

Impact of COVID-19 Pandemic on India

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Abstract - Globalization has increased health risk by pandemics like COVID-19 diseases or corona diseases. The Successful growth of any country is largely dependent on citizen's health. India, in 1950, made remarkable efforts to improve public health. But due to the increasing population, industrialization and increasing environmental degradation, we see increasing communicability of diseases. Communicable diseases not only affect the lives of people but also the working capacity of various sectors and economy is also affected, such burden is brought before us by COVID-19 disease. This corona virus firstly affect the China's economy and slowdown its development. Afterwards in India, Maharashtra government firstly stuck down its industrial companies, railways, social gathering which directly affected on the economy and share market collapsed due to the increasing number of Corona virus's rapid spread among the people. According to CII Indian economy falls below 5% in FY2021. If we are unable to take proper steps and choose correct policy action urgently, due to the spread of virus we have to face some important socio-economic problems. This paper explains the socio-economic impacts of the wide spread of it. I am also going to explain the work of some NGO's who were trying their best to tackle with the atmosphere created by the wide spread of virus and lastly I am going to explain some suggestions to control the spread of the virus.

Keywords: COVID, local communities, poverty and inequality, disaster emergency and anganwadi.

Introduction : COVID-19 disease is found mostly in human beings. The first case of this disease was discovered at WUHAN in China, while In India the symptoms of COVID-19 were reported on 30 Jan. 2020 and the first case in India was reported at Thrissur, Kerala. The outbreak of this virus has been declared as epidemic in more than a dozen states and union territories. Many educational institutions and many commercial establishments have been shut down. Afterwards India suspended all tourist visas as majority of confirmed cases were linked to other countries. On 22ed March 2020 India observed a 14-hour voluntary

public curfew at the instance of honourable P.M. Modi. The government followed it up with lockdowns in 75 districts where COVID infected persons found in large numbers. On 24th March, the P.M. suddenly ordered a nationwide lockdown for 21 days which affected the entire population of India. Due to the wide spread of virus and the increasing number of patients in critical conditions and increasing numbers of deaths during the second wave of the corona virus various state governments are still announcing and extending lockdowns till today. Due to this the industrial establishments, schools, cinema halls, malls in the cities are still closed. Some states are providing limited time for opening the hotels, vegetable venders etc, for providing necessary martial needs of the people.

On 13th March 2020 the PM proposed that SAARC nations jointly fight this pandemic corona his idea was welcomed by Nepal, Bhutan, Srilanka and Maldives. He announced Rs.74 crores of funds classified as COVID-19 emergency funds for SAARC countries. Also he announced 15000 crore aid for the healthcare sector for developing testing facilities, PPEs kits, ICUs, purchasing Ventilators and for training medical workers. During the first wave of the COVID-19 government carelessly exported about 8 crore doses to other countries among them about 84% were exported to Zeneca and Oxford University, (according to the information provided by BJP spokes person Mr. Sambit Patra) to fulfill the commercial contract but P.M. tried to build his image as the world guru. He totally failed to think about the emergency of undertaking countrywide mass vaccination programme. According to the recently undertaken survey on Twitter by 'Castribe website' based in America, about the image of five political leaders from five countries, regarding their role during the COVID pandemic, which explains that the image of P.M. Modi was at the lowest level,(according to the survey report the respondents gave him 90% marks as most worst). Modi, who totally failed in dealing with Corona pandemic in India? Till today some of the Indian states were using the only way to combat the spread of Corona virus is extending the lockdown period in the state. On 24th May 2021, the Chief Minister of

Maharashtra extended the lockdown period till 8th June 2021. By explaining the current situation I am going to explain some of the socio-economic impacts of COVID-19 on Indian society.

This research paper is totally based on the secondary data collected through various articles, research papers, news in daily news papers and internet

Social and Economic Impact of COVID-19

With the help of following points I am trying my best to explain the social and economic impacts of COVID-19.

a) Lockdown affects the school going students: Right from the beginning our government, may be at the central or state levels, think that lockdown is the one and only important solution to restrict the spread of corona virus in society. So that, governments relied on the declaration of lockdown and extending it from time to time, by providing some relaxations in it. First of all the schools and colleges were completely banned. Government suggested to the school and college authorities to teach and arrange their examinations by using technology such as What's app, Google meet, but it is not possible for all school and college going students to attend the online classes and exams due to the lack on android mobile, internet connection, or non availability of internet data and internet access to attend the online classes. Most of the students belong to power families. It is also seen, those who are capable to get these facilities don't regularly attend the classes arranged by school or college teachers (approximately 2% to 3% students from arts and commerce wings attend such classes) in most of the rural and semi rural areas. Some teachers are also not well versed about using the technology properly. Instead of arranging examinations of first to ninth classes Maharashtra government declared that all students were promoted to next class. Recently the SSC and also HSE Board declared that arranging offline exam of 10th and 12th standard students was impossible due to lack of the vaccination of the students which is one of the most important hurdles in arranging off line examination. The face to face communication among students and teachers was lost. The students belonging to anganwadi, pre-primary and primary schools and colleges had compulsory to stay in their homes. They are becoming more and more vulnerable; and those who were admitted to anganwadi and preprimary schools become more malnourished, due to the non availability of mid-day meals, which was provided in schools. Some of them are becoming more and more mobile addicts. Those who have mobile phones were becoming lazier and due to the restrictions

of staying in home, they have lost intimate relations with their friends and teachers. Till today they and their parents are not aware about the reopening of the schools and colleges. It shows worst impact of COVID-19 on the schools and colleges in our country.

a) Impact on girl students: Due to the shutdown of schools it became difficult for girls to access separate toilets. This situation led to an increase in open defecation in villages and in informal settlements which increased opportunities for sexual abusers to attack girls in abandoned spaces. The returned male family members employed in cities or other states, and their uncertainty regarding future livelihoods, led to an increase in domestic violence and cases of material rape.

b) Impact on health services: The health service system in Indian villages and small cities were collapsed completely. The health services were provided by the health service staff in villages but to slow down the spread of virus, all the health workers were diverted to support the COVID-19 response by ordering them to take door to door survey for finding out suspected persons, provide guidance to people about importance of sanitization, cleanliness of hands, wearing mask, maintaining proper physical distance, cleanliness of total body and stay in the home, and providing maximum services regarding testing, proper guidance regarding protection and if necessary suggesting them to admit in the hospital immediately after getting positive report. While doing the allotted work there was a fear in the minds of health workers about coming into direct contact with infected persons but they have to do work under such fearful condition very carefully. Some of the health service providers and police men were became positive and lost their life. Under this critical condition their availability for providing proper services to pregnant or lactating women and children were become limited, which affected their routine responsibilities regarding pregnancy check-ups and vaccinations. Also their routine work related to vaccine and access to sexual health and family planning services were impeded, which resulted in increased cases of unwanted pregnancies, teenage pregnancies and unsafe abortions.

c) Rise in Poverty and hunger: Due to the lockdown almost all street venders are unable to carry on their activities, men and women working in unorganized sector have lost their earnings which made difficult for them to fulfill the essential requirements of their families. (as of which lastly they goes into the grip of poverty). Some of them after thinking about returning to their native villages and try to minimize their daily needs and tried to return to their native villages in search

of some work and leave minimum comfortable life with their relatives. But due to restrictions and cancellation of transport facilities they have no way to return back to their native villages. Some of them tried to reach their destination by walking along with their family members. In their traveling they have faced many problems, such as lack of minimum food and health needs. As of this some of the workers and their family members lost their life. On the other hand those who somehow tried to reach their native places were not welcomed by their villagers. Family members also not permitted them to enter in the family due to the news on media about spread of corona virus and its dangerous consequences already created fear about spread of corona in the cities. Some of them those who were accepted by their relatives have made compulsory to leave in isolation in their own family members and by their relatives. Those who have not the abilities required for work in agriculture and village setting became ideal. This gave room for quarrels in the family and villages. Their returning to the remote villages also became a cause of spreading the virus in the villages. Thus the street venders and workers in unorganized sector who lost their earnings and returned to villages carried the virus to various villages. As of which the infection spread widely among the villagers. The health care system in villages was not in a position to handle the critical conditions of the infected patient properly. The private doctors, though they were not aware about the proper treatment of such infected people, tried to provide medicines on their limited knowledge at least for two to six days and after the condition of patient becomes more critical and serious they tell the relatives of the patient to take the patient to major cities where government hospitals were trying to provide treatment to patients. The situation of government hospitals in cities was not well and on the other hand well equipped private hospitals and doctors in cities charged lakh of rupees from the relatives for admitting and providing treatment to the patient. During such emergency period some people engaged themselves in blackmailing the people by creating shortage of essential injections and taking advantage from the relatives of the patient, by providing the required services (like providing Covid Shield injections, oxygen cylinders, ventilators to the relatives for the patient) on extra price the helpless relatives had no other choice than purchasing these on extra price. For them saving the life of the patient is most important so they try to collect the required money and submit in the private hospitals and to give to the blackmailers. Thus those villagers, became more poor, But due to the serious condition of the admitted patient becomes more

critical and at last he or she loses his or her life in this way the number of deaths were rising day by day and the number of poor families rich at the pick point of poverty.

c) **Attitudinal change created by lockdown and spread of corona virus:** The wide spread of virus and lockdown changed the attitude of people living in slum areas towards fulfilling their essential needs. The economic distress resulting from the loss of livelihood compelled the people living in the slum areas to compromise in different areas of their lives. They have to compromise with the unprecedented situation, especially the loss of livelihood and the limited resources they had available. Many people were not able to meet their daily needs nor of their families. (One such example of a 30-year-old woman from UP staying with her husband and two children in Delhi for six years and working as a cleaner explained that due to the strict lockdown she has to compromise as they did not have enough income and not enough to eat. She compromised with having adequate food too. They cannot eat as before the lockdown and not able to buy milk for their two children, but now it has become challenge. They just eat whatever the minimal they prepare for everyone). This shows the change in the attitude of the slum dwellers towards their life. Many people were helpless regarding providing food for their children. Apart from this many slum resident women have to compromise with the changed circumstances due to the lockdown and spread of virus. Before the spread of virus and lockdown they use menstrual pads, recharge mobiles, using gas for cooking, and the health needs of entire family but after the spread of virus they have to compromise with the changed situation. The dependents of the migrant workers still living in their home village also had to compromise with the changed circumstances.

d) **The impact of COVID-19 curtailed the important needs of poor people:** The poor people who lost their day today income due to the lockdown have curtailed their important needs. They are not in a position to purchase the vegetables in large amount and store them in their houses. Also the most essential needs milk, recharging their mobile, pay the monthly electric bill of their house, etc. The women in the small settlements like 'Dharavi' slum have not in a position to purchase the essential hygienic medical material for their safety.

e) **Created Stigma towards Minority Groups:** The corona pandemic has been impacted on social relations, often at the expense of minority groups physical distancing and various phases of extended lockdown restrictions have been layered on top of a changed

cultural history of caste, contagion and untouchability, discrimination against religious minorities. Dalits in particular have been at the forefront of the pandemic. Boundaries have sharpened at community, state and national levels-shifts reflected in prevailing socio-political attitudes. An early COVID-19 cluster among members of Tablighi Jamat, (an Islamic missionary sect) received extensive media attention, following a group gathering in New Delhi in mid-March last year. Quickly positioned as a key factor in the virus's spread among the Indian population, the religious stigmatization resulted in suicides, attacks on mosques and Muslim truck drivers were taking in large numbers, and boycotts by the people of Muslim-owned businesses. This stigma affected a community leader already hit by the pandemic with 84% Muslims lost work during the lockdown, The judgment of High Court had criticized the government for wrongly arresting Muslim foreign nationals and the media for scapegoating Muslim pilgrims.

f) Careless attitude of Political leaders: The attitude towards the spread of corona virus was very careless. In the increasing spread of corona virus during second wave and increasing deaths of people ruling political party had not restricted the organization of Kumbha Malya, where lakhs of people gathered to celebrate the holy bath in river Ganga, where all the instructions about sanitization and keeping physical distance, wearing of masks were not followed by the gathered people. Which leads to the wide spread of virus and explained the increased deaths in U.P. Social media had explained this by exploring photographs of the dead bodies flowing in the river. This explains the carelessness of the ruling political party in UP. The ruling political party (BJP) engaged herself in organizing political campaigns in West Bengal's state elections, to explain their political agenda and attract the voters to vote their candidates. Still today according to the news appearing in the social media instead of thinking about taking proper steps for curbing the spread of corona virus, non availability of essential medical needs to fight against the critical conditions of positive patients they are indulge in thinking about how to remain in power in coming UP state election . And for it they are thinking about using their old agenda of creating communal divide in the society. Instead of thinking about the collapsed health system in UP and increasing number of deaths when it's their priority to taking steps to built up proper medical system, with essential medical equipments they are thinking about how to remain in the power.

g) Impact of Corona virus especially on women: As far as the impact of corona virus on women living in

rented accommodation with limited space had to face the problem regarding their children as they were not able to manage their children throughout the day inside the home. Due to the sudden loss of livelihood their families were deprived from the means of entertainment, including the Television and Smartphone. The main cause behind this was the loss of the opportunities of earning the money as of imposed lockdown and the wide spread of corona virus.

Conclusion: In nutshell, the impact of COVID-19 on India is more dangerous. The wide and speedy spread of the virus had totally collapsed the economic, educational and medical system. The approach of the government regarding the impact of spread of corona virus on total Indian society was careless. Mostly rural people and people living in slum areas were more affected by the spread of corona virus. In this situation it becomes more important to think about it carefully and it is the duty of government to take proper decision about arranging the total countrywide vaccination campaign within coming few months and fulfill the urgent needs of poor people. If government fails in this according to the expert opinion Indian people have to face the coming third more dangerous wave along with the spreading of black fungus and white fungus among the Indian people slowly but surely which will made havoc in India.

References:

- 1) Abdul Azeez, E.P,Dandub Palzor Megi, Asha Rani and Senthil Kumar A P, 'The Impact of COVID-19 on Migrant women workers in India' *Eurasian Geography and Economics, Routledge Journal*
- 2) SSHAP, 'COVID-19, Uncertainty, Vulnerability and Recovery in India,'
- 3) Swapnil P. Dhatrik, 'The Socio-Economic Impact of Covid-19 Pandemic in India' *International Journal of Arts, Science and Humanities.*
- 4) Asia <https://www.org/rosa/media/13066/file/Main%20Report.pdf>, 'Millions of children risk poverty and hunger as India's COVID crisis spirals' 28th April 2021
- 5) Niyati Agrawal and Hasan Ashraj, Dvara Research 'COVID-19 Impact on Daily Life Survey', December 2020
- 6) Jeemol Unni 'Impact of Lockdown Relief Measures on Informal Enterprises and Workers' *Economic & Political Weekly*, 26 Dec, 2020
- 7) Foresight 4 'Responding to the Impact of COVID-19 on Rural people and Food Systems' working document 10 May. 2020