts made to communicate with users having SM, numerous support methods are also employed to provide said users with creative job tasks and to train and cultivate the abilities they need for employment. Conversely, almost no approaches that focus specifically on improving SM symptoms are used, which suggests that the current shared awareness at Job Support Offices is to “give users the abilities they need to work jobs despite their SM symptoms (even if said symptoms are not alleviated or eliminated).” In addition to this issue regarding SM symptoms, the “nothing in particular” responses made with regard to “issues into the future” are noteworthy. Our results reflect that more than a few Job Support Offices are fully satisfied with the current state and level of support for users with SM.

Regarding the support by Job Support Offices of users having SM symptoms, Umenaga[8] indicates that, after securing means other than verbal (oral) language of communicating the user's needs and wishes, it is necessary to communicate job tasks and processes in an easy-to-understand manner. Certainly, if the end goal is simply employment ("finding a job"), then whether or not one has SM should not be an issue that directly impacts the performance of said work (depending, of course, on job type). Nevertheless, if the individual user has needs that include overcoming their SM as well as finding a job, then the Job Support Office must perform, in tandem, both support for the alleviation/elimination of SM symptoms and support toward finding and keeping a job.

In this area of research, the focus has been on school age, but the situation has not been clarified for adolescence and beyond. The present study clarified the following items: users with SM symptoms are registered at approximately 40% of Job Support Offices; numerous and diverse communications means are used in daily communications with said persons; and while support is provided toward finding employment for these persons, almost no support aims at alleviating/eliminating their SM symptoms.

Note that the present study did not ask about whether the support strategy differed based on SM severity. Nor did it ask about the actual conditions of SM symptoms (e.g., what type of symptoms are observed at what times in daily life). While these perspectives were omitted from the questions owing to the highly individual and fluid nature of SM symptoms, these will likely be essential concepts when considering specific support strategies in the future. Hereafter, we plan to perform longitudinal study of effective support taking into consideration collaboration with relevant organizations after proper assessment of SM symptoms and the course to SM onset, whether there are other co-occurring disorders, and whether participants have been examined at a medical institution.

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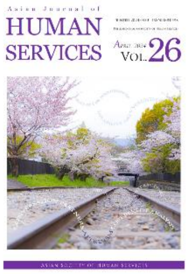

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SHORT PAPER

Psychosocial Impact of Sexual Abuse: A Phenomenological Analysis

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ABSTRACT

Background: Phenomenology is concerned with lived experience as a medium to understand the underlying reality of the problem that is undergone. It stresses the body as a vehicle of our being. Sexual abuse is one of the major causes for psychological trauma among individuals. Especially childhood trauma results in after effects like anxiety, depression, PTSD etc. Inability of the victims to seek help results in psychological fear. In India, people are very much hesitant to talk about child sexual abuse and most of the time parents are unaware of the incidents This study attempts to explore the lived experiences of sexual abuse during COVID-19, with a special interest in understanding the contemporary problems faced by them. The study also attempted to uncover the thoughts, feelings and actions of the individuals using the lens of existentialism. Method: The Qualitative method (phenomenological study) was used in the present study. A questionnaire was distributed to 400 respondents through online in which the questions related to sexual abuse they had undergone during COVID-19. 8 respondents were selected from 400 randomly based on consent. These 8 participants were interviewed using structured interview schedule to understand the kind of abuse they had undergone and psycho-social issues they had faced. All interviews were audio recorded. Results: Thematic analysis of the data was done. Themes such as curiosity, helplessness, loneliness, trauma and preventive measures emerged. The results indicated that the victims never sought help from anyone. Conclusion: The study implied that logo therapy can be used to help victims. To sum up, this study implied the need to create awareness among school children.

Keywords: Sexual Abuse, Phenomenology, Lived Experiences, Pandemic, Covid 19.

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1. Introduction - Child Sexual Abuse (CSA)

Child Sexual Abuse (CSA) comprises a wide range of sexual victimization experiences that children may endure, including actions such as sexual harassment, commercial exploitation, sexual assault, both penetrative and non-penetrative activities, and the creation or distribution of explicit material[1].

It also includes engaging children in prostitution, pornography, or online luring by cyber-predators. There are several distinct types of child sexual abuse, each characterized by specific actions and circumstances. Non-Contact Abuse includes activities that do not involve physical contact between the perpetrator and the child, such as exhibitionism, exposing the child to sexually explicit materials, or coercing the child to engage in sexual activities in the presence of the abuser.

1.1. Psychological Consequences

Survivors of CSA are at an increased risk of experiencing a wide range of mental health issues, including depression, anxiety, post-traumatic stress disorder (PTSD), and suicidal ideation[1]. Child sexual abuse (CSA) has profound psychological consequences for survivors, with both short-term and long-term effects. In the short term, victims often experience immediate trauma, emotional distress, and shock[2]. They may grapple with symptoms of post-traumatic stress disorder (PTSD), including flashbacks and nightmares. Depression and anxiety are common, interfering with daily functioning[3]. Many survivors also experience a decline in self-esteem and engage in self-blame[4]. Long-term consequences typically include the development of PTSD, leading to continued distress and affecting the overall quality of life. Sexual dysfunction is prevalent, impacting survivors' ability to form healthy, intimate relationships[5]. Coping mechanisms such as substance abuse and self-harm may emerge[6], and survivors often struggle with trust issues and have difficulty forming and maintaining relationships[5]. The psychological consequences of CSA extend beyond emotional turmoil. They affect various aspects of victims' lives, including educational attainment, employment, and overall well-being.

1.2 Influential Factors

The experience of child sexual abuse (CSA) is a multifaceted issue influenced by factors such as the duration, frequency, and intrusiveness of the acts, as well as the relationship between the child and the perpetrator[7]. The duration and frequency of the abuse are dynamic elements that can vary widely, shaped by the dynamics of the abusive relationship. Some instances involve single abusive incidents, while others persist over an extended period. Long-term, frequent abuse tends to exacerbate the psychological trauma experienced by victims, resulting in more severe and lasting consequences[5]. Stress, both in the family environment and in the life of the perpetrator, can contribute to the occurrence of CSA, where some perpetrators may use abusive behaviors as a maladaptive coping mechanism for their own stress or unresolved traumas.

Need for the study:

In India, most of the time parents are hesitant to talk to their child about sexual abuse and vice versa. In some cases, parents were not aware of the abuse. The Childline India Foundation reported a 50% increase in the phone calls than usual days during lockdown. Out of the total calls received during the period, 30% were related to protection from abuse[8]. During lockdown, CSA can be devastating as the isolation has further limited support networks, making it even more difficult for the victims to seek help or escape. When the data reveals that 93% of perpetrators are relatives or known individuals[8], this also exposes the possible magnitude of the associated helplessness and mental health consequences in the victims. This is the case of reported but there are many cases not reported[9]. According to the existentialists, humans when confronted with pain and sufferings, end up with anxiety. Their behaviour stems from the way they think and feel about the social interaction in which culture plays an important role. Hence the present study is conducted as a part of creating awareness to the parents by throwing light on the CSA during COVID-19 and make them to be more vigilant on the activities of their child especially when they use social media.

2. Methods:

2.1. Design

In the present study, descriptive phenomenological method as suggested by Colaizzi's (1978) has been adopted for data analysis. This approach was used to discover the meaning of the phenomenon through analyses of participants' "lived experience." This enabled a rich and in-depth understanding of the victims of sexual abuse "lived experience."

2.2. Participants and sample selection

Researchers prepared a questionnaire to understand the kind of sexual abuse and the same was circulated online. 400 individuals responded to the questionnaire. Participants (n=8) were selected based on the following inclusion and exclusion criteria

1. Age less than 18 years
2. Undergone any instance of sexual assault, or molestation during lockdown period.
3. Undergone abuse at least for a period of one month during lockdown

Exclusion Criteria:

Rape victims were not included

The study included both boys and girls. The participants confirmed that they had been sexually assaulted or harassed by either known individuals or online friends. Informed consent was obtained before the interview.

2.3. Operational definition

In the present study, sexual abuse refers to any form of sexual assault or molestation, including the online sexual harassment. This does not include rape.

Out of 8 participants, 7 were girls and 1 was a boy. Their age ranged from 15 to 17 years during COVID-19. They were studying in either 11th or 12th grade during pandemic through online mode of education. Except one participant, others were living in a nuclear family.

Table 1. The Demographics

Demographics	**Gender**	**Grade**	**Type of Family**
	Girls - 7	11th Grade - 6	Nuclear Family - 7
	Boy(s) - 1	12th Grade - 2	Joint Family - 1

2.4. Data collection and analysis

A semi structured interview schedule was prepared by the researchers to understand the lived experience of the participants. Participants narrated their experience on how they felt, thought and behaved during the incident. The information obtained was recorded with their permission and then analyzed. Data was analyzed after listening. By listening the statements given by the participants, the researchers were able to understand the lived experience of the participants. Significant statement or phrases were extracted related to the phenomenon. Formulated meaning were arranged into clusters and then into themes. In order to understand them, verbatim of the participants were given in the discussion. The phenomenological experiences of the participants were discussed under the lens of existentialism.

2.5. Ethical Consideration

Initially a google form was circulated among 400 participants where demographics like age, sex, family type and questions related to understand the kind of sexual abuse they have undergone during COVID -19 pandemic were asked. In the Google form, those who have given their consent to share their experiences, were called. The details of the study, research purpose, voluntary participation and withdraw from study at any time if they feel uncomfortable in answering were explained to them. No details regarding their identification were asked and the interview was conducted face-0-face. It was audio recorded. In order to protect the confidentiality, the participants were coded as participants A-H in the transcript.

3. Results

Table 2. Cluster, Theme and Description

Cluster(s)	Theme	Description
a. Joining the social media b. Accepting the request c. Replying and chatting	Curiosity	Initial online classes made them very curious to use the social media platform
No contact with friends directly	Loneliness	During online classes, they couldn't talk to friends directly.
a. Fear of sharing the problem b. Fear of blame from significant others c. Whether other will believe d. Self-blame e. Thinking of family reputation f. Couldn't understand it as abuse	Helplessness	Did not want to share with anyone including the parents or to seek professional help.
a. Fear to sleep alone b. Hesitant to talk even now c. Disconnect from all social media	Trauma	Even after three years of the incident, the very thought of the incident makes them feel anxious and want to avoid conversation related to that.
a. Sex education b. Careful while using social media c. Educate on good touch and bad touch	Preventive measures	In order to help others, they wanted the school children to be taught on good touch and bad touch. They want to create awareness.

3.1. Theme: Curiosity

During the interview it was observed that the participants were curious to have an account in the social media as COVID-19 was the period where the students were exposed to the usage of online classes WhatsApp group for class information etc. which made them to open account in other social media apps.

"Though whatapp only was used for study purpose I joined in instagram, snapchat, and face book" (participant A)

"Accepted the request as I thought it must be school friend" (participant G)

"*..was chatting with them thinking it is a school friend until getting unwanted posts/images/videos"* (participant A,G)

During the conversation, the above participant made it clear that though there was no need to join other social media except for WhatsApp (which is used for communication from teachers), they were curious to know about what is happening in social media and wanted to stay connected.

3.2. Theme: Loneliness

Participants report a feeling of loneliness as they were at home during lockdown and were able to talk with friends only through online mode. Hence, whenever they get friends' request in social media they accept without careful consideration.

"…missing my friends…." (participant B)

Due to lock down and immobility from house, most of the participants felt they were missing the connection which made them to feel loneliness. The feeling of loneliness and curiosity made them to start using the media apps.

3.3. Theme: Helplessness

Most of the participants did not seek help from anyone to overcome the situation. They felt helpless as they felt that their parents will not understand them or blame them or family reputation will get spoiled.

*"Since I was abused by my close relative my parents will not believe me…." (*particpant B*)*

*"Being from a reputed family I didn't want to spoil the family name" (*participant C*)*

*"Since it is my cousin brother…." (*participant D*)*

*"….and we were dependent on them due to our financial crisis" (*participant E*)*

*"… it took time for me to understand" (*participant H*)*

"I was not aware that inappropriate clothing during online session is also a form of abuse" (participant H)

From the above statements, it is clear that they did not seek any help from anyone as they felt helpless. It is also noted that culture plays an important role in disclosing this kind of information with family or friends. Being a collectivistic society, we think more on what others would think and react.

3.4. Theme: Trauma

Many participants reported that they still feel the trauma they underwent.

"I could feel the trauma even now….." (participant A)

"I deleted all my social media account as I didn't want to experience the same again…" (participant A)

"I felt very much insecure…..unable to look myself in the mirror" (participant B)

"Even now I cannot sleep alone in my room" (participant C)

"I feel very anxious even now…..whenever I hear any incident like this" (participant D)

"I am scared to talk to any male even now…." (participant F)

While conducting the interview, the researcher is able to identify the trauma they had undergone with the voice modulation and the tremor even after years. Thus, it is concluded that they had trauma and even now, a few feel the trauma.

3.5. Theme: Preventive measures

Every participant felt the importance of educating the adolescents about sexual abuse which should include good touch/ bad touch, verbal and non-verbal communication. They also insisted on giving training on assertiveness.

"Students should be taught to say No…A No is a No…" (participant D)

"Sex education is important" (participant E)

"Teach how to handle social media platform" (participant G)

"School children should be educated on good touch/bad touch…. Various form of abuse" (participant A-H).

All participants were very firm and clear on the thought of preventive measures to be taken to avoid such incidents. They did not want anyone else to suffer like them. They suggested that martial arts should be taught to all school children irrespective of their gender to protect themselves.

4. Discussion

It is seen that irrespective of the gender, race, religion, community and socio-economic status, sexual abuse happens in all communities. The circumstances in which sexual abuse takes place may be the reflection of the cultural difference and the family environment. Certain family characteristics like, family type, parental bonding, parenting style is associated with sexual abuse. With an authoritative parenting style, child finds it difficult to disclose the information. Insecure attachment with parents and lack of parental care is highly related to sexual abuse. In the present study, the researchers have found from the phenomenological world of the victims that they lack parental supervision while they attend the online classes. Also, with one participant it was found that the child was away from father, and mother was financially dependent on relatives. This resulted in the inability of the child to express the circumstance to her mother. Beth Gerhard-Burnham et al., (2016) found in their phenomenological study that the wrong perception of the environment, parental care plays a role in sexual abuse[10).

For many participants, it was difficult to come out of the past trauma as they were trying to repress the memories due to the reason that they did not vent it out to anyone immediately. This is similar to the previous studies done by Peter Dale and John Allen (1988) in which it was found that children who had the memories of abuse had problem in their adult life in connection to the trauma they had undergone[11). They did not know how to choose an emotional outlet. They were scared to take help from elders. The very thought of blame, shame and guilt prevented them from taking action against abuse. These traumatic memories later may lead to emotional problems in them. They have the feeling of disengagement wherein they find it difficult to understand themselves and their world. Everyone tries to understand their experience from their phenomenological world. Due to which, they believe this experience is unique to me and no one else is experiencing the same. Probably, this could be one of the reasons why they were hesitant to seek help.

But the process of recovery, made them to find a way to help individuals in prevention from sexual abuse. They found a way which makes sense of what happened to them in the past and prevent such incidents in future. In order to make sense of their past, they were suggesting that school children should be taught about good touch and bad touch. They realize that their environment is constantly changing that they should somehow live in that changing world. But at the same time, they also feel themselves too inflexible for the change. This could be the reason that many participants avoid using social media app as they had a bad experience. They fail to understand the importance of adapting to the changing environment. They are not looking the positive side of technology.

Alaggia, and Millington (2008) in their study on the lived experience of male, who had undergone sexual abuse in their boyhood, found that the participants exhibited sexual related problems[12)]. The participants were helped therapeutically to disclose their sexual abuse and counselling was given. From the lived experience of the participants, the researchers understand that they are not the victims of the circumstances rather they choose to live with that. Though there were opportunities to escape, they had fear of freedom. They choose not to take any action when they have been victimized. They constantly felt loneliness, isolation and guilt. They felt themselves as the prisoners of the decision they made (adding account in social media). Here, role of culture played a vital role (family reputation, uncle, cousin, value of family system). They were unable to discard the old system and choose a new way of living which would give them freedom. Their neurotic anxiety made them to be a victim of the circumstances. Hence a proper psychotherapy or counselling can help them to come out of their fear and trauma so as to make them to seek help in future. Kerry Fater and Jo Ann Mullaney (2009) in their study stated that preventive measure and enhanced empathy will help in improving the healing relationship of the individuals who had undergone childhood sexual abuse[13)]. Browne and Finkelhor (1986) in their systematic review of literature had found that victims of sexual abuse exhibit fear, anxiety, anger and hostility[14)].

Individuals always think that their home is the safest place in the world. With the victims of sexual abuse, their lived experience made them to think that the place where they live in is very much insecure as they were abused not by strangers but by closed ones. The Researchers could infer how home, which once they thought is very safe and secure is now no safer. Despite parents are nearby, (during COVID, everyone was at home) they could not safe guard themselves. So, they maintained silence regarding the abuse due to the fear of repercussions. In a study conducted by Jonzon and LindBlad (2004), they have found that social support is a crucial protective factor for the victims of child sexual abuse for adverse outcome[15)]. It also depends on the disclosure of abuse at the time of disclosure. Hence, it is the responsibility of the parents to make the child to feel secure to disclose such incidents.

From the statement of few participants, it was found that they developed problem with the body image. This could be the resultant of the sexual abuse. The way an individual experiences the social world is based on the interaction with the society. They were constantly responding to the demands of the society and cultural norms. As adolescents, they were unprotected by certain adults and abused by certain others. From the lived experience of the participants, it is very clear that parental involvement during adolescence is imperative. Especially, child should be monitored when they use social media. Age is strongly correlated with social media usage[16)]. Vannucci et al., (2020) had found that there is potential risk behaviours involved when adolescents use social media apps[17)]. It was also found in the research that risky social media behaviour results in romantic victimization[18)]. Hence, it is important for the parents to keep an eye while their adolescent kids use social media.

5. Conclusions

From the present study, themes such as curiosity, helplessness, loneliness, trauma and preventive measures emerged. The study implied that logo therapy can be used to help the clients, who were the victims of sexual abuse. The study implied that school children should be taught sex education in order to prevent them from sexual abuse. Also, assertiveness training should be made mandatory in every school. The study also implied the role of parenting in preventing the child from sexual abuse. Awareness on sexual abuse is the need of the hour. Parental involvement while the child using the social media is also important.

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