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COVID-19 2nd Wave in India: It's Impact on Labours Of "Unorganized Sector & Society(USS)"

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ABSTRACT: The coronavirus pandemic has gripped India in a second wave of the virus attack taking the count of total confirmed cases of COVID-19 to 29.2 million as on 10.06.2021. With this tally, India stands second only to the United States that has recorded 33.4 million cases so far.

India on April 12, 2021, surpassed Brazil to become the world's second-worst hit nation by the COVID-19. The second wave of COVID-19 was like a tsunami and having impact of five times in comparison to first wave. The job of thousands person including labours of unorganised sectors were lost and their livelihood was come to a very pathetic situation. The Rickshaw puller, Barber, Agriculture mazdoor, Hawkers and so many other daily wage earners have to face starvation. During the second wave, Government has not given any package till 1st week of June, 2021 like it was given in during first wave. Further, every family had lost one or other family members due to second wave of COVID-19. The second wave was so much severe that on the peak it affected more than four lakh persons in one day whereas the highest number of persons during first wave was approx. 97 thousand.

Key Words: Unorganized Sector & Society(USS), second wave, COVID-19, tsunami, unorganised labour, pandemic, Mutant Variants

INTRODUCTION:

During first wave of COVID-19 pandemic, it has given rise to an "epidemic of models". Diverse mathematical models of SARS-CoV-2 transmission (the virus that causes COVID-19 disease) have been instrumental in capturing infection dynamics and informing public health control efforts to mitigate the COVID-19 pandemic and reduce the mortality rate. The concept of "flattening the curve" comes from model outputs that show how reducing the transmission rate through efforts such as contact tracing, identification of infected person, treatment, isolation, masking and physical distancing can lower and delay the epidemic peak.

On account of limited options for pharmaceutical interventions such as vaccines, and inadequate testing capacity in many jurisdictions, the COVID-19 pandemic has also been characterized by large-scale physical distancing efforts—including school and workplace closure—being adopted by the different government including central government which was supported by entire populations despite heavy economic costs. Mathematical models of SARS-CoV-2 transmission and control show that physical distancing can mitigate the pandemic and this has subsequently been backed up by empirical analyses of case notification data. These analyses show how mitigation measures have reduced the effective reproduction number of SARS-CoV-2 below one, meaning that each infected case infects less than one person on average. However, the population's willingness to support school and workplace closures could give more time to different

governments to strengthen their health infrastructure because lockdown is not a medicine of SARS-CoV-2. Since COVID-19 was not completely wiped out and population at large started careless behaviour regarding COVID which has given rise to the possibility of a third wave of COVID-19 in many populations.

The interactions between disease dynamics and behavioural dynamics in COVID-19 are emphasized by research showing that the perceived risk of SARS-CoV-2 infection is a predictor of adherence to physical distancing measures and moreover that individuals respond to the presence of COVID-19 cases in their population by increasing their physical distancing efforts. In turn, physical distancing has been shown to reduce the number of cases^[1].

The social aspects of behaviour-disease interactions seem to be relevant for COVID-19 decision-making. Individuals do not necessarily make the best possible (most rational) response to the presence of COVID-19 cases in their population. Instead, it has been found that political leaders can be influential in convincing individuals to change their physical distancing efforts. Additionally, jurisdictions experiencing outbreaks that start relatively late appear to learn from the experiences of jurisdictions that were affected earlier. Meanwhile, other research emphasizes a need for more work on the socio-economic aspects of the pandemic. These findings suggest that limitation and social learning processes are important for understanding interactions between disease dynamics and decision-making for COVID-19, which ultimately determine the epidemic curve.

A central decision-maker chooses a time to initially close schools and workplaces when the outbreak begins, but many states subsequently open and close them again depending on how public opinion ebbs and flows.

The second wave of Covid-19 pandemic continues to stay strong in India. India has detected more than 1.8crore cases till the first week of June. This is the fastest rate of Covid-19 spread in India. The second wave of Covid-19 pandemic has several mutants, yet differentiating characteristics in terms of symptoms, age-profile and spatial distribution is possible.

OBJECTIVE:

- To study the effect of second wave of COVID-19 on unorganised labours.
- To analyse the difference between first wave and second wave.
- To create the awareness among unorganised labours and migrant workers.
- To access the benefits for unorganised labours and migrant workers from state and central govt.
- To educate the different benefits/scheme announced by state and central govt.
- To prepare the unorganised labours and migrant workers for any future pandemic situation.

Now, we will elaborate the difference between impact of first wave and second wave of COVID-19.

COVID-19: First Wave vs. Second Wave

The first wave of the virus in India had seen a spike in September 2020 and went on to decline. At the end of March 2021, new cases of the infection started showing up and on June10, 2021, India is the second-worst hit nation with 2,92,73,882 confirmed cases and a total of 3,63,108 deaths so far.

The second wave of the virus in 2021 is being compared as milder than the first wave back in 2020. There are tons of questions around how the second wave of the coronavirus is different from the first wave in terms of symptoms, spread, age profile and mutant variants^[2].

Symptoms

•The first wave of the coronavirus included chills, fever, loss of smell and taste, body ache, and respiratory complications.

•The new symptoms reported during the second wave of COVID-19 include loose motions, hearing impairment and pin eyes.

PARAMETERS	COVID WAVE-1	COVID WAVE-2
SYMPTOMS	<p>Most common symptoms:</p> <ul style="list-style-type: none"> • Fever • dry cough • tiredness <p>Less common symptoms:</p> <ul style="list-style-type: none"> • aches and pains • sore throat • diarrhea • conjunctivitis • headache • loss of taste or smell • rash on skin, or discoloration of fingers or toes <p>Serious symptoms:</p> <ul style="list-style-type: none"> • difficulty breathing or shortness of breath • chest pain or pressure • loss of speech or movement 	<p>Most common symptoms:</p> <ul style="list-style-type: none"> • Fever • dry cough • tiredness • Asymptomatic cases <p>Less common symptoms:</p> <ul style="list-style-type: none"> • aches and pains • sore throat • diarrhea • conjunctivitis • headache • loss of taste or smell • rash on skin, or discoloration of fingers or toes <p>Serious symptoms:</p> <ul style="list-style-type: none"> • difficulty breathing or shortness of breath • chest pain or pressure • loss of speech or movement

NEW SYMPTOMS

Most symptoms of Covid-19 remain the same in the second wave as in the first including fever, chills, body ache, loss of smell and taste, and loss of breath or respiratory complications.

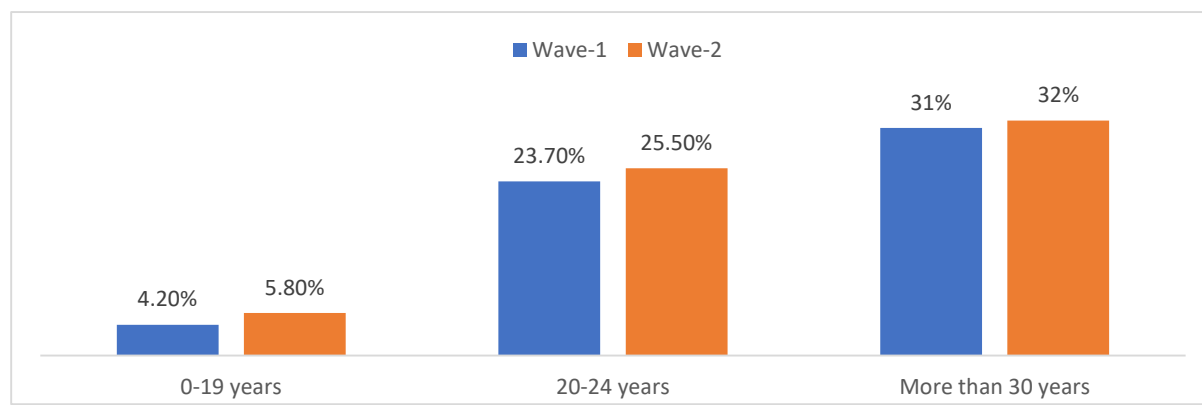
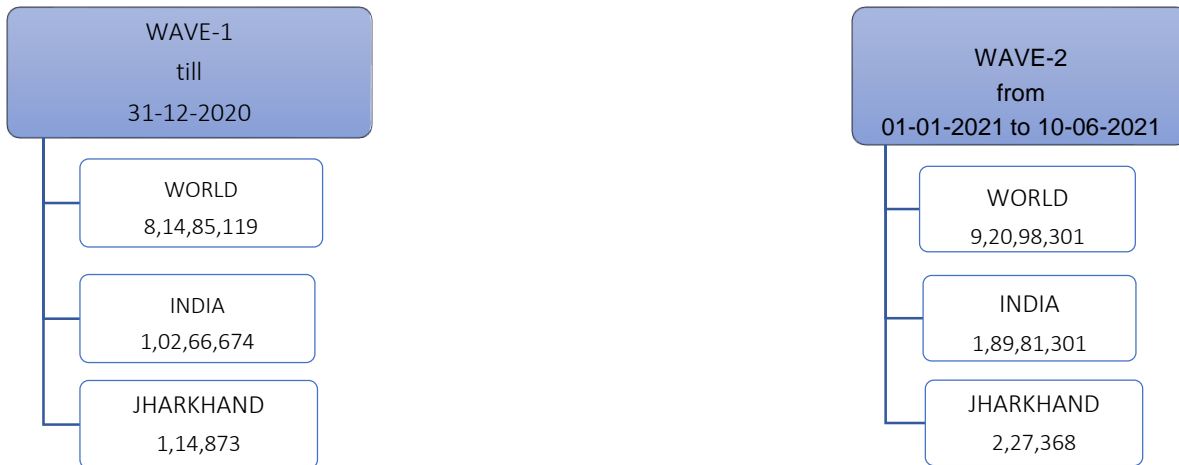
Other symptoms which were not very common among Covid-19 patients in India last year are being reported with greater frequencies. These symptoms are pink eyes, loose motions and hearing impairment, which is a totally new sign detected in the second wave of Covid-19 pandemic.

First wave: Symptoms like dry cough, joint pain, headaches were more.

Hospitalised patients: 41.7 % reporting shortness of breath.

Second wave: Shortness of breath is higher in this wave and so there is a higher requirement of oxygen^[3].

Hospitalised patients: 47.5 % reporting shortness of breath.

TOTAL CASES:**Age Profile**

•In the first wave, the mortality rate among older people was higher but the second wave is gripping more younger people under 45 years of age.

•Maharashtra and Karnataka, the two worst-hit states in the country have reported 50 per cent of the cases among people under 45 years of age.

•Also, doctors and experts and the data by the government have shown that more children are testing positive for the virus in the second wave.

Average age

Only a marginally high proportion of Covid-19 patients are of younger age and that of the average age of patients. More than 70% were above or equal to 40 years of age.

First wave: Average age of patients was 50 years.

Second wave: Average age of patients is 49 years.

Spread

•The first wave of the virus was more widespread geographically whereas the second wave is more clustered. This means the infection during the second wave is limited to a lesser number of hotspots but with a higher number of cases in those very hotspots.

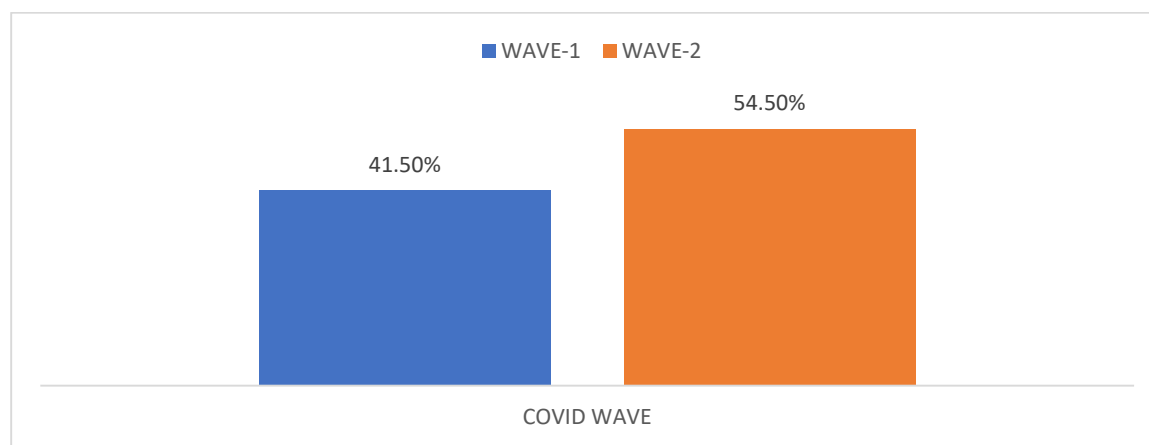
- The second wave, unlike the first wave, is showing the fastest spread rate of COVID-19.

Medical oxygen

In this wave, more cases of breathlessness have been witnessed while in the previous one, symptoms like dry cough, joint pain, headaches were more, according to the ICMR. The symptoms of joint ache, fatigue, muscle ache, loss of smell or sore throat are much less compared to the first wave. However, shortness of breath is higher in this wave, significantly raising the requirement of supplemental oxygen in the country.

The second wave — apart from a steep rise in coronavirus cases — has been characterised by unprecedented demand for medical-grade oxygen leading to severe shortages. Dr. Bhargava said the sudden surge may have triggered panic and a demand for more oxygen. “This is data from hospital settings and so we don't yet know what's triggering the demand from outside these settings,” he said at an online meeting^[4].

Oxygen requirement:



Infection in young individuals

People between 30-45 years of age testing positive remain the same as last year at 21%. No excess rate of young people testing positive.

First wave: People under 30 years of age constituted 31% positive cases.

Second wave: People under 30 years of age constitute 32% of positive cases.

Death rate

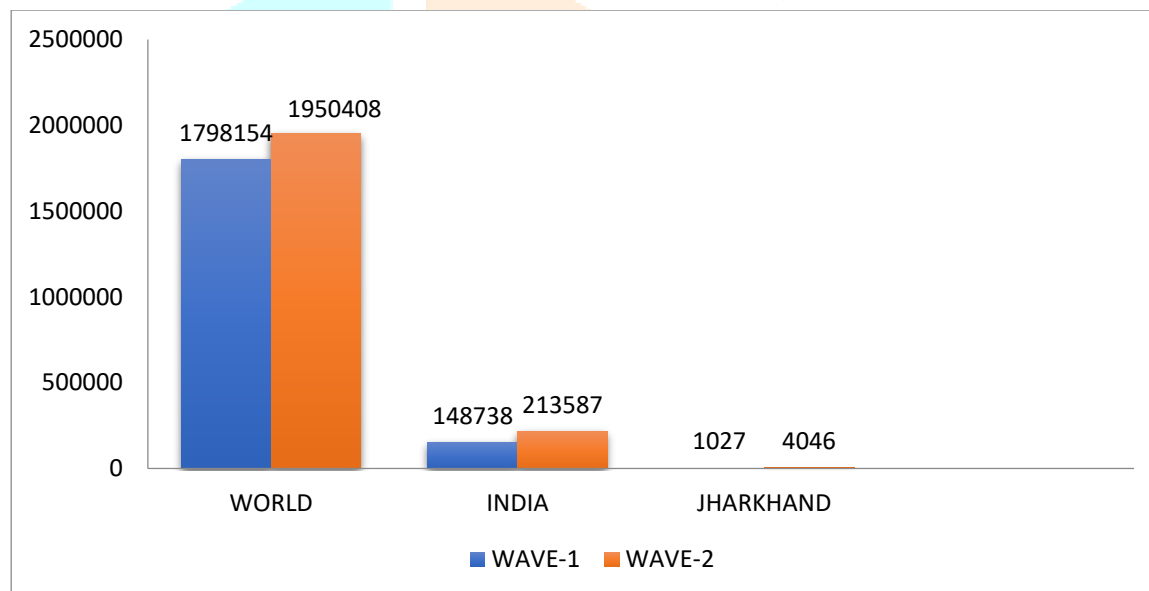
The second wave of Covid-19 in India is 'less severe' than the first wave but due to large number of patients, death rate seems to be high but if we compare with the figure of death rate of first wave and

number of patients, there seems to be no change in the death rate.

MORTALITY RATES		
Age group	1st wave	2nd wave
<10	0.27%	0.34%
10-20	0.53%	0.31%
20-30	2.08%	1.72%
30-40	5.27%	5.39%
40-50	11.98%	10.82%
50-60	23.29%	21.23%
60-70	28.76%	28.21%
70-80	19.99%	22.17%
80+	7.82%	9.81%

A “marginally higher” proportion of patients younger than 20 years were present in the second wave (5.8%) compared to the first (4.2%). In the first wave, 25.5% of the patients were 20-40 years old compared to 23.7% in the ongoing second wave.

Citing data from a section of hospitalised patients from the first and second wave, Director-General, Indian Council of Medical Research (ICMR) Dr. Balram Bhargava said 47% of symptomatic patients presented ‘shortness of breath’ in the second wave (March-April 2021) compared to 41% in the first wave (Sept.-Nov.’20).



Mutant Variants

The second wave is believed to be witnessing a spike in the number of cases due to the double mutant variant of COVID-19. Maharashtra has reported 60 per cent of double mutant COVID-19 cases.

In the past year, the virus has mutated many times over and there are various unidentified mutations; of them, some are of concern.

First wave: Original form of SARS-CoV-2

Second wave: There is a double mutant, plus the UK, Brazilian, South African variants that have demonstrated to have higher transmissibility^[5].

NEW HOMEGROWN VARIANTS

During the first wave of the Covid-19 pandemic in India, local mutations did not play a major contributing role. But many experts believe that the current surge in Covid-19 cases is being pushed by home grown mutant variants of SARS-CoV-2. Genome sequencing in Maharashtra attributed over 60 per cent of fresh cases to India-grown mutant variants of corona virus.

YOUNGER PEOPLE MORE VULNERABLE

Some experts and chief ministers of different states such as Arvind Kejriwal of Delhi, Shri Hemant Soren of Jharkhand have claimed that the second wave of Covid-19 pandemic is affecting younger people more compared to the first wave seen in 2020.

Arvind Kejriwal recently said more than 65 per cent Covid-19 patients in Delhi — one of the worst-affected places — are below 45 years of age. Arvind Kejriwal, however, did not provide a data-set comparing the second wave with the first.

During the first wave, government data in December 2020 suggested that while under-45 patients formed 60 per cent of all Covid-19 cases, the mortality rate was much higher among older people — 88 per cent.

In the current wave of Covid-19 surge, states such as Maharashtra and Karnataka have reported near-50 per cent infections from among people below 45 years. However, there could be an explanation to this trend.

Older and more vulnerable people have largely remained indoors as cases rose and they were also among the priority group for vaccination that has proven to reduce severity of the Covid-19 illness. Further, the younger ones are more mobile due to their greater engagement in economic activities.

MORE CHILDREN GETTING INFECTED

Government data earlier this month showed that about 80,000 children tested positive for Covid-19 in the five worst-affected states -- Maharashtra, Chhattisgarh, Uttar Pradesh, Karnataka and Delhi -- from March 1 to April 4. Since then, doctors have said more children are increasingly testing positive for Covid-19^[6].

But there is a note of caution coming from health experts. They say since most children were asymptomatic in the first wave of Covid-19 pandemic and the healthcare system was being prepared to deal with severe cases, a large number of children might have remained undiagnosed even if they contracted the corona virus infection.

COVID-19 SPREAD, CONCENTRATION

The first wave of Covid-19 was more widespread in geographical reach with hotspots spread all over the country. The second wave is more infectious but has been limited to fewer hotspots.

The Lancet Covid-19 Commission by India Task Force members, published this week, said the second wave is clustered. While over 40 districts reported 50 per cent of all Covid-19 cases in India in the first wave, only 20 are currently reporting half the coronavirus infections.

At its peak in the first wave in August-September 2020, Covid-19 pandemic saw 60-100 districts reporting 75 per cent of the cases in India. The report said only 20-40 districts are reporting 75 per cent of all cases in the second wave.

Health Infrastructure in Urban and Rural Areas (Effect on unorganised labours):

During the pandemic, it is found that the most of the Health Infrastructure in Urban area collapsed due to high number of patients whereas there is very poor facility are available in Rural area, therefore, neither there was any testing nor there was any good treatment of corona patients in villages. It is known to everybody that most of the workers of unorganised sector including agriculture workers are residing in rural areas and they were worst affected during this pandemic. In rural areas neither there are job opportunity nor medical facility, thus most of the workers could not get any treatment of corona.

VACCINE

India is witnessing a second wave of Covid-19 pandemic when the country is concurrently running a vaccination drive. Till 31st April,2021 vaccines were available only for the 45-plus population. On rising demands Central Government gave the permission for vaccination for 18-plus from 1st May,2021. Now, Central Government has announced free vaccination program to all from 21.06.2021.

To ramp up the vaccination drive, the government recently modified its vaccine policy to allow foreign developers and manufacturers entry in the Indian market. Earlier, every vaccine got approval only after a trial in India. This provision has been done away with to fast-track vaccine availability to Indians^[7].

India's Vaccination Drive

India had launched the **world's largest vaccination** drive on April 11, 2021. So far, the country has administered 24 crores doses approx up to 10.06.2021.

SIGNIFICANCE OF THE STUDY REGARDING SECOND WAVE OF COVID-19

1. We have seen the poor health infrastructure of India therefore it is essential for government to spent more budget allocation in health infrastructure. Presently only 0.5% of GDP are given for health in India whereas other countries are spending more than 3% of their GDP on health infrastructure.
2. We have seen the negligible health infrastructure in rural area; therefore, we will have to increase medical facility in rural area because approx. 70% of population are residing in villages.
3. While going through the trend of Britain, USA and other countries, it is very likely that third wave of the pandemic may also come in near future which will affect the economy of urban and rural areas both, therefore government must prepare better health infrastructure and job opportunity at local level so that agriculture worker and workers of unorganized sector can be saved.
4. To understand the possibility of herd immunity in near future, government should undertake National Sero Survey to understand the percentage of the population of the country has already been infected and antibodies have been developed in them. As per scientific evidence, atleast 70% of the population should have been either vaccinated or infected then only herd immunity may develop and accordingly the government can formulate their policies^[8].

CONCLUSION:

From the above analysis, COVID-19 wave one and two have affected everyone in the country but worst affected people were agriculture workers, workers of unorganized sectors such as carpenter, Blacksmith, khomchewala, barber, road side small shop keeper and hawkers etc. The high income group and middle income group population was having some saving which could help them to survive. But lower income group people or daily wage earner were really suffered, even some of them committed suicide. Therefore, different state governments and central government should announce economy package to boost the economy and direct cash transfer in the account of lower income group people or daily wage earner and give more popularity to MANREGA Scheme and Pradhan Mantri Food Scheme for poor.

REFERENCE:

1. Self study during PhD under guidance of Dr. Dr. KHALEDA REHMAN, Assistant Professor & Research Coordinator of JRU, RANCHI(JH)
2. <https://news.google.com/covid19/map?hl=en-IN&gl=IN&ceid=IN%3Aen>
3. <https://www.republicworld.com/india-news/general-news/covid-19-icmr-chief-explains-difference-between-symptoms-in-first-wave-versus-second.html>
4. <https://timesofindia.indiatimes.com/india/first-vs-second-wave-of-covid-19-in-india-things-you-need-to-know/articleshow/82143427.cms>
5. <https://www.gov.uk/government/collections/scientific-evidence-supporting-the-government-response-to-coronavirus-covid-19>
6. <https://www.frontiersin.org/articles/10.3389/fphy.2020.574514/full>
7. <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0248029>
8. <https://timesofindia.indiatimes.com/india/why-is-indias-second-covid-wave-way-more-severe-than-first/articleshow/82102250.cms>

