An Assessment of the psycho-social impact of COVID-19 in India

JAGRITI KALITA

Assistant Professor (contractual), Department of Political Science, Jawaharlal Nehru College, Boko, Assam
Email: kalitajagriti@gmail.com

Abstract: The COVID-19 pandemic which has crippled the world is more than a health crisis. While the impact of this pandemic differs from one country to the other, it has however created chaos and raised instability in the domestic and global order. The immediate effect of this health related menace can be found on the economy of a country. Due to a halt in the economic activities, the world economy is shrinking at a faster rate. India being the third worst hit nations, has her own share of struggles. The tension alongside her borders has added fuel to the fire of misfortune spread by the ever rising corona virus cases. Keeping in mind the current scenario of India, this paper will focus on the social and psychological impacts of the pandemic on the lives of common people in India. As Aristotle rightly said "Man is by nature a social animal." Men cannot live in isolation; the society completes the individual. The prevailing social distancing and isolation measures to contain the spread of the virus contrasts with men's inherent nature of being social and has created a lot many personal and social problems.

Keywords: corona virus, social distancing, psychological disorders, social problems

METHODOLOGY

This paper follows the secondary method of research. By looking at newspaper articles, expert reports, government statistics and others, the author opts for descriptive research by focusing at the prevailing situation of corona virus in the Indian psychological and social setting.

INTRODUCTION

The 2019 Corona Virus Disease (COVID-19) flare-up was proclaimed a global health crisis on January 30, 2020 by the World Health Organization (WHO) as the infection, first revealed from China in December 2019, kept on flooding through the landmasses affecting numerous nations from Europe, America and Asia harshly (Lai, Ko, Tang, & Hsueh, 2020). Owing to the countrywide lockdowns and due to the home confinement strategies implemented across the nations, a large number of people are restricted to their homes. The corona virus cases currently stands at 111 million worldwide with 2.46 million deaths. Numerous mental issues and significant outcomes regarding psychological well-being including pressure, anxiety, uneasiness, depression, disappointment, frustration, vulnerability during COVID-19 episode arose continuously (Duan & Zhu, 2020). Regular mental responses identified with the mass quarantine which was imposed to weaken the COVID-19 spread are summed up fear and pervasive community anxiety which are commonly connected with disease outbreaks, and expanded with the heightening of new cases along with insufficient, anxiety inciting data which was given by media. (Maunder, et al., 2003) Adverse psychosomatic results among common folks have increased fundamentally because of the actual pandemic and furthermore because of consistent progression of promptly accessible information and reinforced messaging acquired by means of online social networking services of practically all structures and forms. The psychological responses to COVID-19 pandemic may shift from a frenzy behaviour or aggregate hysteria to inescapable sensations of sadness and distress which are related with negative results including self-destructive conduct and suicidal behaviour. Significantly, other wellbeing measures might be undermined by anomalous raised anxiety. Earlier research has just shown a lot of disintegrated mental health during this period.

In this background, the author here evaluates the relevant psychosocial consequences and impact of COVID-19 in various strata of modern society

Most relevant psychological reactions to COVID-19 infection

- **Aspecific and uncontrolled fears related to infection**

  This is ordinarily perhaps the most incessant psychological response to pandemics. A few existing studies exhibited that the individuals who have been presented to the danger of disease may create inescapable feelings of dread about their health, stresses to contaminate others and fear infecting relatives. (Jeong, et al., 2016) reported that these people are more vulnerable than others to show stresses on the off chance that they encountered actual symptoms possibly connected to the disease and fear that the symptoms are straightforwardly related to effectively having the infection even several months after the exposure.

Different studies reported that pregnant ladies and people with little youngsters are the most in danger to build up the fear of getting contaminated or transmitting the virus.

- **Pervasive anxiety**

  Social confinement identified with restrictions and lockdown measures are connected to sensations of uncertainty for the future, dread of new and obscure infective agents bringing about unusually expanded tension or anxiety (Khan, et al., 2020) Anxiety might be straightforwardly identified with sensorial hardship and unavoidable loneliness. Insomnia, depression and later post-traumatic stress disorder might occur. Furthermore, nervousness is firmly connected with exhaustion and diminished performance health care workers while boredom and loneliness are straightforwardly identified with outrage, dissatisfaction, frustration and sufferings linked to quarantine measures (Torales, O'Higgins, Castaldelli-Maia, & Ventriglio, 2020). Moreover, additional tragic impacts related with inescapable uneasiness in a pandemic period may incorporate the apparent lower social support, separation from friends and family, loss of freedom, uncertainity and fatigue (Lee & You, 2020).

- **Frustration and boredom**

  Distress, boredom, social isolation and frustration are directly related to confinement, abnormally reduced social/physical contact with others, and loss of usual habits (Reynold, et al., 2008). As reported by (Jeong, et al., 2016) frustration and pervasive loneliness seem to derive by the inhibition from daily activities, interruption of social necessities, not taking part in social networking activities. Unfortunately, in this context hopelessness together with other individual characteristics such as the experience of childhood maltreatment as well as extreme sensory processing patterns may significantly and independently predict suicidal behaviour (Engel-Yeger, et al., 2016) but even the unbearable anger related to the imposition of quarantine may lead to negative outcomes.

- **Disabling loneliness**

  The final effect of social isolation is pervasive loneliness and boredom, which have potential dramatic effects on both physical and mental individual well-being. Pervasive loneliness may be significantly associated with increased depression and suicidal behaviour (Cava, Fay, Beanlands, McCay, & Wignall, 2005). Unfortunately, the isolation is progressively enhanced by anxiety, panic or collective hysteria. Cognitive functions and decision making are firstly impaired by hyper-arousal and anxiety and later by disabling feelings of loneliness. In addition, social isolation and loneliness are also associated with alcohol and drug abuse. Both frustration and pervasive loneliness seem to derive by the inhibition from daily activities, interruption of social necessities, inability to take part in social networking activities enhancing the risk of hopelessness and suicidal behaviour in this specific context (Orsolini, et al., 2020). Overall, it is well known that long periods of social isolation or quarantine for specific illnesses may have detrimental effects on mental well-being.

COVID-19 AND SUICIDE

Public health measures such as isolation, social distancing, and quarantine as there are no available effective treatments or vaccines to combat COVID-19 are being suggested throughout the world. The term 'isolation' is associated with the restriction of the infected cases, whereas 'quarantine' refers to the restriction of social movement in large scales such as group, or community level The quarantine time may be extremely burdensome to some individuals, as reported in 15% of the SARS quarantined persons in Toronto, did not feel the need of quarantine (Hawryluck, et al., 2004).

 In addition, people getting away from quarantine can be conflictive in light of the fact that quarantine is obligatory to hinder the infection transmission rate. Then again, quarantine time without significant and deliberate occupations may prompt perilous conditions in the speculated cases (Hawryluck, et al., 2004). Besides, such a predicament can affect individuals sincerely and mentally, bringing about higher paces of loneliness, fear, anxiety, depression, stress, boredom, etc. Besides, the fear of infection, the psychological distress due to pandemic also arbitrates by the stressors such as frustration, inadequate information, and financial loss (Brooks, et al., 2020) Consequently, the temperamental psychological well-being conditions may effortlessly lead the person to suicidality that is more noticeable among people with previous dysfunctional behavior because of inability to adapt to the unpleasant circumstance (Mamun & Griffiths, 2020). Additionally, a huge extent of the populace in the nation live in rural areas with an absence of educational proficiency and raised emotional stigma in India. The persons with a lack of knowledge on COVID-19 and higher mental health stigma might be prone to psychological distress and, in extreme cases – suicide completion.

Out of the causal factors, fear or anticipation of COVID-19 infection was the most prominent suicide causality, although most of the victims were later diagnosed with COVID-19 negative in the autopsy (as being reported in the press media). This presents a huge worry to the community and medical services experts in light of the fact that the majority of the COVID-19 presumed cases who had committed suicide is because of dread of contamination (even before the test results cameout – in large numbers of the cases). Studies report that misinformation is a trigger for suicide among the presumed cases just as among the non-suspected cases. For

instance, two suicide cases announced in India as a result of direct contact with a positive case and meeting with a foreign couple, regardless of not being contaminated in a real sense (Sahoo, et al., 2020) A similar occurrence in Bangladesh revealed a COVID-19 suicide case, who tested negative for the contamination in the autopsy however had a dread of infection (Mamun & Griffiths, 2020).

As the country was under lockdown, the restricted movement may have resulted in psychological distress and loneliness, leading to suicide. Regardless, the absence of access to addictive substances like liquor and medications prompted extraordinary mental pain, convincing people with dependence on do self-harm injury in the Indian setting. Furthermore, other lockdown stressors like monetary emergency and recession, joblessness, poverty, and so forth might be exceptionally connected with psychological distress and self-destructive behaviours. Accordingly, the variables like pressure of losing employment, sensations of misery or defenselessness, failure to offer help to the family, and so on are not abnorma in simplifying the way of having persistent suicidality and committing suicides and were reported in the COVID-19 suicide context (Mamun & Ullah, 2020).

In this light, a pilot study of all English-language media reports containing the words "COVID-19", "suicide" and "India", and accessible online through the Google News aggregator, covering the period March 12th to April 11th, 2020 was conducted by NCBI where reports of individual completed suicides were considered for data analysis (Rajkumar, 2020) .

The following are the details of the study.

In seven cases, a possible psychiatric diagnosis was mentioned. Four victims were reported as suffering from depression based on reports from relatives, and three victims were noted to have alcohol dependence with withdrawal symptoms. Alcohol-related suicides were reported exclusively in South Indian states, while depression was reported in victims from North and Central Indian states.

At least one precipitating factor was reported for each victim. COVID-19 related factors formed the bulk of these, especially fears of being infected (9/23, 39.13 %) or having influenza-like symptoms (7/23, 30.43 %). Only one of the deaths occurred in a patient with confirmed infection, and one death occurred in a victim who underwent stigmatization and ostracism despite testing negative. Triggers unrelated to the disease were reported less frequently (6/23, 30.43 %) and included alcohol withdrawal (n = 3), separation from family due to transport restrictions (n = 1), abrupt loss of a job in a migrant worker (n = 1), and alleged work stress in a disaster management official (n = 1).

Predisposing vulnerability factors were reported in 5 victims and included bereavement (2 cases), migrant worker status (2 cases), and financial hardship.

These reports reveal certain common themes that are of importance in preventing suicides during the COVID-19 outbreak. First, fears of infection played a major role in several number of attempts. Such fears are often the result of inadequate or inaccurate information. Up-to-date and valid information regarding the COVID-19 outbreak can reduce these fears. Similarly, symptoms suggestive of COVID-19 infection are associated with psychological distress, and patients with such symptoms should be evaluated for features of anxiety and depression as well as for suicide risk. It is possible that such measures, as well as greater vigilance at the hospital level, could have prevented some of these deaths. This is underlined by the fact that one-fourth of deaths in this series occurred in hospital settings high number of reported suicides that occurred in hospitalized patients (over ¼ of the cases in this series).

Pre-existing psychiatric or substance use disorders were found in 30 % of the deaths reported. Patients with existing mental disorders are at risk of symptom exacerbation during a disease outbreak, and this can be compounded by restrictions on access to care. It is important to ensure continued access to mental health services for these patients during an outbreak, perhaps by implementing telemedicine services.

Even in the absence of a fear of infection, the protective measures necessitated by a disease outbreak can be a source of stress in vulnerable individuals, such as migrant workers, older adults, and those in high-stress occupations, including healthcare workers. Interventions aimed at addressing the physical, emotional and socio-economic needs of these individuals could reduce their risk of suicide.

SOCIAL IMPACT OF COVID-19 IN INDIA

The social fabric of India thrives on interdependence, both emotional and economic, within families, relatives and friends. Close interactions between people in India is not uncommon, people live in crowded housing, over crowded slums and urban cities are extremely common and acts as a deterrent to 'social distancing' as directed during the pandemic. Notwithstading the lockdown, crowding and gathering was seen in religious spots, during movement such as herds of migrants on buses, or even while buying alcohol and in common market places. While 'vertical distancing' is the cause of inequalities in India, the 'horizontal distancing' put in place in the wake of COVID19 has further exacerbated these inequalities (Kaul, 2020).

The more disturbing angle is the absence of proper legitimate arrangement of safety nets (e.g. food safety) for those hit the hardest by lockdown. Because of the tremendous size of the issue the public authority plans remain boundlessly insufficient. Because of the lockdown, there is expanded chance of hunger among the low SES. The

Food Corporation of India as of late designated 12.96 lakh metric huge loads of food grains under the Pradhan Mantri Garib Kalyan Anna Yojna (PMGKAY) as an activity of Government of India in its battle against the COVID19 (Thakur, 2020). Efficacy of this scheme and adequacy of food distribution remains to be seen.

Homes which were at that point perilous alongside families living in poor and unsatisfactory conditions have added on to the social disparities like gender based vicious violence and child absuse, lack of security, money and wellbeing. Different spontaneous lockdown extensions in the nation made it more hard for them to look for help for such concerns. It was observed that the National Commission of Women received a lot of complaints of abuse and violence during lockdown. Resource limits for women has acquired a circumstance where women will in general disregard their own necessities while focusing on life and prioritising budgets for others in the family and issues like menstrual hygiene, emotional wellness, mental health and her nourishment don't include in the list of priority.

Focus has mostly been on testing, treatment and prevention of COVID-19 but people and communities are going through various social problems as well in adjusting to the current lifestyles and fear of the disease across nations. Conditions have even more influenced the other portion of the populace around the world and especially in India where sudden lockdown has brought millions underneath the poverty line battling for fundamental necessities like food and haven which leads to unequal share in domestic responsibilities,at that point prompts inconsistent offer in homegrown duties, to violence against the weak members of the family.

Social stress brought about by lockdown has numerous appearances and reasons coming about because of travelling limitations and disturbance of social festivals, restricted medical services and break in regular immunisations in emergency clinics prompting tension and dread among the populace, social separating with loved ones, closureof spots of entertainment and recreation, spontaneous closure of schools and universities affecting the students and guardians in regards to the academic year and the deficiency of quality education. Insufficient infrastructure, prompting unprepared medical care representatives who are battling unendingly to treat patients and shield themselves from contamination simultaneously are for the most part very noticeable. This significant misfortune and ineptness is a result of the carelessness of medical services area since years. Weakened emergency clinics and distressed primary healthcare are huge explanations for such a lot of trouble among individuals for an infection which could be forestalled with a little care and precaution.

The issue of migrant workers was one of the most cruel and highlighted issue in this pandemic where millions were rendered unemployed and stranded without money, food and shelter, criss-crossing the country's highways to return to their villages and several meeting with accidents and deaths on their way. Unemployment has rendered a large section as directionless, leaving the social health as well as economy in shambles.

Several forms of racism triggered the division among the people of India and other global counterparts. The stigma of religious hatred, caste based discrimination and stigmatisation of people from the North East is equally dangerous to humanity where the less educated and one-sided media just as individuals with personal stakes attempted to harm the social texture of the country and left a major social effect in the battle against Covid. Reports of bigotry against the Chinese and different Asians somewhere else around the planet and considering it a Chinese infection because of its root, showed the weakened degrees of affectability among the total populace. Understanding that infections, for example, COVID-19 don't have race, ethnicity, or limit is vital.

CONCLUSION

The COVID-19 pandemic has changed the world in many ways. Of the several implications on humanity, the issues of health, the rapid decline of economy, shortage of medicines, sanitizers, masks, and other essentials, poverty, unemployment has undoubtedly taken centre stage and each has left a mark on the lives of people.

If appropriate measures are not implemented in time, the virus of racism will inherently remain in the mind-sets of people, with a threat to peace and stability of the society. Long term planning and collective efforts of individuals, communities, governments, national and international organisations to fight against this invisible deadly virus is needed. Policy response to the pandemic as well as health and contracted economy is the need of the hour. Health interventions to those who are in need as well as prioritising the focus on the social setbacks in the country for a healthy start are of utmost importance. Reducing the psychological and social distress among people and promoting strategies to deal with the situation are required. Considering other health issues by the policy makers as well as strengthening of public healthcare with large investments and robust infrastructure and providing sufficient care to the patients suffering from other diseases as well are also very important.

In India leaders need to be more sensitive with the language and the issues as it can hurt the sentiments of people and should come up with solutions for the problems and not problems for the solutions.

REFERENCES

1. Mamun, M., & Ullah, I. (2020). COVID-19 suicides in Pakistan, dying off not COVID-19 fear but poverty?
   – The forthcoming economic challenges for a developing country. Brain, behavior, and immunity.

2. Brooks, S., Smith, L., Webster, R., Woodland , L., Wessely , S., Greenberg , N., & Rubin, J. (2020). The psychological impact of quarantine and how to reduce it: rapid review of the evidence. The Lancet.

3. Cava, M., Fay, K., Beanlands, H., McCay, E., & Wignall, R. (2005). The experience of quarantine for individuals affected by SARS in Toronto. Public Health Nursing, 398-406.

4. Duan, L., & Zhu, G. (2020). Psychological interventions for people affected by the COVID-19 epidemic. Lancet Psychiatry.

5. Engel-Yeger, B., Muzio, C., Rinosi, G., Solano , P., Geoffroy, P., Pompili, M., & Serafini, G. (2016). Extreme sensory processing patterns and their relation with clinical conditions among individuals with majo effective disorders. Psychiatry Research, 112-118.

6. Hawryluck, L., Gold, W., Robinson, S., Pogorski, S., Galea, S., & Styra, R. (2004). SARS control and psychological effects of quarantine, Toronto, Canada. Emerging Infectious Diseases.

7. Jeong, H., Yim, H., Song, Y.-J., Ki, M., Min, J., & Cho, J. (2016). Mental health status of people isolated due to Middle East respiratory syndrome. Epidemiol Health.

8. Kaul, P. (2020, May 21). The Conversation. Retrieved from theconversation.com: http://theconversation.com/indias-stark-inequalities-make-social-distancing-much-easier-for-some-than-others-134864

9. Khan, S., R, S., Li, H., Ali, A., Shereen, M., Bashir, N., & Xue , M. (2020). Impact of coronavirus outbreak on psychological health. Journal of Global health.

10. Lai, C., Ko, W., Tang, H., & Hsueh, P. (2020). Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and coronavirus disease 2019 (COVID 19): the epidemic and the challeges. International Journal of Antimicrob Agents.

11. Lee, M., & You, M. (2020). Psychological and behavioural responses in South Korea during the early stages of coronavirus disease 2019 (COVID-19). International Journal of Environmental Research and Public Health.

12. Mamun, M., & Griffiths, M. (2020). First COVID-19 suicide case in Bangladesh due to fear of COVID-19 and xenophobia: Possible suicide prevention strategies. Asian journal of psychiatry.

13. Maunder, R., Hunter, J., Vincent, L., Bennett, J., Peladeau, N., & Leszcz, M. (2003). The immediate psychological and occupational impact of 2003 SARS outbreak in a teaching hospital. CMAJ, 1245-51.

14. Orsolini, L., Latini, R., Pompili, M., Serafini, G., Volpe, U., Vellante, F., & Alessandrini, M. (2020). Understanding the complex of suicide in depression: from research to clinics. Psychiatry Investigation, 207.

15. Rajkumar, R. P. (2020). Suicides related to the COVID-19 outbreak in India: A pilot study of media reports. Elsevier Public Health Emergency Collection.

16. Reynold, D., Garay, J., Deamond, S., Moran, M., Gold, W., & Styra, R. (2008). Understanding, complaince and psychological impact of the SARS quarantine experience. Epidemiology & Infection, 997-1007.

17. Sahoo, S., Rani, S., Parveen, S., Singh, A., Mehra, A., Chakrabarti, S., & Grover, S. (2020). Self-harm and COVID-19 Pandemic: An emerging concern – A report of 2 cases from India. Elsevier Public Health Emergency Collection.

18. Thakur, R. (2020, May 25). Food Corporation of India allocates 120 LMT foodgrains for distribution in states aid lockdown.

19. Torales, J., O'Higgins, M., Castaldelli-Maia, J., & Ventriglio, A. (2020). The outbreak of COVID-19 coronavirus and its ompact on global mental health. International Journal of Social Psychiatry.