Impact of Covid-19 Pandemic on Textile Industry

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Abstract

All aspects of human life have been devastated by the widespread spread of Coronavirus. During the lockdown, normal life came to a halt. There was a significant time span between shutdown period-1.0 and period-3.0 that had an impact on not only our economic way of living but also our psychological make-up. The primary purpose of this research was to examine the emotional toll that the COVID-19 lockdown had on those working in Gaya's textile industry. Most of the work in this industry is done by hand and without any formal structure. The purpose of this research was to quantify the levels of stress, despair, and anxiety experienced by powerloom mill workers and business owners during the lockdown. Eighty textile workers and twenty owners of power looms made up the sample. The population was drawn from users' mobile/WhatsApp contact lists. For this study, we used a Google Forms version of the ADS (anxiety, depression, and stress) scale in addition to a personal information page to compile our data. The collected data was analysed using a variety of charts and statistical methods (mean, standard deviation, and t-ratio, for example). Those with a history of both physical and mental health issues scored higher on the ADS scale, suggesting that they are more vulnerable to developing the disorder. The key variables that make the situation complicated, worse, and usual include economic insecurity, a bleak future, the uncertainty of job and job work, etc. Several options are proposed and made available to help counteract the drawbacks.

Keywords: Anxiety, depression, stress, economic insecurity, the unorganized textile sector.

I. Introduction

In January of 2020, the World Health Organization (WHO) proclaimed COVID-19 (coronavirus disease 2019) a pandemic. The World Health Organization declared COVID-19 a pandemic in March of that year. The virus responsible for this sickness, known as Sars-Cov-2[1], is highly contagious and has a lengthy incubation period. Since hundreds of millions of people move around the world every day, the number of people infected with COVID-19 quickly multiplied. COVID-19's low predictability and high uncertainty pose a harm to people's mental health, particularly in the areas of emotions and lifestyles, as numerous theories suggest. The Behavioral Immune System (BIS) theory[2] postulates that as a form of self-defense, people would exhibit negative feelings (such as aversion, anxiety, etc.) [3,4] and negative cognitive assessment [5,6]. Public health emergencies cause greater negative emotions and alter cognitive assessment, as hypothesised by stress theory [9] and perceived risk theory [10]. People with these kinds of feelings tend to avoid contact with potential disease vectors. Individuals may exhibit excessive avoidance behaviours and blind conformity in response to any disease if they receive inadequate direction from authority [8]. Emotions aren't always easily released, and they might fester if they aren't spoken or dealt with. Perhaps the source of one's anger or fear has persisted for quite some time. The resulting condition of heightened arousal can impair an individual's performance. Sometimes prolonged mental stress can have a detrimental effect on physical wellbeing. The root of a psychophysiological ailment (psychosomatic illness) lies in the mind rather than the body. Ulcers, asthma, migraines, high blood pressure, and skin eruptions are just some of the many illnesses that have been linked to mental or emotional strain. It should be mentioned that long-term emotional stress can harm a person's physical health as well as his mental performance [H]. According to Maslow's (1954) theory of motivation, requirements are prioritised from most basic (and present from birth) to most complex (and become increasingly essential only once the most basic needs are met). At least some of the demands at one level must be met before the needs at the next level can serve as a decisive factor in behaviour. When basic necessities like food and shelter are scarce, people's actions will be driven almost entirely by the desire to meet those requirements, while more altruistic goals will be pushed to the background. People will have more time and energy for artistic and intellectual pursuits if they don't have to exert unnecessary effort to meet their basic necessities. If people in a society are always fighting for their basic needs, then artistic and scientific pursuits are doomed to fail. All action, according to Freud (1940), stems from two conflicting groups of instincts: the life instincts (Eros) that promote growth and life, and the death instincts (Thanatos) that push toward destruction. The vital force of life is libido, which is most closely associated with artistic endeavours. The desire to end one's own life or harm oneself is one expression of the death drive; violence toward others is another. The two primary drives of human

beings are, according to Freud, sexual desire and the desire for physical violence. Motives that aren't consciously held often surface in covert ways. Psychoanalytic theory relies heavily on the idea of unconscious motivation. So, it's crucial to get a head start on learning about the possible mental effects of COVID-19. Emotional (both negative and positive) and cognitive markers can be utilised to keep tabs on the long-term effects of public health emergencies on people's psyches [3,6]. (e.g., social risk judgement and life satisfaction).

Sijia Li, et.al.(2020) in a study discovered that negative emotions(e.g., anxiety, sadness, indignation) and susceptibility to social hazards increased, while the scores of good emotions (e.g., Oxford happiness) and life satisfaction declined. People were focused more about their health and family, while less about leisure and friends. The COVID-19 epidemic is having far-reaching effects on many facets of society, including mental and physical health, as noted by Professor Holmes et al.(2020). Industrial service workers and other staff had a 0.31-and 0.38-fold increased risk of depression, respectively, compared with professionals, as revealed in a study by Yenam Wang et al. (2020). He continued by saying that physical and mental health interventions may be hampered by the prevalence of worry and depression, two prevalent psychological phenomena in times of calamity. Concern for the public's mental health and the provision of suitable mental health services is warranted.

It was challenging to conduct a traditional paper survey in affected areas during the COVID-19 shutdown period; online surveys rely on the cooperation of participants; it is challenging to complete the requirements in time; and it even introduces additional responsibilities for participants. A standard survey of people's feelings and thoughts could not be conducted in advance since we did not know when the COVID-19 lockdown proclamation would be made. When asking someone to recollect how they were feeling a week or more ago, they can provide a slightly different answer. With its widespread popularity in India, the messaging app WhatsApp is quickly becoming an important online medium and data source for researchers attempting to gain a non-intrusive understanding of this societal problem. As a result of WhatsApp's widespread use in India, I've decided to host the Google forms link used to collect this research's data on the app.

The study's overarching goals are to inform policymakers, aid clinical practitioners (such as social workers, social psychologists, psychiatrists, and psychologists) better serve the impacted community, and shed light on the effects of the COVID-19 lockdown on people's mental health.

The objective of the study:

the main objective of the present study are as follows:

- 1. To investigate the impact of COVID-19 lockdown on rural skilled workers and semi-urban skilled workers.
- 2.To investigate the impact of COVID-19 lockdown on rural unskilled workers and semi-urban unskilled workers.
- 3. To investigate the impact of COVID-19 lockdown on powerloom mill owners and workers of the textile sector.

Hypotheses:

- 1. There would be no significant difference in anxiety, depression, and stress between rural skilled workers and semi-urban skilled workers.
- 2. There would be no significant difference in anxiety, depression, and stress between rural unskilled workers and semi-urban unskilled textile workers.
- 3. There would be no significant difference in anxiety, depression, and stress between powerloom mill owners and workers of the unorganized textile sector.
- 4. There would be no significant difference in lifestyle during the lockdown period between powerloom mill owners and workers of the unorganized textile sector.

II. Methodology:

(a) Sample:

The present study was conducted on a sample of a total of 80 workers and 20 powerloom mill owners of the unorganized textile sector of the Gaya district of Bihar. Samples were selected through the incidental-cumpurposive sampling method using online technology with WhatsApp and mobile contact. The age range of the samples were 18 to 55 years. Details of the sample:

Table-1. Division of sample.

	Skilled Workers	Unskilled Workers	Powerloom Mill Owner				
Semi-urban	20	20	20				
Rural	20	20					
Total	40	40	20				

(b) Tools used:

In the present study a self-developed ADS scale has been used to measure the anxiety, depression, and stress of the sample. There are two parts of the scale:

- (i) The first part of the ADS scale is a personal data sheet in Google form to collect the information about age, sex, marital status, profession, hobbies, physical and mental fitness, lockdown experiences, and source of information about COVID-19, etc. It consists of 21 items and that takes 8 to 10 minutes to complete it.
- (ii) The second part of the ADS scale is also in Google form to collect the data regarding anxiety, depression, and stress. Anxiety portion of the ADS scale consists of three-factors: physical symptoms, apprehension, and dryness of the mouth. Depression part of the scale consists of two factors: inertia-loss of interest & worth and poor emotional control. Stress part of the ADS scale consists of two factors: emotional arousal and negative life events.

Statistical Analysis and Results:

Mean, SD, and t-ratio were applied and calculated for statistical analysis of the obtained data.

Table- 2. Mean, SD, and t-ratio of ADS scale score of semi-urban skilled workers with rural skilled workers.

Groups	N	Mean	SD	df	t-ratio	Result
SSW	20	20.09	4.14	38	4.64	P < .001
RSW	20	25.38	5.01			

Table-3.

Mean, SD, and t-ratio of ADS scale score of semi-urban skilled workers with rural skilled workers.

Groups	N	Mean	SD	df	t-ratio	Result
SUW	20	20.21	4.14	38	4.77	P < .001
RUW	20	26.32	6.19			

Table-4.

Mean, SD, and t-ratio of ADS scale score of workers of UTS with powerloom mill owners of UTS.

Groups	N	Mean	SD	df	t-ratio	Result
Workers of UTS	80	23.10	5.70	98	10.35	P < .001
PMO of UTS	20	18.05	3.51			

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RUW RSW SSW SUW PMO Involved in creative activities 55% 40% 65% 50% Time pass with internet 74% 50% 75% 65% 88% Previous record of physical illness 10% 8% 11% 12% 30% 15% 27% 28% Phy. illness developed during lockdown 20% 38% Mental problems dev. in lockdown 40% 51% 42% 40% 30% Sleeping time during lockdown Increased Increased Increased Increased Increased Steps taken to keep mind positive yes ves ves ves

Table-4. Summary of different activities during lockdown period.

(SD= standard deviation; df= degree of freedom; p= probability of error; SSW= semi-urban skilled workers; RSW= rural skilled workers; SUW= semi-urban unskilled workers; RUW= rural unskilled workers; ADS= anxiety, depression, and stress; UTS= unorganized textile sector; PMO= powerloom mill owner)

III. Discussion:

After statistical analysis of the obtained data results are summarised in the tables.

Table-1 is the comparison of ADS scale score of semi urban skilled workers with rural skilled workers of unorganised textile sector. Table-1 shows a significant difference of Mean score of two groups. Result clearly shows that rural skilled workers tend to be more prone towards anxiety, depression and stress in comparison to their semi-urban skilled counterparts. So, in this case hypothesis-1 is rejected.

Table-2 is the comparison table of anxiety, depression, and stress scale score of semi urban unskilled workers with rural unskilled workers of unorganised textile sector. Table-2 shows a significant difference of the mean score of two groups. Here, again results clearly show that rural unskilled workers of this sector tend to be more prone towards anxiety, depression and stress in comparison to their semi urban unskilled counterparts in the sector. So in this case hypothesis-2 is rejected.

Table-3: Discussion of the results of table-3 is the comparison table of total workers included in the study with power loom mill owners of the unorganised textile sector. There is a significant difference in Mean score of ADS scale score. Here the difference in the Mean score is very large. Thus, the hypothesis number-3 is rejected.

Table-4 indicates that lockdown periods have a direct effect on all types of people in every walk of life. Thus, lockdown has changed lifestyles of people related to the unorganized textile sector.

IV. Conclusion:

The investigated data shows that skilled and unskilled workers in the unorganised textile sector in both semi-urban and rural areas are distinct from one another. When comparing the overall sample of textile workers in this study to those who own power looms, however, the latter were found to be more relaxed on average. One's propensity to score higher on the ADS scale increases with a history of both physical and mental health issues (such as diabetes, high blood pressure, heart disease, obesity, acid reflux, asthma, etc). (anxiety, depression, and stress). Power loom factory owners, on the other hand, were much more relaxed than their textile workers. The main factors that make the situation more complex, worse, and typical are economic insecurity, a bleak future, the uncertainty of a job, the problem of passing time facilities, the reluctance of government agencies toward the worker, and a lack of knowledge of online work (to fill out various types of forms, etc.). As a conclusion, it may be stated that various measures are required to deal with the problem, such as this Lockdown — The government needs to do two things: (1) prepare its employees and citizens to deal with the crisis, and (2) improve the infrastructure of its constituent communities so that its citizens can weather the storm. Self-reliance These days, people of all backgrounds and abilities need to be able to live in a town or a hamlet where they can work and live in peace and dignity. Not to mention, the study has a rather tiny sample size. Therefore, more research is required before any broad conclusions can be drawn.

References:

- [1]. Yenam Wang et.al.(2020). Study on the public psychological states and its related factors during the outbreak of coronavirus disease 2019 (COVID-19) in some regions of China. J. Psychology, Health, and Medicine. DOI: 10.1080/3548506.2020.1746817.
- [2]. Ackerman, J.M.; Becker, D.V.; Mortensen, C.R.; Sasaki, T.; Neuberg, S.L.; Kenrick, D.T. (2009) A pox on the mind: Disjunction of attention and memory in the processing of physical disfigurement. *J. Exp. Soc. Psychol.* 2009, 45, DOI:10.1016/j.jesp.2008.12.008.
- [3]. Slovic, P. Perception of risk. Science 1987, 236, 280–285, DOI:10.1126/science.3563507.
- [4]. Freud, S.(1940). Outline of Psychoanalysis. (Standard ed., 1964). vol.XXIII. London: Hogarth Press.
- [5]. Hilgard, R.E. and Atkinson & Atkinson (1975). Introduction to Psychology. Oxford & IBH Publishing Co.
- [6] Huang, C.L.; Wang, Y.M.; Li, X.W.; Ren, L.L.; Zhao, J.P.; Hu, Y.; Zhang, L.; Fan, G.; Xu, G.; Gu, X.; et al.(2020) Clinical features of patients infected with 2019 novel coronavirus in Wuhan, China. Lancet 2020, DOI:10.1016/S0140-6736(20)30183-5.
- [7]. John, A.T.J.; Natalie, J.S.; Michael, A.M. (2013) The behavioral immune system and social conservatism: A meta-analysis. *Evol. Hum. Behav.* 2013, 34, 99–108, 7.DOI:10.1016/j.evolhumbehav.2012.10.003
- [8]. Schaller, M.; Murray, D.R.; Bangerter, A.(2015) Implications of the behavioral immune system for social behavior and human health in the modern world. *Philos. Trans. Biol. Sci.* 2015, 370, 1–10, DOI:10.1016/bs.aesp.2015.09.002
- [9]. Maslow, A.H.(1954). Motivation and Personality. N.Y.: Harper and Row.
- [10]. Mortensen, C.R.; Becker, D.V.; Ackerman, J.M.; Neuberg, S.L.; Kenrick, D.T. (2010) Infection breeds reticence: The effects of disease salience on self-perceptions of personality and behavioral avoidance tendencies. *Psychol. Sci.* 2010, 21, 440–447, DOI:10.1177/0956797610361706.
- [11]. Norris, F.H.; Friedman, M.J.; Watson, P.J. (2002). 60,000 disaster victims speak Part II. Summary and implications of the disaster mental health research. *Psychiatry Interpers. Biol. Process.* 2002, 65, 240–260, DOI:10.1521/psyc.65.3.240.20169.
- [12]. Schaller, M.; Murray, D.R. (2008) Pathogens, personality, and culture: Disease prevalence predicts worldwide variability in sociosexuality, extraversion, and openness to experience. J. Personal. Soc. Psychol. 2008, 95, 212–221, DOI:10.1037/0022-3514.95.1.212.
- [13]. Schaller, M. (2006) Parasites, behavioral defenses, and the social-psychological mechanisms through which cultures are evoked. *Psychol.* Inc. 2006, 17, 96–101, DOI:10.2307/20447307..