

Covid-19 and Indian Society

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Abstract: The world has seen many epidemics but Corona virus disease (Covid) which started in the end of 2019 is still with us. Though Covid-19 started in China in December 19, it spread to other countries very fast. From February 2020, it spread to India. Indian Prime Minister Narendra Modi responded to it by calling for nationwide lockdowns which resulted in mass migration of workers going back to their native places. Due to lack of transport facilities, some of them had to go walking which increased their misery. Lockdowns not only brought about joblessness but Covid-19 became a big health concern. The economic impact was felt by all sections of Indian society. Outbreak of Covid-19 had also socio-cultural impact on the family and other social institutions. As there is a second wave of the pandemic in the US and in European countries, the number of affected and the deaths are reducing in India. At the end, the author gives his experience of being stranded in Australia due Corona virus lockdown and subsequent quarantine in a Bengaluru hotel.

Key words: Covid-19, Lockdown, Migration, Health concern, Economic impact, Second wave.

Introduction

The world has seen many epidemics but Corona virus disease (Covid) which started in the end of 2019 is still with us. It has affected the Indians in many ways and they are trying to cope with it. Both the Central and State governments have tried to minimise its effect by imposing lockdowns and now unlocking the lockdowns. Due to lockdown and due to other factors most of the Indians have suffered. This article tries to understand the origin and development of Covid-19 and the impact of it on India society.

Major Epidemics in the World

Though Covid-19 is new to us, the world has seen many epidemics, minor and major. However, major epidemics have ravaged humanity throughout its existence, often changing the course of history and, at times, signalling the end of entire civilizations. The first

recorded epidemic took place in China in 3000 BC where an entire village was wiped out. The archaeological site is now called "Hamin Mangha" and is one of the best-preserved prehistoric sites in north-eastern China and the site was not inhabited again. Another epidemic in the form of plague took place in Athens in 430 B.C. which lasted for five years. It also spread to Libya, Egypt and Ethiopia. The death toll was as high as 100,000 people. The Greek historian Thucydides (460-400 B.C.) wrote that "people in good health were all of a sudden attacked by violent heats in the head, and redness and inflammation in the eyes, the inward parts, such as the throat or tongue, becoming bloody and emitting an unnatural and fetid breath" (quoted by Jarus, 2020).

The Antonine Plague, which may have been smallpox, started in the year 165 A.D. in the Roman Empire and killed over 5 million people. The epidemic was said to have been brought into the Roman Empire by soldiers returning home after a war against Parthia. The epidemic lasted for 15 years and ended in 180 A.D. after which there began instability in the Roman Empire. But, Christianity became increasingly popular after the plague. With the plague of Cyprian¹ (251-271A.D.), people thought that the end of the world had come. This plague was so severe that it was estimated to have killed 5,000 people a day in Rome alone. The plague of Justinian² was active in Europe and West Asia and lasted for ten years i.e. from 541 to 542 A.D. It is estimated that 30–50 million people died as a result of this epidemic which is 10 percent of world's populations and 40–50 percent of population of Europe. There were recurring incidents of plague in Europe and West Asia after this.

Another terrible pandemic was Black Death which lasted for eight long years (1346-1353) in Europe, Asia and North Africa. 75 to 200 million people perished due to this plague. In fact, it wiped out over half of Europe's population. As a result, the course of Europe's history was changed. With so many dead, labour became harder to find, bringing about better pay for workers and the end of Europe's system of serfdom. Another epidemic, cocoliztli³ epidemic was a form of viral hemorrhagic fever that killed 15 million inhabitants of Mexico and Central America between 1545 and 1548. In the 16th century, there were many American plagues which are a cluster of Eurasian

diseases brought to the Americas by European explorers. As a result, around 90 percent of the indigenous population in the Western Hemisphere was killed off. The diseases helped Spanish forces to conquer the Aztec (Mexico) capital of Tenochtitlán in 1519 and Incas (Columbia) in 1532.

The Great Plague of London started in 1665 caused a mass exodus from London. By the time the plague ended in 1666, about 100,000 people, including 15 percent of the population of London, had died. Adding to the misery of London, on Sept. 2, 1666, the Great Fire of London started lasting for four days and burning down a large portion of the city. In the Great Plague of Marseille⁴ (1720-1723) as many as 100,000 people died in Marseille and surrounding areas. It's estimated that up to 30 percent of the population of Marseille may have perished.

In the Russian plague of 1970-72 the terror of quarantined citizens erupted into violence. Riots spread through the city and culminated in the murder of Archbishop Ambrosius, who was encouraging crowds not to gather for worship. By the time the plague ended, as many as 100,000 people may have died. Yet, restoration of law and order was a big problem. The Flu pandemic which started in Russia in 1889 killed around a million people around the globe. In the Spanish Flu⁵, an estimated 500 million people from the South Seas to the North Pole fell victim to Spanish Flu. One-fifth of those died, with some indigenous communities pushed to the brink of extinction. Asian Flu (1957-1958) started in China claimed more than 1.1 million worldwide, with 116,000 deaths occurring in the United States.

Acquired Immuno Deficiency Syndrome (AIDS), the recent pandemic which started in 1981, is still with us. It has claimed an estimated 35 million lives since it was first identified. Human Immunodeficiency Virus (HIV) is the virus that causes AIDS. Now, about 64 percent of the estimated 40 million living with (HIV) live in sub-Saharan Africa. H1N1 Swine Flu pandemic (2009-2010) is the recent pandemic originated in Mexico and in one year, the virus infected as many as 1.4 billion people across the globe and killed between 151,700 and 575,400 people.

Origin of Covid 19

Covid 19 emerged in Wuhan, a city in the Hubei province of China in December 2019 and spread around the world. It is said that it started with the bats being sold in Wuhan market and got transferred to humans. Further, it spread rapidly due to human to human contact. However, it remains unclear exactly how the virus first spread to humans. Corona viruses are common in certain species of animals, such as cattle and camels. In fact, the transmission of corona viruses from animals to humans is rare. Corona (in Latin corona refers to crown) virus represents crown-like spikes on the outer surface; thus, it was named as a corona virus.

SARS-CoV-2 spreads from person to person through close communities. When people with Covid-19 breathe out or cough, they expel tiny droplets that contain the virus. These droplets can enter the mouth or nose of someone without the virus, causing an infection to occur. The disease is most contagious when a person's symptoms are at their peak. Droplets containing the virus can also land on nearby surfaces or objects. Other people can pick up the virus by touching these surfaces or objects. Infection is likely if the person then touches their nose, eyes, or mouth.

Common symptoms of Covid-19 include fever, breathlessness, cough, sore throat, headache, muscle pain, chills and new loss of taste or smell. These symptoms are likely to occur 2–14 days after exposure to the virus. So, 14 days of quarantine is recommended when one travels from one place to another. Older adults are most at risk of severe illness, as are people with the following chronic health conditions such as serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies, kidney disease, chronic obstructive pulmonary disease (COPD), obesity, which occurs in people with a body mass index (BMI) of 30 or higher, sickle cell disease⁶, a weakened immune system from a solid organ transplant and type 2 diabetes. Covid 19 has SARS (Severe Acute Respiratory Syndrome) like symptoms. So far, there is no clinically approved antiviral drug or vaccine available for Covid 19. However, efforts are on in many countries, including India, to invent a vaccine.

Development

On December 31 of last year, Chinese authorities alerted the World Health Organization of an outbreak of a novel strain of corona virus causing severe illness, which was subsequently named SARS-CoV-2. Several of those infected worked at the city's Huanan Seafood Wholesale Market, which was shut down on January 1. Soon China's aggressive action of shutting down transportation in some cities and suspending public gatherings began. Officials isolated sick people and aggressively tracked their contacts, and had a dedicated network of hospitals to test for the virus. On January 11, 2020 China announced its first death from the virus, a 61-year-old man who had purchased goods from the Huanan seafood market. People travelling from China spread the disease to Thailand, US, Nepal, France, Australia, Malaysia, Singapore, South Korea, Vietnam and Taiwan.

On January 30, the WHO declared the corona virus a global emergency as the death toll in China jumped to 170, with 7,711 cases reported in the country, where the virus had spread to all 31 provinces. On February 7, Li Wenliang, a doctor who was among the first to sound the alarm over the corona virus in China, died. By the end of February, countries as Kuwait, Bahrain, Iraq, Oman, Qatar, Norway, Romania, Greece, Georgia, Pakistan, Afghanistan, North Macedonia, Brazil, Estonia, Denmark, Northern Ireland and the Netherlands confirmed the first cases in these countries. On March 11, 2020, the World Health Organization (WHO) declared COVID-19 a pandemic. On March 20, corona virus related deaths surged past 10,000 globally. During this time, Europe remained the epicentre of the pandemic, with Italy reporting 4,825 fatalities and 53,578 cases. On March 31, the number of deaths due to corona virus in the US surpassed those reported by China and the US reported more than 4,000 deaths with more than 300,000 cases.

On April 6, UK Prime Minister Boris Johnson was moved into intensive care as his condition worsened after being hospitalised in London with persistent COVID-19 symptoms. He was released from intensive care on April 9 and was discharged from hospital on April 12. On April 21, President Donald Trump announced on Twitter

Table 1: Number of Covid-19 Cases and Deaths as on January 1, 2021

No.	Country	Cases	Deaths	Recovered	Active
0	World	84,374,657	1,835,219	59,634,614	22,904,824
1	USA	20,617,346	356,445	12,175,841	8,085,060
2	India	10,303,409	149,205	9,901,929	252,275
3	Brazil	7,700,578	195,441	6,756,284	748,853
4	Russia	3,186,336	57,555	2,580,138	548,643
5	France	2,639,773	64,765	194,221	2,380,787
6	UK	2,542,065	74,125	N/A	N/A
7	Turkey	2,220,855	21,093	2,114,760	85,002
8	Italy	2,129,376	74,621	1,479,988	574,767
9	Spain	1,936,718	50,837	N/A	N/A
10	Germany	1,762,504	34,388	1,350,800	377,316
11	Colombia	1,654,880	43,495	1,520,548	90,837
12	Argentina	1,629,594	43,319	1,426,676	159,599
13	Mexico	1,437,185	126,507	1,083,768	226,910
14	Poland	1,305,774	28,956	1,046,281	230,537
15	Iran	1,231,429	55,337	995,570	180,522
16	South Africa	1,073,887	28,887	887,701	157,299
17	Ukraine	1,064,479	18,680	720,009	325,790
18	Peru	1,017,199	37,724	954,982	24,493
19	Netherlands	805,164	11,529	N/A	N/A
20	Indonesia	751,270	22,329	617,936	111,005
21	Czechia	732,022	11,711	600,073	120,238
22	Belgium	646,496	19,528	44,562	582,406
23	Romania	636,201	15,841	566,365	53,995
24	Chile	612,564	16,660	579,203	16,701
25	Iraq	596,193	12,824	539,817	43,552
26	Canada	582,697	15,606	489,819	77,272
27	Bangladesh	514,500	7,576	458,656	48,268
28	Pakistan	482,178	10,176	437,229	34,773
29	Philippines	475,820	9,248	439,895	26,677
30	Switzerland	452,296	7,704	317,600	126,992

Source: <https://www.worldometers.info/coronavirus/>

that he 'will be signing an Executive Order to temporarily suspend immigration into the United States!' On May 5, the United Kingdom recorded the highest official COVID-19 death toll in Europe, with more than 30,000 people dead. On May 27, the United States became the first country to reach a six-figure death toll, as the number of people killed from the corona virus surpassed 100,000. On August 2, the death toll in Latin America from the novel corona virus had surpassed 200,000. The United States on August 9 surpassed five million corona virus cases, the highest in the world.

On November 7, the world saw 50 million cases and on November 12, there were 661,612, the highest number of daily cases. On November 6, the U.S. reached the 10 million cases and on November 13 there were highest daily cases of 190,428. Till September 9, Brazil stood in the second position after the U.S. with 4.11 million. After the middle of August U.S. and the major countries of Europe as U.K. France, Spain, Italy, Germany, Poland and Belgium saw a second wave of corona virus. With the US elections, there was a surge of corona virus cases not only in the US but the world as a whole. The highest daily cases in the world were 687,427 on November 19 and highest daily deaths of 13,129 on November 24, 2020. US had its highest number of daily cases i.e. 223,799 on November 4 and highest number of daily deaths i.e. 2,914 on November 3, 2020. Table 1 gives the number of Covid-19 cases and deaths of 35 countries on January 1, 2021.

Covid 19 in India

India's first Covid-19 case was a 20-year-old medical student from Kerala's Thrissur district who came back from Wuhan in China on January 30, 2020. The first Covid-19 death took place on March, 12 where a 76-year-old man from Kalburgi, Karnataka, died. Total number of Covid-19 cases touches 100 on March 15 and Maharashtra overtakes Kerala with maximum infections.

On March, 22, as a result of Prime Minister Narendra Modi's call for a 14-hour voluntary lockdown called 'Janata Curfew' was observed. On March 25, a nationwide lockdown was imposed till April 14, with only essential services kept out of its purview. Factories, restaurants, pubs, markets, flights, super markets, malls, universities

and colleges etc. were shut down. On the second day of the lockdown, India saw caravans of migrant labourers walking hundreds of kilometres along highways to reach their native villages. Finance Minister Nirmala Sitharaman announces Rs 1.7 lakh crore package under a new scheme called the *Pradhan Mantri Gareeb Kalyan Yojana* (PMGKBY) to address the economic distress. The package includes free food to the 'poorest of the poor', income support to farmers and unorganised sector workers.

On April 14, Prime Minister Modi extends the 21-day lockdown to May 3. 10,000 confirmed cases were recorded. Ministry of Home Affairs issues "National Directives" for COVID-19 management, makes wearing a face cover mandatory in work and public spaces. On April 29, India records 1,000 confirmed deaths. On May 1, Home Ministry extends lockdown for two weeks starting May 4 with zone-wise restrictions dividing districts into red, orange and green zones on the basis of cases. Shramik Special trains started for stranded migrant workers. On May 4, liquor shops reopen across the country, with people making a beeline for outlets, throwing social distancing rules to the wind. On May 7, Phase 1 of Vande Bharat mission to evacuate nearly 15,000 Indians stranded abroad begins. 50,000 confirmed cases reported in India. On May 12, Prime Minister, Narendra Modi announces Rs 20 lakh crore Atmanirbhar package, says size is 10 percent of GDP, including announcements made by RBI earlier.

On May 16, India's Corona virus cases surpassed China's with the health ministry reporting 85,940 infections and 2,752 deaths. The worst-hit Indian state was Maharashtra with 29,100 cases. On May 17, MHA extends lockdown till May 31, allows inter-state movement of passenger vehicles, buses with mutual consent of states. Unlike other countries such as Germany, Italy and Thailand, the lockdown in India did not help in containing the spread of the corona virus. Infection cases kept on increasing despite India being in lockdown. The abrupt nationwide lockdown imposed across India was the biggest in the world, forcing 1.3 billion Indians to stay indoors. The lockdown restrictions were imposed without any preparation or coordination with states. It was also one of the most stringent lockdowns enforced in the world.

Except for some essential services and activities, the rest of India's \$2.9 trillion economy remained shuttered during the lockdown period. Economic activity came to a grinding halt in the country. The lockdown had devastating impacts on an already slowing economy and people's livelihoods as shops, eateries, factories, transport, services and business establishments were shuttered. (Singh 2020)

Table 2: Rank of India over the Months

Rank	Till Date	No. of Cases
50	20-3-2020	194
40	31-3-2020	1,251
30	5-4-2020	3,082
25	8-4-2020	5,360
20	15-4-2020	11,556
15	4-5-2020	42,670
10	25-5-2020	1,41,794
9	29-5-2020	1,60,666
8	2-6-2020	1,65,386
7	5-6-2020	1,89,963
6	11-6-2020	2,36,184
5	25-6-2020	4,72,985
4	5-7-2020	6,73,904
3	6-9-2020	41,10,839

Source: <https://www.worldometers.info/coronavirus/>

The spread of corona virus in India has been very fast. As shown in table 2, its rank which was 50 on March 20, 2020 jumped to 10th position on May 25. From this period spread has been very rapid. From September 7 it is in 2nd position. Table 3 and 4 show the crossing by India different mile stores in terms of Covid-19 cases and deaths.

On May 19, total Covid-19 cases in India cross 1 lakh and on May 25, domestic flight services resume in a calibrated manner, with only 30 percent of regular schedules. On June 12, India overtakes UK to become 4th worst corona virus hit country, with over 3 lakh cases. Corona virus spreads rapidly and within 15 days cases cross 5 lakh. On July 6, India overtook Russia with the world's third-highest number

Table 3: Time taken by India to cross different stages (Cases)

Dates	Duration	Cases	
January 30, 2020	First case	-----	1
January 30, 2020	February 1, 2020	2 days	2
February 1, 2020	February 2, 2020	1 day	3
February 2, 2020	February 3, 2020	1 day	5
February 3, 2020	February 4, 2020	1 day	6
January 30, 2020	February 5, 2020	6 days	20
February 5, 2020	February 7, 2020	2 days	30
February 7, 2020	February 10, 2020	3 days	40
February 10, 2020	February 11, 2020	1 day	50
February 11, 2020	February 12, 2020	1 day	70
February 12, 2020	February 14, 2020	2 days	80
February 14, 2020	February 15, 2020	1 day	90
January 30, 2020 to	March 17, 2020	18 days	100
March 17, 2020 - to	March 21, 2020	4 days	200
March 21, 2020 - to	March 22, 2020	1 day	300
March 22, 2020 - to	March 23, 2020 -	1 day	400
March 23, 2020 - to	March 25, 2020 -	2 days	500
March 25, 2020 - to	March 26, 2020 -	1 day	600
March 26, 2020 - to	March 27, 2020 -	1 day	700
March 27, 2020 - to	March 28, 2020 -	1 day	800
March 28, 2020 - to	March 29, 2020 -	1 day	900
January 30, 2020 to	March 30, 2020 -	58 days -	1,000
March 30, 2020 -	April 3, 2020	4 days -	2,000
April 3, 2020 -	April 5, 2020	2 days -	3,000
April 5, 2020 -	April 7, 2020	2 days -	4,000
April 7, 2020 -	April 8, 2020	1 day -	5,000
April 8, 2020 -	April 10, 2020	2 days -	6,000
April 10, 2020 -	April 11, 2020	1 day -	7,000
April 11, 2020 -	April 12, 2020	1 day -	8,000
April 12, 2020 -	April 13, 2020	1 day -	9,000
January 30, 2020 to	April 14, 2020	65 days -	10,000
April 14, 2020 to	April 22, 2020	7 days -	20,000
April 22, 2020 to	April 29, 2020	7 days -	30,000
April 29, 2020 to	May 04, 2020	5 days -	40,000
May 04, 2020 to	May 06, 2020	2 days -	50,000

May 06, 2020 to	May 10, 2020	4 days -	60,000
May 10, 2020 to	May 12, 2020	2 days -	70,000
May 12, 2020 to	May 15, 2020	3 days -	80,000
May 15, 2020 to	May 17, 2020	2 days -	90,000
January 30, 2020	May 18, 2020 -	109 days -	1,00,000
May 18, 2020 -	June 2, 2020 -	15 days -	2,00,000
June 2, 2020 -	June 12, 2020 -	10 days -	3,00,000
June 12, 2020 -	June 20, 2020 -	8 days -	4,00,000
June 20, 2020 -	June 26, 2020 -	6 days -	5,00,000
June 26, 2020 -	July 6, 2020 -	6 days -	6,00,000
July 1, 2020 -	July 7, 2020 -	5 days -	7,00,000
July 7, 2020 -	July 11, 2020 -	4 days -	8,00,000
July 11, 2020 -	July 14, 2020 -	3 days -	9,00,000
January 30, 2020	July 17, 2020	168 days -	10,00,000
July 17, 2020	August 7, 2020	21 days -	20,00,000
August 7, 2020	August 23, 2020	16 days -	30,00,000
August 23, 2020	September 05, 2020	13 days -	40,00,000
September 05, 2020	September 16, 2020	11 days -	50,00,000
September 16, 2020	September 28, 2020	12 days -	60,00,000
September 28, 2020	October 10, 2020	12 days -	70,00,000
October 10, 2020	October 28, 2020	18 days	80,00,000
October 28, 2020	November 19, 2020	22 days	90,00,000
January 30, 2020	December 18, 2020	322 days	1,00,00,000

Table 4: Time taken by India to cross different stages (Deaths)

Dates	Duration	Deaths	
March 12, 2020	First death	1	
March 12, 2020	March 13, 2020	1 day	2
March 13, 2020	March 17, 2020	4 days	3
March 17, 2020	March 19, 2020	2 days	4
March 19, 2020	March 20, 2020	1 day	5
March 20, 2020	March 22, 2020	2 days	7
March 12, 2020	March 23, 2020	11 days	10
March 23, 2020	March 25, 2020	2 days	20
March 25, 2020	March 30, 2020	5 days	30
March 30, 2020	April 1, 2020	2 days	50
April 1, 2020	April 2, 2020	1 day	70

April 2, 2020	April 5, 2020	3 days	80
April 5, 2020	April 6, 2020	1 day	90
March 12, 2020 to	April 17, 2020 -	35 days -	100
April 17, 2020 - to	April 10, 2020 -	3 days -	200
April 10, 2020 - to	April 13, 2020 -	3 days -	300
April 13, 2020 - to	April 16, 2020 -	3 days -	400
April 16, 2020 - to	April 19, 2020 -	3 days -	500
April 19, 2020 - to	April 22, 2020 -	3 days -	600
April 22, 2020 - to	April 24, 2020 -	2 days -	700
April 24, 2020 - to	April 26, 2020 -	2 days -	800
April 26, 2020 - to	April 28, 2020 -	2 days -	900
March 12, 2020 to	April 29, 2020 -	48 days -	1,000
April 29, 2020 to	May 10, 2020 -	11 days -	2,000
May 10, 2020 to	May 18, 2020 -	8 days -	3,000
May 18, 2020 to	May 25, 2020 -	7 days -	4,000
May 25, 2020 to	May 31, 2020 -	6 days -	5,000
May 31, 2020 to	June 4, 2020 -	4 days -	6,000
June 4, 2020 to	June 8, 2020 -	4 days -	7,000
June 8, 2020 to	June 11, 2020 -	3 days -	8,000
June 11, 2020 to	June 14, 2020 -	3 days -	9,000
March 12, 2020	June 16, 2020 -	96 days -	10,000
June 16, 2020 to	July 07, 2020	21 days -	20,000
July 07, 2020	July 24, 2020	17 days -	30,000
July 24, 2020	August 6, 2020	13 days -	40,000
August 6, 2020	August 16, 2020	10 days -	50,000
August 16, 2020	August 27, 2020	11 days -	60,000
August 27, 2020	September 06, 2020	10 days -	70,000
September 06, 2020	September 15, 2020	9 days -	80,000
September 15, 2020	September 23, 2020	8 days -	90,000
March 12, 2020	October 3, 2020	205 days -	1,00,000
October 3, 2020	October 13, 2020	10 days	1,10,000
October 13, 2020	October 27, 2020	14 days	1,20,000
October 27, 2020	November 15, 2020	19 days	1,30,000
November 15, 2020	December 05, 2020	20 days	1,40,000
March 12, 2020	January 05, 2021	299 days	1,50,000

of novel corona virus cases, at nearly 700,000. On August 30, India reports a worldwide record for daily new cases, with 78,761 infections. The tally exceeds the one-day increase of 77,299 reported by the United States in mid-July. Covid-19 cases cross 25-million mark globally.

On August 31, with economic activity suspended due to lockdown, India's Gross Domestic Product (GDP) growth contracts 23.9 percent in the April-June quarter. On September 7, India overtakes Brazil to emerge as the country with the second largest number of people infected with novel corona virus, recording 41.13 lakh confirmed infections. On September 14, the 18-day monsoon session of Parliament kicks off under the shadow of the Covid-19 pandemic, with Loka Sabha and Rajya Sabha members occupying seats in both Houses to ensure social distancing. More than two dozen MPs belonging to various parties tested positive (Abhishek De). Further, on September 17, the number of active cases of corona virus in the country crossed the one million (ten lakh) mark and on the same day India peaked one day cases at 97,859.

On September 23, Minister of State for Railways Suresh Chanabasappa Angadi became the first Union minister to succumb to the corona virus. Angadi, 65, passed away less than two weeks after he was admitted to the All India Institute of Medical Sciences (AIIMS) on September 11 with symptoms of Covid-19.

Impact on Indian Society

Though Covid-19 started in the end of 2019 by the beginning of 2020, the pandemic overwhelmed the entire world, and India also has borne the brunt of it. To effectively control the epidemic, the entire country had to be shut, and all activities had to be stopped with minimal human interaction. Hence, inevitably the country had to be brought under lockdown. In this regard, the Indian government started taking a strong stand against this pandemic attack in the mid of March. By the last week of March, India sealed all internal and external borders. From March 22, the whole country was under lockdown (Kannur and Javadekar, 2020). The impact of corona virus on Indian society is discussed below.

1. Mass Migration

India is a vast country, and every year a substantial number of people migrate to larger cities of different states for seeking employment opportunities to earn bread and butter for their family. According to the Census of India (2011), Maharashtra State and Delhi saw the maximum number of flow of migrants from the states of Uttar Pradesh, Bihar, Rajasthan, Odisha, West Bengal, Madhya Pradesh, Punjab and Assam with around 54.3 million migrating out of their origin state. (Mukhra et al., 2020)

As Covid-19 was spreading, on March 25, Prime Minister, Narendra Modi imposed a nationwide lockdown till April 14. The migrant workers were requested to stay in their place of work. But, the scenario among these workers was grim. These workers constituting the informal sector, total to a staggering 139 million and are about 93 percent of the workforce. While interviewed about 50 percent of migrant workers stated that they had rations for less than a day. Further, the study showed that 89 percent of the stranded workers had not been paid wages by their employers during the first 21 days of lockdown and that 74 percent had less than half their daily wages to live on. According to a report by World Bank, more than 40 million internal migrants have been affected due to Covid 19 and around 50,000–60,000 individuals migrated from urban to rural areas of origin in a period of few days. (Mukhra et al. 2020)

This set off a reverse migration⁷ in India. This migration is considered to be the second largest mass migration in India's history after the Partition of India in 1947. With India coming to a standstill due to lockdown with limited employment opportunities, impending fear of unknown future and financial crisis, thousands of underprivileged people and labourers started to march back to their native places and home states. In the absence of transport facilities, the panic stricken labourers and their families including infants, pregnant women and the elderly walked thousands of kilometres barefoot without food and money to reach their native places. Many of these migrants were left stranded mid-way, facing starvation and misery, and some even died before they could reach their destination. Indian Railway operated 145 Shramik special trains from across India to send the migrants

back to their native places. During this crisis even the best of the efforts of the Government of India, could not match the crisis. Some of the NGOs and the individuals extended their helping hand to some of the migrants to reach their homes.

Prime Minister Modi launched Rs 50,000 crore Garib Kalyan Rojgar Abhiyaan to provide employment to returned migrant workers. The scheme will be implemented in 116 districts in six states, Bihar, Uttar Pradesh, Madhya Pradesh, Rajasthan, Jharkhand and Odisha.

With the unlock period migrant labourers who had left for their native places after corona virus lockdowns are either returning themselves or being brought back by their employers to project sites in cities. Secure job contracts, limited use of acquired skills in rural areas, and higher remuneration in places where they worked are some of the reasons for the desire for the migrants to return. According to the study of Manjula and Rajashekhar (2020), 77 percent of migrants plan to return to work in cities. Yet a few migrants, mostly labourers in the urban informal sector, have decided to stay back because of safety concerns and the perception that their livelihood opportunities in urban India are destroyed by the pandemic and associated lockdown. In some cases, the decision was also influenced by the ownership of landed assets, school going children in villages and possession of multiple skills that can be used in villages.

2. Public Health Concern

Covid 19 pandemic caused unprecedented public health concern not only globally but also in India. To combat the disease, the Government of India imposed lockdowns many times and afterwards when situation improved there were unlock downs. The Government of India has claimed success in the fight against the corona virus pandemic, stating that the number of cases would have been more if the nationwide lockdown had not been imposed. The healthcare sector, the fourth-largest employer in the country suffered 90 percent losses due to decreases in out-patient attendance, elective surgeries and international patients. However, after the lockdowns, the wards were full of Covid 19 patients and the many hospitals could not cope with Covid 19 patients.

Morbidity and mortality due to Covid 19 in India are largely attributable to co-morbid conditions i.e. non-communicable diseases like diabetes, hypertension or cardiovascular disease. Further, early onset of non-communicable diseases is likely to put even younger individuals at risk for Covid 19. The lockdown could also be a cause of weight gain during the Covid19 pandemic, because of poor physical activity, increased snacking and consumption of calorie-dense foods. As a result, weight gain and obesity could increase the severity of Covid 19 and may increase the risk of development of diabetes and cardiovascular disease in the future. Other diseases as HIV infection, TB and malaria, the control of some of which had shown an encouraging trend until now, could also surge.

Because of lock downs there would be loss of daily wage earnings or joblessness can make it difficult to buy even basic food items in people belonging to low socio-economic status. This may lead to malnutrition among the children, pregnant women and elderly population. Another important upcoming health issue is mental health. Increase in chronic stress, anxiety, depression, alcohol dependence, self-harm and heightened domestic violence has been reported as a consequence of the lockdown.

The Covid 19 pandemic has impacted healthcare workers not only physically but also psychologically. Healthcare workers are more vulnerable to Covid 19 infection than the general population due to frequent contact with infected individuals. Healthcare workers have been required to work under stressful conditions without proper protective equipment, and make difficult decisions involving ethical implications. There have been several reported incidences of violence against them during this pandemic time. Doctors attribute the surge in violence against healthcare workers to a mix of ignorance and fear, which is amplified by the pandemic.

Another important contribution of Covid 19 is that telemedicine is being encouraged now. Patients can connect with medical professionals without leaving their homes, thereby ensuring the avoidance of non-essential travel to healthcare facilities. Guidelines for practising telemedicine have been issued. It has given ‘a boost to the business of health-tech start-ups operating in the segment’.

3. The Economic Impact

Even before the onset of Covid 19 pandemic, India was witnessing a slowdown. The growth rate had fallen from 8 percent in Q4 of the financial year 18 to 4.5 percent in Q2 of the financial year 20. The demonetisation of 2016 and goods and services tax (GST) introduced in 2017 led to severe dent in the economy. On top of this there had been numerous banking crises such as the Infrastructure Leasing and Financial Services crisis and government scheme failures such as that of 'Make in India'. There was also a significant "income crunch" for both rural and urban sectors in the year prior to the lockdown. (Wikipedia, 2020)

During the lockdown various economic activities such as exports and imports, energy, agriculture, manufacturing, travel and tourism, transport, entertainment, health etc were affected. The Small and Medium Enterprises market ratings projected that the nationwide lockdown expected to incur losses of over Rs 35,000 crores every day during the lockdown period. India's exports fell by -36.65 percent and imports fell by -47.36 percent in April 2020 compared to the same period of previous year. Because of the closure of industries, places of entertainment, business establishments and other activities, India's fuel demand fell by 46 percent in April 2020 as compared to the same period of previous year. Consumption of fuel was the lowest since 2007. By the first half of June 2020, India's fuel demand was 80-85 percent of what it was before the lockdown. Oil prices dropped sharply in 2020 following the Covid-19 pandemic and demand also fell sharply. By mid-May India had already filled its strategic storage including storing oil on ships across the world.

It was reported that 10 percent of farmers could not harvest their crop during lock down and 60 percent of those who did harvest reported a yield loss. Similarly, tea estates could not harvest the tea leaves as a result, tea exports fell by 33 percent in May 2020. Other activities as dairy, coffee, and rubber plantations, as well as associated shops and industries were affected.

Major companies in India temporarily suspended or significantly reduced operations in a number of manufacturing facilities and factories across the country. iPhone producing companies in India also

suspended a majority of operations. Nearly all two-wheeler and four-wheeler companies put a stop to production which have reopened after the lock down was lifted.

Due to closure of industries and stoppage of night life and entertainment, power consumption was reduced and economic activity got disconnected. In Delhi, night light radiance fell 37.2 percent, Bangalore fell 32 percent while Mumbai dropped by 29 percent compared to 1-31 March 2019. India's fuel demand in April 2020 fell nearly 46 percent as compared to the previous year due to stoppage of transport. Consumption of fuel was the lowest since 2007. Cooking gas (LPG) sales rose by 12 percent as most of the people stayed indoors.

One of the important segments which were affected by Covid-19 was hospitality industry. The Travel and Tourism industry in India accounts for 9.2 percent of the country's GDP and employs 8.1 percent of the population, with our total contribution to forex approximately US\$ 28 billion. The significance of the industry to the Nation's economic wellbeing need not be emphasised as it provides employment and livelihood to very large sections of the population. The corona virus pandemic has given a crippling blow to the Indian travel and tourism industry. This is the one of the worst crises ever to hit the Indian tourism industry impacting all its geographical segments - inbound, outbound and domestic, almost all tourism verticals - leisure, adventure, heritage, MICE, cruise, corporate and niche segments. The shut down and slow down which was initially expected to affect revenue streams till October have now indicated otherwise. Trends are currently indicating only 30 percent of occupancy in hotels till the start of next year, with hotels seeing 80 to 85 percent erosion in revenue streams. The entire value chain linked to Travel & Tourism is likely to lose around 5 lakh crore or US\$ 65.57 billion, with the organized sector alone likely to lose US\$ 25 billion. The figures are quite alarming and the industry needs immediate measures for survival. (Bhatia 2020)

Another important area affected by Covid-19 was media and entertainment industry. The Indian media and entertainment industry was worth Rs. 1.82 trillion in 2019. As with other industries, migrant workers and daily wagers have been the worst affected. Since Bollywood movies stopped shooting mid-March, there have been

numerous stories of daily wage earners who have nothing but their savings to turn to. With theatre releases postponed, shooting on hold, and cinema halls closed, absolutely nothing is certain. Though now some theatres are open, social distancing norms and weakened livelihoods have prevented people from thronging to watch movies. During the lockdown, TV viewing has actually increased, with so many people being homebound. Viewers regularly watch news to stay up-to-date with the latest developments in the mid of the crisis. The problem is that advertising has come down, as companies providing channels revenue are facing trouble themselves. Event management sector too suffered as award shows, meetings, conferences, exhibitions, competitions, music festivals, wedding etc. were curtailed.

Due to closure of industry and other business establishments, stock markets in India posted worst losses in history. SENSEX fell 4000 points (13.15%) and NSE NIFTY fell 1150 points (12.98%). However now, they have bounced back.

India has a large migrant population in Gulf and in other countries. The disruption caused by Covid 19 has had a significant impact on these remittance flows from the migrants. Importantly, remittances fell by about 23 percent in India in 2020. The World Economic Forum states that in the current pandemic situation, migrants stuck abroad trying to cope with the exigencies will compromise to the adverse circumstances, by taking up low wage jobs, live in poor working conditions, restrict spending and thus, risk exposure to infections like the corona virus. (Gopalan and Misra, 2020)

The economic impact of this pandemic will result in increase in poverty i.e. pushing more people below poverty line, worsening of socio-economic inequalities and compromise in health-related precautions such as use of masks, social distancing, seeking medical advice in case of cough and fever etc.

4. Socio-cultural Impact

Though India's health infrastructure is inadequate and needs considerable improvements, the real success of dealing with a crisis of this magnitude and scale depends to a large extent upon dealing with certain other socio-cultural factors that go beyond the physical

infrastructure of health centers, dispensaries, hospitals, and so on. Beyond the over-stretched public healthcare apparatus, social practices, public attitudes and behaviour are factors that have a strong bearing on the spread of the virus and therefore require considerable attention in framing policy measures to tackle the crisis.

The social fabric of India depends on close relationships within families, relatives and friends. Though Covid 19 has forced us to keep distance, it is very difficult to people who live in crowded houses and areas as slums. Despite the lockdown, crowding has been observed in religious places, during travel, in markets and in shopping malls. As a result of the lockdown, there is increased possibility of malnutrition among the low socio-economic groups.

Covid 19 pandemic which resulted in lock downs had its impact on the family. Due to strict stay-at-home orders, members of households were confined to their houses with no support received from outside people. Cooking, cleaning and childcare responsibilities began to be shared. There are media reports about husbands cooking and cleaning utensils. Thus, gender roles in the household are being tweaked in favour of greater sharing of domestic responsibilities. Care giving roles are gendered in the family with women being primarily responsible for taking care of the sick. Their traditional role as caregivers in the family put them at particular risk of exposure to Covid-19.

Staying at home has other evil effects specially on women. Women are often trapped with abusers with little recourse to help. Violence against women and children has been observed to increase during crises and pandemics. Men have increased drinking which has social effects on the family. The pandemic is also causing stress among people. Social distancing can be particularly stressful for older adults because their physical dependency increases with age-induced debility.

With the outbreak of Covid 19, work from home was recommended for employees who could do so. In fact, as the disease spread in the country, work from home became a preferred practice for employers, even for those who had not exercised this choice earlier. The lockdowns made this unavoidable. As the Indian economy faces a crisis, organisations may look to rationalise their operations in order to be efficient and survive in the difficult times.

One of the positive aspects of Covid 19 is the use of digital technology. Digital technology is being widely used and is likely to continue beyond the current spurt. Online learning platforms are being used by educational institutes ranging from primary schools to higher education centres such as universities. The purpose of such virtual classrooms is not only to transact curriculum but also to ‘exhibit care and build an effective relationship with the students’. Though educational institutes were to remain closed during the lockdown period, they were ‘expected to maintain the academic schedule through online teaching’. Such a shift to online learning could mark a turning point for the industry, ushering in an increased usage of this format and changing habits in terms of how teachers teach and students learn. (Mishra and Majumdar 2020)

My Experience

Covid-19 took everybody by surprise. Though we had heard about various epidemics in history, we had not experienced it. As every year, my wife and I had been to Australia to visit my children on 23rd February 2020 and were supposed to return on April 7th. On 10th March, we received the news that Australia had banned all International flights including Malaysian Airlines in which we were supposed to return. In fact, we were following daily news on the T.V. But, I was scared because of the number of cases and deaths taking place because of the pandemic. Initially the people of Australia, like the people of US and Europe, were careless. Later, because of the strict measures enforced by the Government started wearing masks and keeping distance. I was going through the numbers of people affected and dead due to Corona virus. On April 4, I got an idea why not keep a record of these. Immediately, I opened a file in my laptop and started recording the cases and deaths of Corona virus which I am continuing to this day and it has helped me study the Corona virus further.

In the beginning of May we came to know that Prime Minister Modi had started air-lifting Indian citizens stranded abroad. Immediately we applied to the Indian Embassy for the tickets. Luckily, we got the tickets of Air India but the cost of the tickets was three times the normal fare. Though Prime Minister Modi helped us to return to India

but he had his pound of flesh. The flight was from Melbourne to Bengaluru via Delhi. After thorough screening, we boarded the plane on 23rd May early in the morning. The air-hostesses and other staff were in full Corona virus suit and a big packet of food material was kept on our seats which had to be used for the whole journey. Though we were charged three times the normal fare, there was not physical distancing, passengers were seated as usual.

We landed the same day in Bengaluru and soon we were tested for Corona virus and asked to select a hotel for 14 days quarantine. We selected a Five-star hotel which was costing Rs 6,000/- per day for boarding and lodging. But, the entire amount of Rs 84,000/- was taken in advance. As the hotel was closed down, nothing was working, so I had to shout at the Manager to get hot water, internet and other facilities. Next day, we were tested for Corona virus and after two days the results came and all of us were tested negative as a result we were allowed to go to our native places after a week. Some people from Kolkotta, Mumbai, Hyderabad and from other distant places found it very difficult to go to their native places. I coolly called a taxi from Mangalore and returned to Mangalore.

After coming to Mangalore, I spent the time very usefully as a result, I completed editing the book, *Understanding Social Movements* and planned for five more books. But, I was really perturbed with the daily cases of 50,000 per day and deaths due to Covid-19 which were more than 1,000 per day. Then I found the death rate of India being 7.3 per 1,000 population, multiplied it by 138 crores and divided it by 365 and thus, I got a figure 27,600 as the daily deaths in India due to non-Covid reasons. With this, I was relieved.

Conclusion

It is full one year since Covid 19 started in the world. The governments, health workers, NGOs and others are trying their best to reduce the impact of Covid 19. The US and the European countries as U.K. Italy, France, Spain and Germany are facing a second wave of the pandemic. A new study from the UN development programme (UNDP) has found that an additional 207 million people could be pushed into extreme poverty by 2030 due to the corona virus

pandemic, bringing the total number of the world's extremely poor to more than a billion. The study further states that the 'High Damage' scenario anticipates the 80 percent of the Covid-induced economic crisis would persist in 10 years' time due to loss in productivity, preventing a full recovery to the growth trajectory seen before the pandemic. (Times of India) As India has crossed one crore Covid-19 cases and 1.5 lakh deaths, the pandemic is far from over. It is high time that India takes note of the above UNDP study and try to minimise the effects of the pandemic. There is a silver lining that as there is a second wave of the pandemic in the US and in European countries, the number of affected and the deaths are reducing in India.

Notes

1. The plague of Cyprian was named after St. Cyprian, Bishop of Carthage (a city in Tunisia) who described the epidemic as signalling the end of the world.
2. The plague is named after the Byzantine Emperor Justinian (reigned 527-565 A.D.). Under his reign, the Byzantine Empire reached its greatest extent, controlling territory that stretched from the Middle East to Western Europe.
3. Cocoliztli is the Aztec (Central Mexican) word for pest.
4. Marseille is the second biggest city in France.
5. Spanish Flu did not start in Spain. Spain was a neutral nation during the war and did not enforce strict censorship of its press, which could therefore freely publish early accounts of the illness. As a result, people falsely believed the illness was specific to Spain, and the name Spanish Flu stuck.
6. Sickle cell disease (refers to Anaemia) is a group of inherited red blood cell disorders that affects haemoglobin, the protein that carries oxygen through the body. Normally, red blood cells are disc shaped and flexible to move easily through the blood vessels. If you have sickle cell disease, your red blood cells are crescent or 'sickle' shaped. These cells do not bend and move easily and can block blood flow to the rest of your body.
7. Reverse migration refers to movement of people from place of employment to their native places.

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