

The Social Impact of COVID-19 Pandemic: A Review

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Abstract

The recent COVID-19 pandemic has had significant social effects on the population. The COVID-19 outbreak affected all segments of the population and is particularly detrimental to members of those social groups in the most vulnerable situations, which continues to affect populations, including people living in poverty situations, older persons, persons with disabilities, youth and indigenous people. Research has highlighted the social impact of COVID-19 on persons with disabilities, youth and the impact of COVID-19 on the education systems. The investigator has also suggested some recommendations regarding the prevention of persons with disabilities, youth from COVID-19.

Key words: *COVID-19, Education system, Pandemic, Persons with disabilities, Social impact, Youth.*

Introduction

The COVID-19 pandemic has led to a dramatic loss of human life worldwide and presents an unprecedented challenge to public health, food systems and the world of work. The economic and social disruption caused by the pandemic is devastating; tens of millions of people are at risk of falling into extreme poverty, while the members of undernourished people currently estimated at nearly 690 million. could increase by up to 132 million by the end of the year. The UN's Framework for the Immediate Social-Economic Response to the COVID-19 crisis warns that "The COVID-19 pandemic is far more than a health crisis; it is affecting societies and economies at their core. While the impact of the pandemic will vary from country to country, it will be most likely to increase poverty and inequality at a global scale, making the achievements of SDGs even more urgent. Assessing the impacts of the COVID-19 crisis on society, economics, and vulnerable groups is fundamental to inform and tailor the responses to the crisis and ensure that no one is left behind in this effort".

The COVID-19 pandemic has infected approximately 7 million people and the death toll has surpassed 400,000 across the world. India too has borne the brunt with cases

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increasing each day. Social stress caused by lockdown has many faces and reasons resulting from travelling, restrictions and disruptions of cultural celebrations, limited healthcare facilities, and interruption in regular immunisations in hospitals leading to anxiety and fear among the population, unplanned closure of schools and colleges affecting both students and parents regarding the academic year and the loss of quality education.

Social impact of the Quarantine

Quarantine is the separation and restriction of movement of people who have potentially been exposed to a contagious disease to ascertain if they become unwell, so reducing the risk of them infecting others. Studies of pandemics faced over time such as SARS, Ebola, H1NI, and the current COVID-19, show that the psychological effects of contagion and quarantine were not limited to the fear of contracting the virus (Barbisch *et al.*, 2015). There are some elements related to the pandemic that affect the population, such as separation from loved ones, loss of freedom, uncertainty about the advancement of the disease, and the feeling of helplessness (Li and Wand, 2020., Cao *et al.*,2020). Quarantine is one of the unpleasant experiences for those who undergo it. Since quarantine includes separation from loved ones, loss of rights, confusion about the status of disease, and boredom can have dramatic effects (Brooks *et al* 2020). This quarantine period can extend for an unpredictable long time. The possibility of psychological and mental problems increases due to quarantine (Xiao,2020).

Social effects of the COVID-19 pandemic on Persons's with disability (PWD) and Youth

i) Persons with disabilities (PWD)

Persons with disabilities living in conflict zones already deal with increases, health challenges, exacerbated threats to their security, and societal marginalization that negatively impacts every facet of their lives. Prior to the COVID-19 pandemic persons with disabilities (PWD), we are at greater risk for difficulties accessing healthcare, performing instrumental activities of daily living, and maintaining financial well-being (Kweon 2020., Lenza et al 2001., Garberoglio et al. 2016). Persons with disabilities are less likely than others to be employed and when employed, they are more likely to be employed in the informal sector (UNDES). As a consequence, they have less access to social insurance based on employment than others, which decreases their economic resilience in the current COVID-19 context. For those who are employed or self-employed, they may be prevented from working from home due to the absence of equipment and support which are available in the workplace, and face increased risks of losing their homes and job. In addition, COVID-19 measures may indirectly affect

persons with disabilities by preventing families and breadwinners of the household from working, negatively impacting the overall income of the household. The lack of income represents a disproportionate burden on persons with disabilities and their households, which typically face extra costs and expenditures related to disability, pulling them more rapidly into (United Nations Human Rights-2020, Disability and Development report).

Youth

Many governments have called on youth to embrace the effort to protect themselves and the overall population. In terms of employment, youth are disproportionately unemployed, and those who are employed often work in the informal economy or gig economy, on precarious contracts or in-service sectors of the economy, that are likely to be severely affected by COVID-19. Many vulnerable youth such as migrants or homeless youth are in precarious situations. They are the ones who can easily be overlooked if governments do not pay specific attention, as they tend to be already in a situation without even their minimum requirements being met in health, education, employment, and well-being.

Given the number and scale of the crisis in India, the implications of interrupted reproductive healthcare and on mental health have to be critically explored among young people in India constituting almost one-fifth of the country's population, adolescents face education uncertainties, restrictions on their mobility, freedom and socialisation, an increase in domestic chores and household conflict and anxieties around their employment prospects. To understand how India's young people are coping with these challenges, Population Foundation of India (PFI) conducted two rapid assessment surveys to understand the level of knowledge and attitude of young people towards COVID-19 and how it has impacted their lives and mental health. Population Foundation of India (PFI) found that i) 68 % respondents in Uttar Pradesh reported an increase in social media use during the lockdown. Of those respondents who reported feeling depressed, social media use were even higher at 92%. ii) 6 of 10 students responded that they felt anxiety regarding their ability to find jobs due to COVID-19 iii) 1 in 4 young people in UP experienced depression during lockdown. The study revealed that young people in India are well aware of COVID-19, its system, care, and safety measures but that they continue to face several challenges in their access to reproductive health and mental well-being.

COVID-19 and Education System

COVID-19 has had an impact on social mobility whereby schools are no longer able to provide free school meals for children from low-income families, social isolation, and school dropouts

Most governments around the world have temporarily closed educational institutions, in an attempt to reduce the spread of COVID-19. According to UNICEF monitoring, 53 countries are currently implementing nationwide closures and 27 are implementing local closures, impacting about 61.6 percent of the world's student population (UNESCO,2020). This school and university closures will not only have a short-term impact on the continuity of learning for more than 285 million young learners in India but also engender far-reaching economic and societal consequences. The structure of schooling and learning, including teaching and assessment methodologies, was the first to be affected by these closures. Only a handful of private schools could adopt the online teaching methods. The pandemic has significantly disrupted the higher education sector as well, which is a critical determinant of a country's economic future. A large number of Indian students, second only to China, enrol in universities abroad, especially in countries worst affected by the pandemic, the US, UK, Australia, and China. Many such students have now been barred from leaving these countries if the situation persists, in the long run, a decline in the demand for international higher education is expected.

Recommendations

Some of the key actions, states, and other stakeholders should take to prevent persons with disability from the negative impact of COVID-19 are as under:

1. Ensure that information on COVID-19 related measures is accessible to persons with disabilities, including thorough sign language interpretation, captioning, and easy to read formats, among others.
2. Ensure that supported persons of persons with disabilities are exempted from stay-at-home restriction to provide support.
3. Promote and coordinate the development of community support networks, and ensure the availability of protective materials, equipment, and products.
4. Ensure the provision of reasonable accommodation to persons with disabilities by refraining from blanket prohibitions of leaving home and imposing fines and creating exemptions for persons with disabilities to be outside.
5. Consider establishing opening hours giving priority to persons with disabilities and personal assistants in supermarkets, groceries, and other essential shops during stay-at-home confinement measures.

Preventive measures have to be taken to stop the negative impact of COVID-19 on education system

1. Inclusive learning solutions, especially for the most vulnerable and marginalized, need to be developed. With a rapid increase of mobile internet users in India,

which is expected to reach 85% households by 2024, technology is enables ubiquitous access and personalization of education even in the remotest parts of the country. Thus, it can increase the effectiveness of learning and teaching, giving students and teachers multiple options to choose from. Many aspirational districts have initiated innovative mobile-based learning models for effective delivery of education, which can be adopted by others.

2. It is important to reconsider the current delivery and pedagogical method, in school, and higher education by seamlessly integrating classroom learning with e-learning modes to build a unified learning system.
3. Flexible and sick leave policies should be developed which can encourage students and staff to stay home when sick or when caring for sick family members. Discourage the use of perfect attendance awards and incentives. Identify critical job functions and positions, and plan for alternative coverage by cross-training staff. Plan for possible calendar challenges, particularly in relation to breaks and exams.
4. Work with social service systems to ensure continuity of critical services that may occur in schools such as health screenings, feeding programs, or therapies for children with special needs.
5. Coordinate and follow guidelines from the national health staff and update emergency contact lists. Ensure a procedure for separating sick students and staff from those who are well without creating stigma and a process for informing parents, caregivers, and consulting with health care providers/health authorities wherever possible.

To address the aforementioned problem of young people, the following strategies are needed (Population Foundation of India):

1. There is a need to strengthen the messaging of core information that is disseminated for public consumption during a public health emergency, like the current pandemic. A concerted effort needs to be made to ensure that this information reaches socially marginalised communities like SCs and STs.
2. Young people reported unmet needs for health services and family planning related services as the focus of India's public health system shifted to managing and containing the pandemic. There is, therefore a need to advocate for a continued priority for reproductive health. FLWs need to be equipped with better resources to effectively and continuously deliver reproductive health services.
3. Government agencies and civil society organizations need to continue making concerted efforts to address and challenge social norms that traditionally put the burden of caregiving on women with mental health consequences.

4. The delivery of mental health care services through formal and trained channels needs to be expanded in response to young people's growing needs and use of it.
5. There is a need to reimagine educational institutions in a way that fosters deeper connections and interactions with students that are not limited to them being in school or the school being in the academic session. One-way forward is to explore what's-app groups and communities training educators to deliver mental health care, which can strengthen a closer interaction between students and educational institutions.

CONCLUSION

The COVID-19 pandemic has engulfed countries across the world in a short span of time. For India, it was and continues to be the biggest health and humanitarian crisis since independence. The government of India declared COVID-19 as a natural disaster and to, contain the spread of the disease, imposed a complete lockdown across the country on March 25, 2020. Overall, this review suggests that the social impact of COVID-19 on persons with disabilities, youth and education is wide ranging, substantial and can be long lasting. Therefore, we all need to have an attitudinal change towards a more sustainable control of the pandemic situation in our country.

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