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COVID-19 LOCKDOWN IN INDIA AND ITS IMPACT ON PEOPLE'S LIVELIHOODS

Syed Abdul Qadir B. Makandar¹, Jai Prabhakar S. C², B.R. Ambedkar Nagar³

¹Department of studies in Anthropology, Karnatak University, Dharwad-580003, Karnataka

²Centre for Multi-disciplinary Development Research (CMDR)

³Near Y. Shettar Colony, Dharwad-580004, Karnataka

E-mail: 1sayed.razamanzil@gmail.com, 2anthroprabhakar@gmail.com

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ABSTRACT

On March 11th, 2020, World Health Organisation (WHO) declared coronavirus disease-19 (COVID-19) as a pandemic citing the spread of deadly virus around the world. In a measure to control the spread of the virus, many countries declared lockdown. However, this lockdown has had an adverse effect on the people's livelihoods. The present paper aims to study the different impacts of COVID-19 on the life of people due to the lockdown imposed by the government. An attempt has been made to understand, COVID-19, pandemic nature, variants, symptoms, impact on nutrition, education, economy, rural population, social life, the burden on women, domestic violence, etc.

INTRODUCTION

Pandemics are recognized as large-scale outbreaks of infectious diseases; they remarkably increase morbidity and mortality over a vast geographic area and contribute to significant economic, social and political disruption (Madhav et.al, 2017). Recent global pandemic disease COVID-19 spread rapidly and created widespread destruction on the human population. In a measure to minimize the spread of the virus, many countries-imposed lockdown measures including orders on stay-at-home, closing of education institutions, businesses entities, recreational places, places of worship, and restrictions on travel. Due to pandemic and lockdown situations, people have experienced numerous pandemic-related consequences. It significantly affects the psychological and social life of the human population.

Covid-19

COVID-19 (Coronavirus disease 2019) is a highly infectious viral illness caused by Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2), has had a disastrous effect resulting in more than 4.5 million deaths around the world, appearing to be the most dangerous health crisis since the influenza pandemic of 1918 (Casella et.al., 2021). The first case of respiratory viral illness caused by SARS-CoV-2 was being reported in Wuhan, Hubei Province, China in late December 2019, later SARS-CoV-2 rapidly spread across the globe due to which WHO had to declare it a Global pandemic on March 11, 2020.

Sars-Cov-2

SARS-CoV-2 (Severe Acute Respiratory Syndrome Coronavirus 2) is an RNA virus. Similar to other RNA viruses, SARS-CoV-2, while infecting their new human hosts, is susceptible to genetic evolution with the development of mutations over time, leading to mutant variants that may have different characteristics than its earlier strains. Many variants of SARS-CoV-2 have been delineated throughout this pandemic, among which some of them are considered variants of concern (VOCs) and variants of interest (VOIs) by the WHO, based on their impact on global public health. Based on the recent epidemiological update by the WHO on August 31, 2021, four SARS-CoV-2 VOCs and five VOIs have been identified (World Health Organization, 2021).

Variants of concern (VOCs)

- **Alpha (B.1.1.7):** The first variant of concern was the earliest documented sample in the United Kingdom (UK) in September 2020 and was designated as VOC on 18 December 2020.
- **Beta (B.1.351):** It was the earliest documented sample in South Africa in May 2020 and was designated as VOC on 18 Dec 2020.
- **Gamma (P.1):** It was the earliest documented sample in Brazil in November 2020 and was designated as VOC on 11 Jan 2021.
- **Delta (B.1.617.2):** It was the earliest documented sample in India in December 2020 and was first designated as VOI on 4 April 2021 and then as VOC on 11 May 2021.

Variants of interest (VOIs)

- **Eta (B.1.525):** This was the earliest documented sample in multiple countries in December 2020 and was designated as VOI on 17 March 2021.
- **Iota (B.1.526):** This was the earliest documented sample in the United States of America in November 2020 and was designated as VOI on 24 March 2021.
- **Kappa (B.1.617.1):** This was the earliest documented sample in India in October 2020 and was designated as VOI on 4 April 2021.
- **Lambda (C.37):** This was the earliest documented sample in Peru in December 2020 and was designated as VOI on 14 June 2021.
- **Mu (B.1.621):** This was the earliest documented sample in Colombia in January 2021 and was designated as VOI on 30 August 2021.

Timeline of the spread of COVID-19

- On 31 December 2019, the China WHO Office was informed of cases of pneumonia of unknown cause were found in Wuhan City, Hubei Province of China.
- The cause for the spreading pneumonia was identified as novel coronavirus by Chinese authorities on 7 January 2020 and was temporarily named “2019-nCoV”.
- The new virus was subsequently named the “COVID-19 virus which was found to be more lethal and spreading with high speed.
- On 30 January 2020, Dr. Tedros Adhanom Ghebreyesus, WHO Director-General declared the novel coronavirus outbreak a Public Health Emergency of International Concern (PHEIC), which is the highest level of alarm by WHO.
- Further ICTV (International Committee on Taxonomy of Viruses) named the new virus as “severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)” on 11 February 2020.
- On 11 March 2020, the rapid increase in the number of cases outside China led the WHO Director-General to announce that the outbreak could be characterized as a pandemic.

As of 31 August 2021, 219 million cases of COVID-19 and 4.5 million deaths due to COVID-19 have been reported around the world (World Health Organization, 2021).

Major symptoms of COVID-19

COVID-19 symptoms include Cough, Fever or chills, Shortness of breath or difficulty breathing, Muscle or body aches, Sore throat, Loss of taste or smell, Diarrhea, Headache, Fatigue, Nausea or vomiting, Congestion or runny nose, etc. Either these COVID symptoms are expressed any one or multiple. Though these are common symptoms, there is no specific symptom to declare the COVID-19 disease.

Some people infected by the coronavirus experienced mild COVID-19 illness and others show no symptoms (Asymptomatic) at all. However, in some cases, COVID-19 can lead to respiratory failure, lasting lung, and heart muscle damage, nervous system problems, kidney failure, or death.

COVID-19 outbreak in India and its consequences

COVID-19 is highly infectious and its rapid growth has quickly impacted public health systems. As India is the second-highest populated country in the world, pandemics such as COVID-19 have more effect due to less number of the patient to doctor ratio. Emergencies often lead to neglect of basic and regular health essential and health care services. People having problems other than COVID found it difficult to get access to health care services everywhere. Patient with chronic diseases was unable to take treatment either due to fear of contacting COVID-19 or facing difficulties in consulting doctors due to lockdown restrictions. Most of the public hospitals are reserved exclusively

for advantaged groups, limiting the vast pool of less privileged who solely depend upon government facilities. Cancer patients were struggling to get chemotherapy as most of the chemotherapy centers closed, and those functioning were difficult to reach due to restrictions on travel. HIV patients are the other major category, suffered most during the COVID-19 lockdown period. Patients were unable to visit their antiretroviral therapy centers regularly. Immunization and antenatal check-up services were affected even though primary health centers, district hospitals, and medical colleges are providing vaccination services but people are not daring to take their children for immunization due to fear of contracting COVID-19. These events have increased the possibility of increasing the country's morbidity and mortality rate. Migrated people were the worst sufferer than others. Due to lockdown, their employment opportunity in cities and towns had come down to nil, lead to a miserable lifestyle. Many had traveled back to their native places on foot for long distances. Several death cases were also reported across the country due to many problems cropped from pandemic and lockdown situations.

Impact on Nutritional Status

Events such as the COVID-19 pandemic and nationwide lockdowns affected the availability of food in two ways, first through the loss of income and reducing individual-level food access, lower dietary diversity leads to people switching to low-quality diets (Darmon & Drewnowski, 2015; United Nations, 2020). Second, the disruption of transport leads to a hike in prices of nearly all food groups leading to a lack of access to the below poverty line and the lower-middle-class people, these people are more vulnerable because they face problems coupled with income loss and lack of access to food. The pandemic has had different implications on women's food and nutrition security than the other members of the family due to the increasing scarcity of food and the influence of patriarchal social norms (Carmen et.al., 2020).

Psychological impact

While lockdown can be a significant and effective strategy of social distancing to fight the rapid spreading of the highly infectious COVID-19 virus, at the same time man being a social animal, such restrictions on free movements can lead to anger, frustration, loneliness, and depressive symptoms. It is a known fact that quarantine/isolation for any cause and in the context of a pandemic has been associated with significant mental health problems ranging from anxiety, fear, depressive symptoms, sense of loneliness, sleep disturbances, anger, etc., (Grover et.al., 2020).

In an online survey conducted by Grover S et.al., (2020) among the total of 1871 collected responses, 1685 (90.05%) responses were analyzed. Results showed that 644 (38.2%) had anxiety and 177 (10.5%) of the participants had depression. Overall, 683 (40.5%) of the participants had either anxiety or depression. Moderate level of stress was reported by 1249 (74.1%) of the participants and 1209 (71.7%) reported poor well-being. Higher levels of stress, depression, and anxiety correlated positively with each other and negatively with well-being.

Impact on Education

India has the second-largest education system in the world. However, the Indian education system is still in the developing stage both in urban and rural areas. Many remote areas are still inaccessible to quality education. Under these circumstances, the Government imposed a nationwide lockdown on 25th March 2020 as per the WHO guidelines. The complete lockdown of educational institutions severely impacted the education system of the country. It is further worsened the education of rural India. According to UNESCO (2020), over 63 million teachers were affected by the COVID-19 crisis around the world, and approximately 320 million learners had been affected in India alone. Both teachers and students are facing problems during online education. Lack of facilities like gadgets, poor or no connectivity of the internet, technological illiteracy, external distraction, family interruption, etc. were the major issues noticed during online classes. Many below poverty line children who were regularly nourished with the help of midday meals were unable to fulfill their hunger due to closed schools.

Impact on Economy

The outbreak of COVID-19 had brought social and economic life to a standstill due to the lockdown imposed all around the world. The world which was forever busy with activities had fallen silent leading to a never-experiencing-before crisis. The pandemic has had a multi-sectoral impact as the economic activities slowed down. A report published by the World Bank estimated a 3.9% to 6.5% fall in global GDP due to lockdown (Maliszewska et.al, 2020), this prediction seems to have come true as we can see India's GDP shrank to 7.3% in 2020-21 and reported that it is the worst performance of Indian economy since independence.

Micro, small and medium enterprises (MSMEs), which have employed over 114 million people by creating more than 90% of jobs in India and contributing to 30% of the GDP (Pandey and Pillai, 2020). Due to lockdown, these MSMEs are severely affected and many have just disappeared due to the disturbance in their cash cycle. In addition to that, travel restrictions have hampered the movement of perishable goods causing huge losses to the businesses. It is a cause for concern; India cannot have real and sustainable growth without having a thriving MSME sector (Chaudhary M et.al, 2020).

Impact on Rural Population

In this terrific situation, the challenges faced by the rural population in India are quite different from the people living in urban areas. When the Government of India imposed an unexpected lockdown, villagers and small towners across India who migrated to bigger cities in search of a job for better living have lost their livelihoods. Making it a difficult situation as they continued to stay, would cost house rent and other basic expenses. The uncertain situation was manageable for those as they lost their jobs due to closure in the industrial and construction sector. Rural and migrated people

were dependent only on these sectors as they fetched breadwinning jobs. Thus, they started returning to their villages. Even though there were no travel facilities, they chose to walk for days together without food, water, etc. When these migrant workers returned to their villages it caused distinct problems to the heads of the villages, the authorities, as the migrants had to be quarantined and many migrants were unwilling to be quarantined (Vardaraj and Prateek, 2020).

Impact on Social Life

The imposition of lockdown has had a severe social impact on society. There was less awareness of the seriousness of the disease and severity of viral impact. An unaware situation created negligence in the minds of the people, as they did not listen to the government plea immediately. It was very much evident on the part of less educated and illiterate people. Many had to conduct unnecessary events and gathered crowds. On the other end, people refused to get tests on having symptoms, as rumored about deaths in hospitals and quarantine centers. Many people often consumed rumors from social media and internet news. Due to falsehoods reported, some sects of people are targeted and discriminated against for accessing certain provisions. Further, false facts and rumors continued about the vaccines that caused vaccine hesitancy in the people. There also reported superstitious beliefs about alleged cures for COVID-19 and many states have reported such practices.

The burden on Women and Domestic Violence

The impact of lockdown has been distressing and changed how humans perform their daily routine, however; it has not been the same among all the social groups. The most marginalized and vulnerable groups are being affected more due to existing social inequalities (Grown and Sánchez-Páramo, 2020). The lockdown has affected much on women compared to men through the increased burden of unpaid work. Women bore the burden through time-consuming, physically tiring, and stressed responsibility along with poverty (Chauhan, 2020). In addition to the burden of work, many women had been faced domestic violence and abuse. According to official data of the National Commission for Women (NCW), 4350 complaints were received under the category of “protection of women against domestic violence”, between the lockdown period of six months, i.e., from March 2020 to 18 September 2020 (PIB, 2020).

CONCLUSION

COVID-19 has caused an enormous amount of havoc and had a direct or indirect severe impact on every individual around the world. Many countries declared unprecedented lockdowns, which led to an environment of fear, stress, and anxiety. Students have been away from schools, colleges, and universities that have steered a gap in their academic progress. Several businesses sectors shut down and others have suffered huge losses due to the disruption caused by the lockdown. Isolation and lockdown measured have created several issues like social anxiety, panic due to uncertainty, economic recession, and extreme mental stress. To manage this kind of situation,

government authorities and people need coordinated efforts. It is the responsibility of every citizen to follow guidelines, be vaccinated, and take safety measures by following the COVID-appropriate behavior prescribed by the health authorities. On the other end, it is the responsibility of the government to safeguard its people by devising proper measures and programs to combat the deadly situation.

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