The Economic, Psychological and the Social Impact of Pandemics and Social Distancing in a Globalized World

Dr. Rao Neeraja ¹ Dr. Bhatara Aditi ²

Covid-19, the new Corona virus has spread as a pandemic across several countries of the world. Its impact since December 2019, when it first emerged in Wuhan, China, has been far reaching and devastating. The spread and consequences of earlier outbreaks of diseases were limited at the global level. The magnitude of the impact was also restricted in terms of scope and geographical areas. What the world is witnessing now, due to Covid-19 is unprecedented with unimaginable consequences. The economic, social, and psychological effects of Covid-19 has, been very damaging to life and livelihoods and the general wellbeing of people across countries, gender, classes and ethnicity.

The present literature review focuses on the relationship between pandemics, social distancing and its impact was also restricted in terms of scope and geographical areas. What the world is witnessing now, due to Covid-19 is unprecedented with unimaginable consequences. The economic, social, and psychological effects of Covid-19 has, been very damaging to life and livelihoods and the general wellbeing of people across countries, gender, classes and ethnicity.

Key Words: Pandemics, Covid-19, Social Distancing, Anxiety, stress, and Work from Home (WFH).

I. COVID-19 AND PANDEMICS: AN INTRODUCTION

Globalization resulted in a network of societies and nations connected by travelling, migration, trade, commerce and a supply chain economy. This has led to a uniformity of fashion, life-styles and exploitation of the nature resulting in global warming. The world now is witnessing a cumulative impact of these several changes at the global level in the form of the spread of deadly viruses and resultant diseases.

Covid-19 is one such disease that has taken the form of a Pandemic. An outcome of global warming, increasing movement of people and trade, has been the invasion of people by zoonotic pathogens with increasing frequency. These diseases are not local anymore but global. ³Ebola, SARS, H1N1 and in the present times Covid-19 are diseases that have become pandemics. These infectious and contagious diseases are frequently occurring in countries that are undergoing rapid economic, technological, and environmental changes.⁴

The symptoms of Covid-19 are acute respiratory distress, fever, and pneumonia. Not much is known about the virus and speculations are rife about its symptoms too. Covid-19 is being described as “once-in-a-century” pathogen. ⁵It is a great leveler as people infected by the virus are of all ages, gender, and ethnicity and are from developed, developing and less developed countries. It is spreading naturally and effortlessly from person to person, by symptomatic and pre-symptomatic people.⁶

Covid-19 is not similar to Middle East Respiratory Syndrome (MERS) or Severe Acute Respiratory Syndrome (SARS) that spread in a less diligent manner, by symptomatic people only. The time line of Covid-19 spread is much faster that SARS. The present enigmatic virus is posing a challenge for the health care systems, the pharmaceutical industry, medical technology, probably requiring enormous finances and resources for developing a vaccine that can control the spread of the disease and the resultant mortality.⁷

By March 2020, the exponential growth in the number of Covid-19 cases outside China and in several countries of Europe, Africa, Asia, and Americas prompted the Director General of World Health Organization (WHO) to designate Covid-19 as a pandemic. The virus is displaying an unprecedented levels of spread and severity.⁸ Case studies of the mode of spread of the disease in China has shown that human to human transmission has occurred in families, health care workers, co-workers in confined office spaces and travelers travelling in flights and ships. The patients were mostly elderly with co-morbidities.⁹

Pandemics like epidemics are a global phenomenon. Pandemics are not only an epidemiological problem, they are also political, economic, technological, and socio-psychological problem.⁴WHO regards a disease to be a pandemic if; a) there is no immunity in the population for the new virus; b) the virus causes several infected cases; and c) the virus should be infectious and transmitted from person to person.⁴ The announcement by the WHO in the present case was a much delayed one, in March, 2020 by this time considerable damage had been caused by the mysterious virus. WHO had predicted in 2009, that birds carry influenza virus, and the threat of a pandemic will in future come from such a virus that may infect human
beings and result in several deaths. Hence, WHO advised the governments to be prepared, the preparedness should extend from institutions to individuals.4

Very little is known about the virus, its impact, its spread. Its rapid spread across several countries in such a short time is unprecedented. Its cure is unknown and its treatment is not known. Everyday new symptoms are being attributed to the Corona virus, therefore, epidemiologically the virus is unfathomable. As there is a paucity of information about the behavior of the virus, people have been advised to maintain social distancing to prevent the spread of the disease.

II. PANDEMICS AND RESPONSES: SOCIAL DISTANCING, PHYSICAL DISTANCING AND SOCIAL ISOLATION

The health care providers, scientists, and governments are unprepared in dealing with the spread of the virus, severity of the disease, the symptoms, and the treatment of the disease.

In the absence of the availability of the vaccine for the disease the governmental authorities in several countries have recommended masks, hygiene, frequent hand washing and the draconian rule of social distancing. The strategies of social distancing also include closures of work places, schools, and gatherings of large numbers, crowding in public transport, malls and cinema theaters to reduce the people-to-people transmission of the virus. Social distancing takes the form of physical distancing and spatial distancing in the fight against the virus.5

Social distancing impacts social interactions of an individual with other individuals, with family members within a household and with the members of the society. An individual or a household with or without the symptoms of the Covid-19, is placed under a lockdown, or in quarantines. Such a scenario creates extreme loneliness and atomization of individuals. Social distancing also categorizes relationships as “essential” or “non-essential”. People will limit their interactions with only those who are considered to be “essential.”

The rules of social distancing are not followed by people all the time. People may acquire social distancing fatigue and not comply with the restrictions. Under these conditions it is possible to practice “social containment” instead of social distancing. In social containment one can manipulate social relationships. In the networks of social containment, individuals, friends, the elderly, relatives can interact or enjoy each other’s company, in a very conscious manner by taking all the precautions taken to reduce the transmission risks.6

In China several strategies were adopted to prevent the person-to-person transmission of Covid-19 --- isolation, quarantine, social distancing, and community containment were some of the measures implemented at the individual and community level. Isolation separates infected people from non-infected people in a hospital set up. Quarantine has been historically very effective in controlling the spread of T.B and influenza. In the past, it has been implemented to separate travelers from entering a country, by placing them in an institutional quarantine set up for 14 to 40 days. Such people are considered to be exposed to the disease but may not be ill. Social distancing occurs at the community level, expected to reduce the emergence of positive cases. It is considered to be an effective tool to control community transmission and to restrict the rise in the number of positive cases. Community containment imposes severe restrictions on the movement of people. China has imposed these four controls during the present Covid-19 crises.7

Social distancing measures are the only option available to contain the spread of the virus, in the absence of a vaccine and a known treatment. Some countries that had adopted social distancing quite early had fewer cases, than those that had delayed imposition of social distancing norms and lockdowns. Non-implementation of the social distancing measures will put a strain on the health care system that is already overwhelmed by the large number of cases occurring at the community level.

The spread of viruses and the occurrence of cases vary according to the seasons. It is expected that the rate and the spread of Covid-19 cases will increase during the winter season. A single instance of the implementation of social distancing will reduce the spread to some extent, but the lifting of social distancing and lockdown will increase the number of cases. Similarly, a prolonged social distancing will not build immunity in the population. Therefore, early implementation and intermittent implementation of social distancing measures of social distancing are preferred to contain the spread as well as preventing the buildup of pressures on hospitals and the health care systems.5

It is necessary for social distancing measure to be successful that individuals and community members follow the rules. Acceptance and compliance with the rules will depend on: a) existence of a general awareness of the rules amongst the people; b) awareness of the fines and penalty that will be imposed if the rules are violated; c) the trust and faith the in the administrators, political leaders and authorities, who are responsible for framing the policies and rules of social distancing; and d) the cost and duration of social distancing measures.9

There is no uniformity in the imposition of social distancing rules and lockdown by the governments in different countries. In some countries, the duration of the social distancing and lockdown is specified, some may discontinue social distancing and lockdown after some time, some countries extend the social distancing
rules and lockdown. People may consider the disease to be less severe, if a specific time line for ending the lockdown is prescribed, if the period is not specified people may consider the disease to be very severe. Perception of and acceptance of the implementation of social distancing plays an important role in the adoption of such rules by the people. Uncertainty about the cessation of the social distancing is associated with low levels of compliance with the rules. People display “social isolation fatigue.” However, as studies show non-compliance of the rules will result in an increase in the number of positive cases.

Such psychological mechanisms are behind the understanding and acceptance by people of the rules and orders of authorities. Compliance of lockdowns and social distancing are associated with the issues of individual rights, individual freedom, cost and benefit of social distancing and isolation.

Social distancing policies and measures often do not take into account the lives of the ordinary people, daily wage workers, the elderly, the pregnant women, population with co-morbidity, the undocumented migrant workers, and the poor and the homeless. They are totally dependent on the community for their survival. Such categories of population do not have the capacity and the ability to follow the social distancing and lockdown.

The local communities, where such categories of population lives will have the understanding of the specific needs and requirements of the vulnerable population. Compliance with the rules of social distancing by the entire population will determine the duration of the social distancing norms and the rules of lockdown. If the spread of infection is contained and if the number of positive cases is less, the more the easing of the draconian measures of social distancing, isolation, quarantine, and containment.

Social distancing, lockdown, containment measures are stressors and have tremendous impact on individual’s economic life, the mental health, social interactions, social relationships, and the general wellbeing of the people.

Economic, Psychological and Social Impact of Social Distancing, Isolation, Containment and Lockdown

Covid-19 is impacting the totality of an individual’s life and society. The damage done to life, livelihood and a general sense of wellbeing is incomprehensible.

Economic Impact:

A total lockdown involving the closure, of industries, offices, and other work places and the adoption of the concept of work from home (WFH), is expected to reduce the spread of the disease and reduce the pressure on the inadequate health care systems. The latent function of such a lockdown has been the loss of livelihood, loss of jobs, and wages. The world is looking at a recession in a post-Covid world.

The economic impact of social distancing, “stay-at-home orders” has a differential impact on people in society. In some countries a large population works in the informal, unorganized sector, their work is “hands on”. Such a way of working cannot be done if social distancing rules are implemented. One should assess the cost of loss of lives due to Covid-19, in comparison to its impact on the country’s GDP.

Social distancing requires governmental and the support of the welfare system for the section of the population. Lack of such measures should not result in the displacement of workers from their work places. A policy of social distancing in some countries should weigh the importance of loss of life or loss of livelihood.

Governmental policy should consider two very important facts regarding any pandemic: a) “the dynamics of contagion”, and b) consumption, production, social distancing and WFH. Work from home reduces the exposure of workers to infection as they need not venture out to work in offices and industries, reduces an absolute loss of consumption, as supplies can be ordered on-line. Work from home significantly reduces the spread of the disease and other economic costs. As witnesses in the world, the quality of the environment has considerably improved. WFH will be the new norm in technology enabled work places and societies.

An economic lockdown, WFH, loss of jobs, wages, loss of purchasing capacity, non-availability of products is also effecting the mental wellbeing of the people.

Psychological Impact:

Lack of information about the virus, its symptoms, the treatment of the disease, intermittent lockdown, social distancing is resulting in several mental health related issues in the larger population. The psychological effects are of short term as well as of long term duration. Depression and anxiety are some of the frequently occurring mental health problems when a lockdown is imposed. Depression and anxiety levels are two to three times higher during the pandemic times compared with non-pandemic times. Fear, anxiety, loneliness, boredom, anger, fear of stigma, insomnia are common in people who are facing loss of anonymity, and the emotional strain of isolation and quarantine. A feeling of guilt among the health care workers is common, guilt that they may expose their family members to the risk and chances of infection. Some of the health care workers encounter a conflict between a sense of loss and a sense of duty. Reduced social contacts, meetings, gatherings result in people becoming anxious. Worrying for their family members and worrying for themselves is very common among the doctors and nurses.
Associated with uncertainty is anxiety and social panic. People have started hoarding produce and groceries. Shelves in super markets became empty in no time. Many people have sleeping difficulties and insomnia associated with anxiety. Information, circulated in social media, on TV platforms, newspapers is influencing the mental wellbeing of the people. Concerns regarding the maintenance of hygiene, constant hand washing is resulting in obsessive compulsive disorders among some people. Health care workers have displayed fear, anxiety, anger, frustration and post-traumatic stress symptoms. Lockdown, WFH, are throwing the family members in close proximity of each other within the walls of the homes for days. Added to economic deprivation, anxiety, depression and stress are effecting familial life and social interactions within and outside the homes.

Social Impact:
The world is dominated by technology, especially the internet. Information about any phenomenon is readily available on internet. There is an explosion of information regarding Covid-19 on TV, in print media, and the digital media. Social media like Twitter, Instagram, You tube, and WhatsApp are providing information to its users. The information may be authentic or fake information, it is very difficult to discern. The explosion of information has been described as “infodemic.” The content of such platforms are not subject to any control and are not regulated very strictly. People often respond to such rumours in the absence of scientific and official communication. The response and belief of people in social media generated information makes the task of management of the spread of disease a very difficult.

Social distancing places tremendous stress on familial relationships. Members of the family face isolation from the larger network of family members, colleagues and friends. Lack of communication with the outside world can create stress between the family members. These stressors, a result of social distancing, result in an increase in consumption of alcohol.

Working from home has resulted in new adjustments being made at home with regard to household work. Men, children, and women are sharing household work. Children are adjusting to new patterns of on-line schooling. However, Pandemics impact men and women differently. The impact of social isolation, social distancing, and lockdown is expected to outlast the actual pandemic.

The pandemic of Covid-19 and its impact on the population, can be seen from a human rights perspective. Health is a human right. The governments and the health care providers are equally responsible for protecting the rights of persons with co-morbidity, prisoners, homeless, refugees, the old and the young, and the poor migrant labourers. Policy makers are responsible for ensuring health as a right to the Covid-19 infected people too.

The issue of provision of health care, acquire significance as the resources of masks, PPE (personal protective equipment), testing kits, and medicines are severely restricted due to shortages and restrictions on transportation. Strategies that would determine the need based usage of these scarce resources should be in place.

III. DISCUSSION AND CONCLUSION

The review of literature reveals that research papers are available on Covid-19 and its impact. As Covid-19 is a new virus, not much information is available about the behavior of the virus, its symptoms, the duration of the disease and its treatment, yet very latest information is available about its impact on individuals and the society.

The impact of the virus is all encompassing. It has caused economic hardships to the individuals as many employable men and women have lost jobs because of the lockdown and the closure of the offices, organizations, and industries. As a result of the prolonged lockdown and social distancing the GDP of several countries is showing a downward trend. It will be a prolonged fight back to economic normalcy.

Economic downturn does not happen in isolation. It will have an impact on individual’s mental and social wellbeing. As the review of literature shows people are suffering from depression, anxiety, sleep deprivation, panic attacks, obsessive compulsive disorders, and post-traumatic stress symptoms. The doctors, nurses, health care providers, the police are the front line workers, the warriors of Covid-19. It is their mental wellbeing that is of concern too. It is necessary to study the stress levels and the mental health of the health care providers.

Covid-19 is impacting the social life and social relationships. The elderly, the institutionalized population, the pregnant, the homeless, and the workers in the unorganized sectors are vulnerable to the adverse impact of the pandemic. All over the world, the elderly are succumbing to the disease. The migrant labourers are also in a difficult situation. Household work, coupled with men and women working from homes, has added a new dimension to familial relationships. We all are Confined to the homes, away from a network of friends and relatives, family members are facing stressful situations.
The survey of literature has revealed that research being conducted are general or country specific in nature. There is a need for macro-level studies. Cross-national studies would reveal the impact of the Covid-19 at the global level, highlighting how different nations are getting impact by the virus, the coping mechanisms of the different governments, and the policies of the various governments in handling the impact of the pandemic. There is a need to consider the idea of a Global Health, the indicators of Global Health for All as the Covid-19 pandemic viral transmission during the COVID-19. Slipping through the Net: Social Vulnerability in Pandemic Planning.

Comparative studies of different nations, different groups would reveal the actions taken, the strategies adopted, the time when testing of the population had commenced, whether and when the countries had adopted social distancing, the durations of the social distancing, the implementation of the social distancing, the effectiveness of such measures would help in the formulation of future policies in dealing with the pandemics. One can also conclude that in the absence of a vaccine and a cure, the world has to live with the virus. One has to realize the importance of protecting the global environment. It is necessary to define the new “normal”.

REFERENCES


