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Impact of Corona in Social Life

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ABSTRACT: 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 number of undernourished people, currently estimated at nearly 690 million, could increase by up to 132 million by the end of the year. Research has highlighted the impact on psychological well-being of the most exposed groups, including children, college students, and health workers, who are more likely to develop post-traumatic stress disorder, anxiety, depression, and other symptoms of distress. The social distance and the security measures have affected the relationship among people and their perception of empathy toward others. Early evidence indicates that the health and economic impacts of the virus are being borne disproportionately by poor people. For example, homeless people, because they may be unable to safely shelter in place, are highly exposed to the danger of the virus. People without access to running water, refugees, migrants, or displaced persons also stand to suffer disproportionately both from the pandemic and its aftermath – whether due to limited movement, fewer employment opportunities, increased xenophobia etc.

The pandemic has revealed deficiencies of human rationality repeatedly pointed out by behavioural economists. And yet, the discipline must learn from the pandemic. The altruism it propagates has serious limitations that need reexamining. The pandemic has affected educational systems worldwide, leading to the widespread closures of schools and universities. According to data released by UNESCO on 25 March, school and university closures due to COVID-19 were implemented nationwide in 165 countries. Including localized closures, this affects over 1.5 billion students worldwide, accounting for 87% of enrolled learners. Those higher education universities have also impacted their students by deciding not to stop classes but rather migrate everything to virtual. Of 195 students interview surveyed at a large university, their findings show that there is an increased concern in mental health of these students. Several points here are indicated:

- Service sector is not being able to provide their proper service
- Cancellation or postponement of large-scale sports and tournaments
- Avoiding the national and international travelling and cancellation of services
- Disruption of celebration of cultural, religious and festive events
- Undue stress among the population
- Social distancing with our peers and family members
- Closure of the hotels, restaurants and religious places
- Closure of places for entertainment such as movie and play theatres, sports clubs, gymnasiums, swimming pools, and so on.
- Postponement of examinations

I. INTRODUCTION

The statistics about the COVID-19 pandemic are clear. We know, for example, that as of the end of September, there are more than 33 million cases globally. Of these, about one million have died. In India, there are about six million confirmed cases, of which about 940,000 are active and more than five million have recovered; 97,529 have died. However, less is being written about the people behind these numbers. Man is a social being, who interacts with and depends on one another for his continual existence and survival. Hence, communication, movement and travelling, working and schooling have become indispensable part of man's daily activities. However, the presence of any outbreak or pandemic becomes a threat to human existence and inversely affects his social life, contacts and relationships.



Coronavirus is one of the recent pandemic outbreaks that have impacted the way in which people used to live. The relatives decided to contact a Delhi-based non-governmental organisation (NGO) that works with orphaned children. The NGO says it hopes someone will adopt both Pratham and his brother.[1]

Sonia, 12, and her brother Amit, 7, lost their father in the first wave of the pandemic in June last year and their mother in April this year. Their paternal grandmother is looking after them at the moment. She is worried about their future, but doesn't even want to consider registering them for adoption.

"Who will look after these kids after me?" she said. "These children are the legacy of my son and daughter-in-law. A lot of people are coming to ask for adoption. How can I give them away?"

According to data of the state government, 449 people have died by suicide in March, April and upto June 25. In June itself 134 people died by suicide. One person is dying by suicide every 4.50 hours. Psychiatrists say that the depression due to lockdown has made deep impact on minds of the people.

"During lockdown and Unlock 1.0 around 1,200 people suffering from depression have approached our institute. During lockdown we were getting more than 150 phone calls everyday from people suffering from depression. There were 20 per cent people who had given up hope to live and wanted to end their life," said a doctor at the Central Institute of Psychiatry here.

Indians are facing a second health crisis brought on by the coronavirus pandemic. Fear and anxiety about the disease and the overwhelmed healthcare system has spread through the population, causing a decline in mental health throughout the country.

"The impact of COVID-19 has not just been the obvious physical one. It is surrounded by pain, death and isolation. It is having a huge impact on people's mental health too," N V Ashwini, founder of Bangalore-based charity Muktha Foundation, told DW.

India's elderly are struggling. Senior citizens, one of the groups most at-risk from coronavirus, have seen their mental health deteriorate significantly in the past months.

"There has been an increase of over 50% among senior citizens when it comes to mental health disorders," India-based non-governmental organization Agewell Foundation for elderly people told DW. This included: "anxiety, sleeplessness, nightmares, depression as well as weakness and fatigue." [2]

The organization held conversations with around 5,000 elderly people in India in April. Of these, around 63% reported developing symptoms of depression. This was in part due to loneliness and social isolation caused by restrictions brought in to curb the spread of the virus.

II.DISCUSSION

China has been hell bent on exterminating the Uighur Muslim Community for some time now. The COVID-19 pandemic has given them the perfect opportunity to rid themselves of them while the global community is distracted. When a Chinese official was questioned about the impact of Coronavirus on Uighur Muslims who were being held as prisoners, he brushed it off by saying that those inside the camps were there by choice and failed to address the issue of a potential coronavirus outbreak inside the internment camps. As the rest of the world struggles to contain the pandemic, the Uighur Muslim community in Xinjiang province has largely lost the attention that it had managed to garner from the rest of the world. Not only are millions of Uighur Muslims suffering in camps with deplorable living conditions, they are likely to be one of the communities worst hit by COVID-19 as they don't have access to medical assistance or the ability to self-isolate. The People's Republic of China has a history of using its economic power to quash any opposition against its human rights violations and the COVID-19 outbreak has once again reaffirmed how cruel it can be to those it seeks to eliminate.[3]



China in the backdrop of the outbreak of Covid has floated its “vaccine diplomacy” to widen its ties with nations its views as friendly but in the process, have started exploiting these economically weak states. Meanwhile over 25,000 killed they have started shooting down all the people with the virus in China.

Social distancing seems to be hitting people even more than the scare of the deadly virus. People are getting highly restive and agitated in spite of social media connectivity. Cases of domestic violence have more than doubled in the country during the lockdown period. We need to contain the psychological damage by diverting maximum resources towards strengthening our healthcare system.[4]



Fig.1.Depressed child during lockdown

Delhi chief minister Arvind Kejriwal on Wednesday raised a concern on the Covid-19 vaccine distribution by the Centre to the national capital, highlighting that there is no vaccine left in the city and vaccination centres for the age group 18 and 44 years. Speaking at a virtual press conference, Kejriwal also added that just like in Delhi, several other states across India are forced to shut vaccination centres due to shortage of vaccine. " Today when we should have opened new centres, but now we are also shutting the existing ones, which is not good," he said.

Following an increase in COVID-19 cases and deaths, the number of people standing in queues outside vaccination centres has gone up. The Department of Health and Family Welfare is struggling hard to manage the supply of vaccine to the centres.[5]

There were long queues at HIMS in Hassan and other centres on Monday morning. Staff at the city primary health centre located at Beerenahalli Kere Extension had issued 100 tokens to those in the queue early. Many were asked to come on Tuesday. However, till 10.30 a.m. the vaccine stock had not reached the centre.

Many aged people were in queues at the centre at HIMS, with no clue when they would get vaccinated. There were separate queues for Covaxin and Covishield. However, with no one to guide the public, the people who got Covishield in the first dose were standing in the queue for Covaxin. “Can’t the department depute one person to guide us,” asked a senior citizen. Moreover, people hardly maintained social distance at the centres. Some approached private hospitals to get vaccinated against payment. However, the private hospitals too had no stock.[6]

III.RESULTS



Fig.2.Long queues in vaccination centres

Results from safety monitoring efforts are reassuring. Some people have no side effects. Many people have reported side effects that may affect your ability to do daily activities, but they should go away in a few days.[7]

Anaphylaxis after COVID-19 vaccination is rare and has occurred in approximately 2 to 5 people per million vaccinated in the United States. Severe allergic reactions, including anaphylaxis, can occur after any vaccination. If this occurs, vaccination providers can effectively and immediately treat the reaction. Learn more about COVID-19 vaccines and allergic reactions, including anaphylaxis.[8]

Thrombosis with thrombocytopenia syndrome (TTS) after Johnson & Johnson's Janssen (J&J/Janssen) COVID-19 vaccination is rare. As of June 28, 2021, more than 12.3 million doses of the J&J/Janssen COVID-19 Vaccine have been given in the United States. CDC and FDA identified 38 confirmed reports of people who got the J&J/Janssen COVID-19 Vaccine and later developed TTS. Women younger than 50 years old especially should be aware of the rare but increased risk of this adverse event. There are other COVID-19 vaccine options available for which this risk has not been seen. Learn more about J&J/Janssen COVID-19 Vaccine and TTS. To date, one confirmed case of TTS following mRNA COVID-19 vaccination (Moderna) has been reported to VAERS after more than 311 million doses of mRNA COVID-19 vaccines administered in the United States. Based on available data, there is not an increased risk for TTS after mRNA COVID-19 vaccination.[9]

Myocarditis and pericarditis after COVID-19 vaccination are rare. As of June 28, 2021, VAERS has received 780 reports of myocarditis or pericarditis among people ages 30 and younger who received COVID-19 vaccine. Most cases have been reported after mRNA COVID-19 vaccination (Pfizer-BioNTech or Moderna), particularly in male adolescents and young adults. Through follow-up, including medical record reviews, CDC and FDA have confirmed 518 reports of myocarditis or pericarditis. CDC and its partners are investigating these reports to assess whether there is a relationship to COVID-19 vaccination. Learn more about COVID-19 vaccines and myocarditis.

Reports of death after COVID-19 vaccination are rare. More than 324 million doses of COVID-19 vaccines were administered in the United States from December 14, 2020, through June 28, 2021. During this time, VAERS received 5,718 reports of death (0.0018%) among people who received a COVID-19 vaccine. FDA requires healthcare providers to report any death after COVID-19 vaccination to VAERS, even if it's unclear whether the vaccine was the cause. Reports of adverse events to VAERS following vaccination, including deaths, do not necessarily mean that a vaccine caused a health problem. A review of available clinical information, including death certificates, autopsy, and medical records, has not established a causal link to COVID-19 vaccines. However, recent reports indicate a plausible causal relationship between the J&J/Janssen COVID-19 Vaccine and TTS, a rare and serious adverse event—blood clots with low platelets—which has caused deaths.[10]

V.CONCLUSION

The COVID-19 pandemic has been stressful and isolating for many people. Many go to restaurants and bars to enjoy a meal without having to cook, to connect with friends and family, and to support businesses that are an important part of many communities. However, visiting bars and restaurants can increase your risk of getting and spreading COVID-19. In a recent study, scientists found that adults with positive COVID-19 test results were twice as likely to have reported dining at a restaurant than those with negative COVID-19 test results.¹ There are many factors that may explain why going to restaurants and bars increases your risk of getting and spreading COVID-19:



Fig.3. Dangerous to visit outside restaurants

Wear masks when less than 6 feet apart from other people or indoors

- People from different households are gathering in the same space.
- Eating and drinking requires the removal of a mask.
- If eating indoors, ventilation flow in restaurants and bars can cause droplets to spread at distances greater than 6 feet.² Poor ventilation can also increase risk as it may cause the virus to accumulate in the air.
- Physical distancing of at least 6 feet is often difficult to maintain in restaurants and bars.
- People need to talk louder in restaurants and bars to hear one another. This can contribute to the production of more virus aerosols.
- Use of alcohol may alter judgment and make it more difficult for people to practice COVID-19 safety measures.



As if the four-hour pounding by cyclone Amphan was not enough, miseries have been piling up on residents across Kolkata, Howrah and Salt Lake over the last 48 hours. Plagued by lack of electricity and water, some households continue to remain cut off with dead landlines and no cellphone or internet connectivity. Jhimli Mukherjee Pandey and Krishnendu Bandopadhyay speaks to several such people across localities. Uttar Pradesh, India's most populous state, has become a novel coronavirus disease (COVID-19) hell in the pandemic's second wave, given its poor health infrastructure and high population density, according to official data.

Some 12,238 people have succumbed to SARS-CoV-2 in the state as of April 30, 2021. Another 1,217,952 have tested positive, making UP the fourth-most badly hit state in the country.

Hospitals have run out of oxygen and beds and crematoriums are falling short of space. Residents have hit out at the government for poor planning and indifference.

Hence this corona havoc is creating social life miserable everywhere. Hope vaccines soon get developed and provided everywhere and normal life starts.

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