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Rural Youth: Challenges and Opportunities during the COVID-19 Pandemic – A Sociological Perspective.

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Abstract:

Caste politics and corruption are the challenges of youth's life in today's India of unemployment, poverty and hunger in such a dilemma, the pandemic of the covid-19 has increased the fear and anxiety of the youth. Health is important to the social, economic and educational progress of the country, and it has taught a new global lesson in social and economic crises to the way life is today.

In the context of the Covid-19 Crisis of 2020-21, this challenging disease of Medical treatment is more worrisome, as people are dying of fear, people need awareness, hope and thought, and now Sociology and Sociology of Social Pathology are needed. This paper presents the unemployed rural youth and Covid-19; it is the sociological study of rural youth in Karnataka. It focuses on the factors to find out the challenges and opportunities of the socioeconomic, political and socio-psychological aspects and understand the impact of covid-19 crises with examine the dilemmas of the rural youth.

Key – Words: Karnataka, Sociology, Rural youth, Covid-19, pandemic, Anxiety, Perception, fear, Crises, Unemployment, Poverty, Dilemmas and Desires.

The COVID-19 pandemic has sent shockwaves across the entire world. The youth have borne the brunt of the pandemic due to the disruption in education and employment globally. The youth in the informal sector are more disadvantaged compared to their peers as they work in sectors that have been hit hard by the pandemic. Sociology studies the general state of social relations and the pathological state of society. The state of social relations abduction, known as the social problem, has made India such an epidemic today.

As **Samuel Koenig** Social problems are —.... Situations or conditions which society regards as threats to its established ways or to its well-being and therefore, as needing to be alleviated or eliminated.

Social pathology is a concept developed in modern **social** science to refer both to aspects of **social** structures and to the behaviors and values attributed to particular **social** categories. Definitions of **social pathology** are particular to specific times and reflect the dominant moral concerns of the era. A study of social problems (such as crime or alcoholism) that views them as diseased conditions of the social organism. **According to Durkheim**, social facts are relative in nature which means they vary from society to society. In the context of the Covid-19 Crisis of 2020-21, this challenging disease of Medical treatment is more worrisome, as people are dying of fear, people need awareness, hope and thought, and now Sociology and Sociology of Social Pathology are needed.

The coronavirus has brought science back to the center, including in countries where populist leaders used to delegitimize it. Epidemiologists, medical doctors and biologists bring us hard facts: the pandemic progresses every day; it is far worse than a —strong flul and takes thousands of lives on all continents.

Social scientists have come up with facts that are as hard and as unquestionable: while the virus itself is a biological agent that may infect each of us, we are deeply unequal when confronted to it. Public health policies and social inequalities matter at least as much as the way our bodies react to it when it comes to the virus' deadly consequences. They have shown that the COVID-19 pandemic is not only a sanitary crisis. It is also a social and political crisis, and should be treated as a moment of rupture that will bring major change in our lives, our societies and our world. While often sidelined by policy makers, social sciences contributions in dealing with the coronavirus pandemic have been as important as, and in many ways complementary to, hard sciences.

In terms of the **Political economy** of Covid-19, key questions could focus on how different governments have dealt with issues of health vs wealth (physical distancing and closing places where crowds congregate help to reduce the spread of the virus but have an economic impact through closed business, reduced spending, increased unemployment, etc.) and what are the long-term impacts of different government responses in terms of the pandemic and economic crisis? **Marx's** analysis of tensions between governments looking after the health or the wealth of their populations ([Doyal and Pennell, 1979](#); [McKinlay, 1975](#); [Navarro, 2002](#)) seems to be writ large in responses to Covid-19, but analyses of government responses and their impacts on things like mortality/morbidity rates, health service use/collapse, economic crisis/bounce back will be required in order to provide evidence for future pandemic responses.

There is a relatively long history of sociological theory on notions of ‘uncertainty’, including concepts such as a ‘culture of anxiety’ (Crawford, 2004), ‘era of insecurity’ (Bauman, 1999), ‘ontological insecurity’ (Giddens, 1990) and ‘existential anxiety’ (Giddens, 1991). In the context of Covid-19, how relevant are these concepts? How do different social groups respond to the liquid fear, panic and uncertainty brought during the Covid-19 pandemic? Given the ‘invisibility’ of the virus, research exploring the utility of Bauman’s ideas of ‘liquid fear’ would be worthwhile, whereby fear may seep into our lives or be waiting just around the corner, heightening levels of uncertainty (about whether a person is already infected, will become infected, will pass an infection onwards through to uncertainty about ‘when will this end’, when can we ‘get back to normal’ – indeed what the ‘new normal’ will look like). We can also link ideas of fear and uncertainty to Beck’s ideas on risk, since he argued that in a risk society fear is the prevailing subjectivity, linked via uncertainty to what he called the ‘horror of ambiguity’ (Beck, 2009: 5).

What is corona virus?

Corona viruses are a large family of viruses which may cause illness in animals or humans. In humans, several coronaviruses are known to cause respiratory infections ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). The most recently discovered coronavirus causes coronavirus disease COVID-19.

What is COVID-19?

COVID-19 is the infectious disease caused by the most recently discovered corona virus. This new virus and disease were unknown before the outbreak began in Wuhan, China, in December 2019.

What are the symptoms of COVID-19?

The most common symptoms of COVID-19 are fever, tiredness, and dry cough. Some patients may have aches and pains, nasal congestion, runny nose, sore throat or diarrhea. These symptoms are usually mild and begin gradually. Some people become infected but don’t develop any symptoms and don’t feel unwell. Most people (about 80%) recover from the disease without needing special treatment. Around 1 out of every 6 people who gets COVID-19 becomes seriously ill and develops difficulty breathing. Older people, and those with underlying medical problems like high blood pressure, heart problems or diabetes, are more likely to develop serious illness. People with fever, cough and difficulty breathing should seek medical attention.

How does COVID-19 spread?

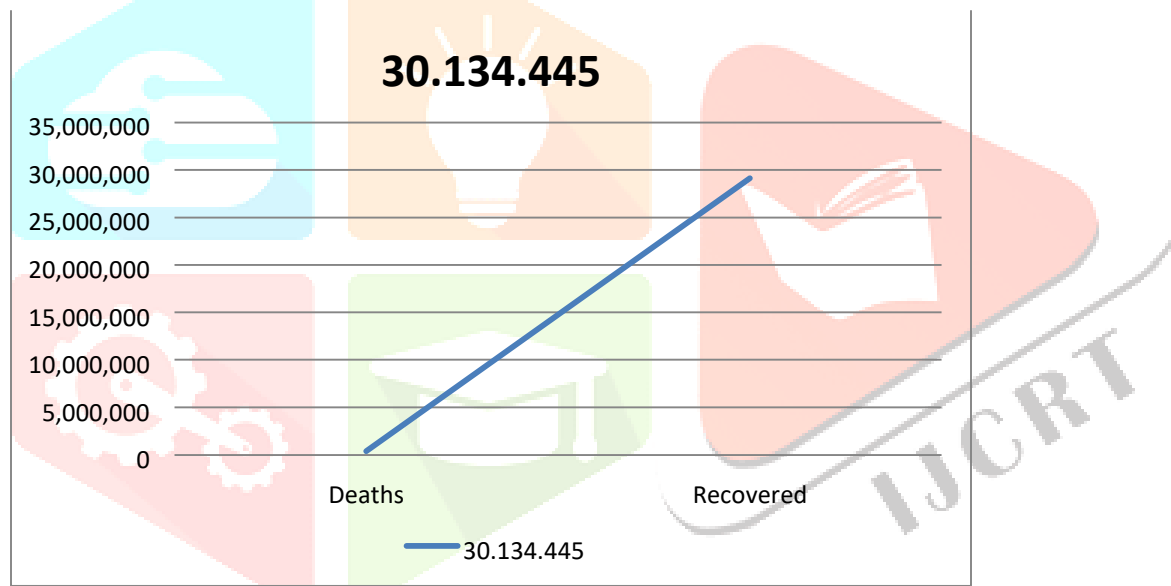
People can catch COVID-19 from others who have the virus. The disease can spread from person to person through small droplets from the nose or mouth which are spread when a person with COVID-19 coughs or exhales. These droplets land on objects and surfaces around the person. Other people then catch COVID-19

by touching these objects or surfaces, then touching their eyes, nose or mouth. People can also catch COVID-19 if they breathe in droplets from a person with COVID-19 who coughs out or exhales droplets. This is why it is important to stay more than 1 meter (3 feet) away from a person who is sick.

Usually a virus from Covid-19 is not visible to us! And like our God/ Devaru also! But here is a lot of variation in the lessons taught Covid-19!

The Data:

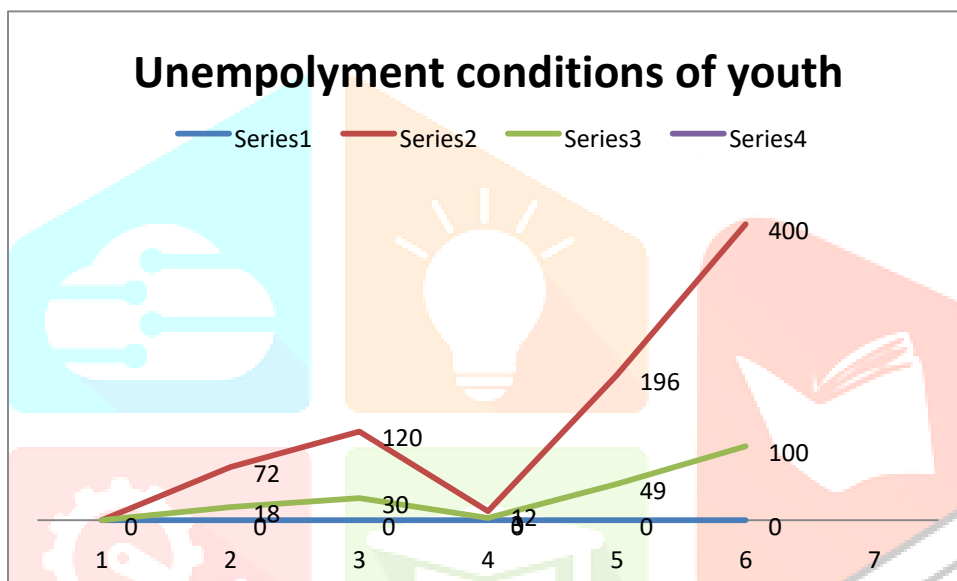
The data used for analysis in this paper is drawn from WHO, Ministry of Health and Family Welfare of Govt. of India and Covid-19 Information portal of Govt. of Karnataka, The present paper covers the whole state and analysis is made at district and villages. The data are analyzed at different levels based on the secondary data collected from different studies and at village level based on the primary data collected by field investigating observation.



This graph describes the total number of cases of coronavirus, in India, recovered and deaths in India as a result of its horror.



In India up to 53% of businesses have specified a certain amount of impact of shut downs caused due to coronavirus on operations, as per a FICCI survey in March. By 24 April the unemployment rate had increased nearly 19% within a month, reaching 26% unemployment across India, according to the 'Centre for Monitoring Indian Economy. Around 140,000,000 (140 million) Indians lost employment during the lockdown. More than 45% households across the nation reported an income drop as compared to the previous year. Various business such as hotels and airlines cut salaries and laid off employees.^[4] Revenue of transport companies such as Ola Cabs went down nearly 95% in March–April resulting in 1400 layoffs. It was estimated that the loss to the tourism industry will be 15,000 crore (US\$2.1 billion) for March and April alone. CII, ASSOCHAM and FAITH estimate that a huge chunk of the workforce involved with tourism in the country faces unemployment. Live events industry saw an estimated loss of 3,000 crore (US\$420 million).



Note: the graph shows the distribution of survey respondents by the unemployment conditions of Rural Youth in Karnataka, based on answers to the question.. present status of employment.

The above Chart reveals that the 400 youths graduated youths aged between 18 - 35 selected from the Stratified Random Sample, using a survey methodology that is part of the descriptive research methodology. who belong to *Scheduled Castes* are selected from the revenue jurisdiction of the taluk and selected based on caste wise list. Similarly, the selection of the rural Dalit youths has been done particularly from Scheduled castes (400).

The unemployment rate in India fell to 7% in September 2020 from the record high of 29% since the country went into lockdown from March 2020, says the report of CMIE – Centre For Monitoring Indian Economy. However, it later increased to 9.1% in December 2020. The unemployment rate again declined to 6.5 per cent in January 2021 from 9.1 per cent in December 2020, while the employment rate surged to 37.9 per cent as compared to 36.9 percent. The unemployment situation in the country was the major cause of worry and anxiety among many Indians. Population explosion, Unemployment, Poverty, Begging, Hunger, Corruption, Inequality,

Untouchability and Alcoholism are the social ills of India, and now the Covid-19 pandemic of the world has come to an end.

In March, Adar Poonawalla, CEO of Serum Institute of India said that "the economic danger of the outbreak was exponentially greater than its health risks". On 29 April, Indian billionaire NR Narayana Murthy said that if the lockdown continues, India may see more deaths due to hunger than from the pandemic.

Due to the lockdown, daily-wage workers (the urban poor and migrant laborers) were left with no work. At the same time, the lockdown restrictions put a stop on the movement of buses and trains. Large numbers of migrant workers ended up walking back to their villages.

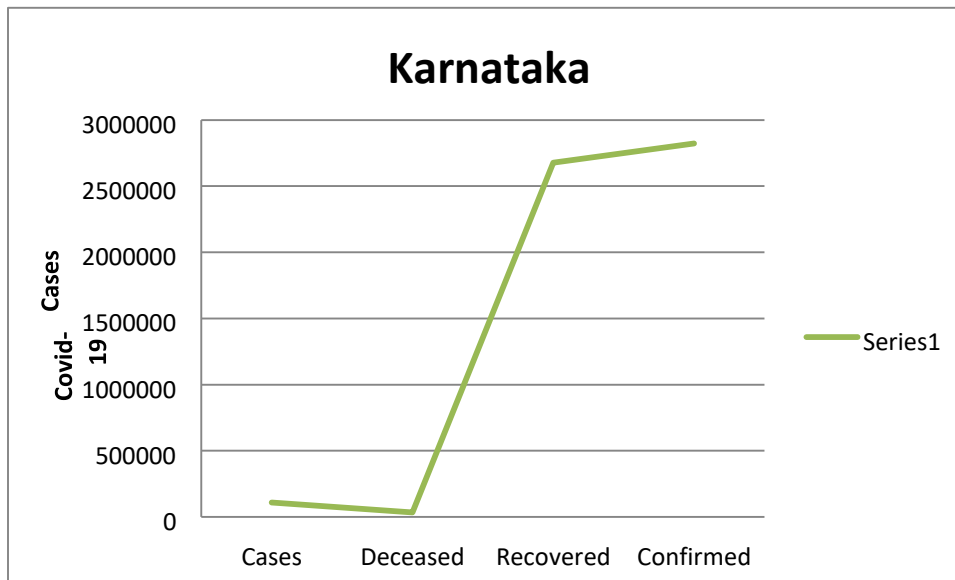
Government level Actions in India:

Globally in a poll by the 'Edelman Trust Barometer', out of the 13,200+ people polled, 67% agreed that "The government's highest priority should be saving as many lives as possible even if it means the economy will recover more slowly"; that is, life should come before livelihood. For India, the poll showed a ratio of 64% to 36%, where 64% of the people agreed that saving as many lives as possible was a priority, and 36% agreed that saving jobs and restarting the economy was the priority.

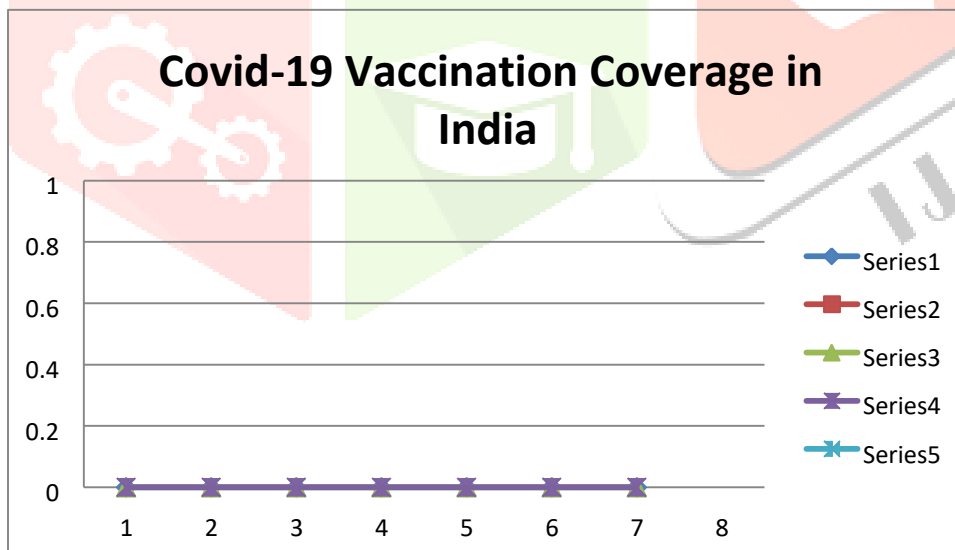
In India the life versus livelihood debate also played out, with the government first announcing that life would be prioritized over livelihood, which later changed to an equal importance being given to life and livelihood. By mid-May the center was keen to resume economic activities, while the Chief Ministers had mixed reactions.

Prime Minister Modi announced the first 21 days of India's lockdown on 24 March. During this address to the nation he said, "*Jaan hai toh jahaan hai*" (transl. Only if there is life there will be livelihood). On 11 April, in a meeting with the Chief Minister's of India, the Prime Minister said "Our mantra earlier was *jaan hai toh jahaan hai* but now it is *jaan bhi jahaan bhi* (transl. Both, lives and livelihood matter equally)." On 14 April, another address to the nation was made by Modi in which he extended the lockdown, with adjustments, to 3 May. In the Prime Minister's fifth meeting with the Chief Ministers on 11 May, the Prime Minister said that Indians must prepare for the post coronavirus pandemic world, just as the world changed after the world wars. During the meeting Modi said "*Jan se lekar jag tak*" (transl. From an individual to the whole of humanity) would be the new principle and way of life. On 12 May, the Prime Minister addressed the nation saying that the coronavirus pandemic was an opportunity for India to increase self-reliance. He proposed the *Atmanirbhar Bharat Abhiyan* (Self-reliant India Mission) economic package.

The first case of the COVID-19 pandemic in the Indian state of Karnataka was confirmed on 8 March 2020. Two days later, the state became the first in India to invoke the provisions of the Epidemic Diseases Act, 1897, which are set to last for a year, to curb the spread of the disease. As of 30 May 2021, Karnataka have 2587827 confirmed cases and 28679 deaths. with 2217117 recovered cases and 342010 active cases.



According to data from the Karnataka state COVID-19 war room, the state has 84,776 beds in its districts, of which 21,728 have been reserved for COVID-19. A total of 19,639 beds were available in Bengaluru Urban and Rural districts. And of these, 3,470 were reserved for COVID-19 in the two districts. More than 86% of the 21,728 beds were isolation beds — 6,695 with oxygen facilities, 2,105 ICU beds, and 1,000 with ventilators. With the number of COVID19 cases in Karnataka going up, the hospital bed occupancy in Karnataka which was at less than 2% till May 8, had shot up to 13.1% by June 9.



Cumulative Covid-19 Coverage:

Vaccination Coverage	Ist Dose	IInd Dose
Health Care Workers	1,01,82,572	71,73,434
Front line workers	1,74,03,401	92,99,697
People Aged 18-44 years	7,87,22,572	17,09,970
People Aged > 45 years	8,58,67,182	1,40,51,826
People Aged > 60 years	6,70,52,771	2,29,09,041
Total Achievement	25,92,28,498	5,51,43,968

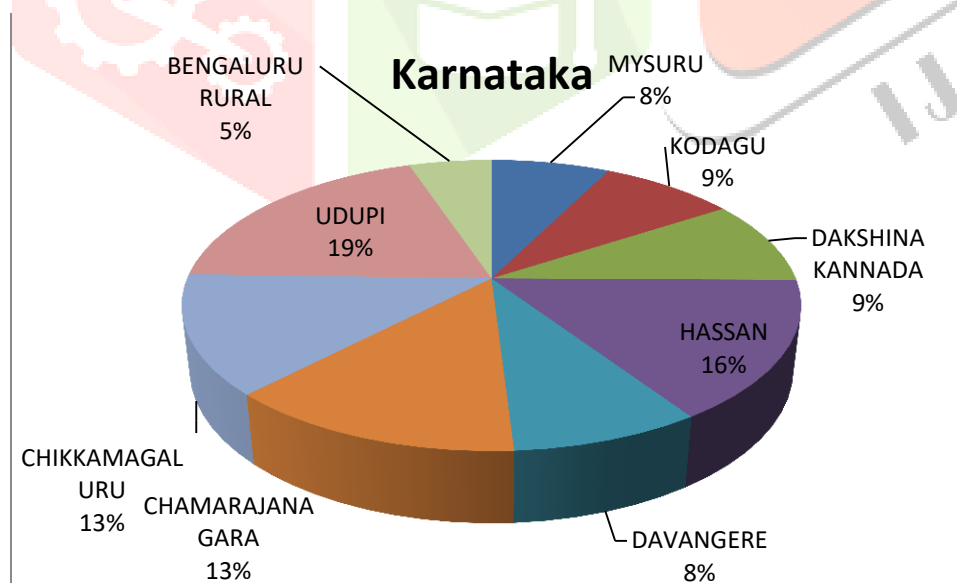
India population in 2021 is estimated to be 1.39 Billion (139 crores), According to Unique Identification Aadhar India, updated Dec 2020, by mid of year 2020 the projected population is 1,370,508,600. But India has administered over 27 crore doses so far.

While India has overtaken the US in terms of absolute number of people given at least one shot, as a percentage of population, India’s 12.6% pales in comparison to the

50.6% achieved by the US so far. Also, the US has fully vaccinated 13.7 Crore people while the number of India is 4.4 crore. Among countries with the highest vaccination rates among their total populations are Uruguay (60.7%), Chile (61.4%), the U.K. (61.7%), Israel (63.4%), Canada (65.4%), and Kuwait (67.3%). If you compare the above statistics to our country, there is a lack of awareness about the vaccine in India and the fear and anxiety of the rural people. In addition, it is understood that governments are not functioning systemically.

The question of every citizen of our world, who is suffering from Corona virus disease, is; Why are the world’s most powerful bodies silenced by the investigation of creators of the Corona virus!? That is. The world is facing a socio-economic and psychological problem from the Covid-19, and the loss of the world and when the biggest crime is committed by china and others, is threatening another terrible world.

COVID-19 District wise Status in Karnataka State:



The Karnataka Government issued an order to fix the rates for COVID-19 treatment in private hospitals. The rates range from 5,200 to 25,000 depending on the category and severity of infection and can be availed by both Ayushman Bharat-Arogya Karnataka (AB-ArK) patients and other insurance/cash paying patients. The

State Government also directed 50% of beds in private hospitals having facilities to treat COVID-19 patients should be reserved for patients referred from public health authorities.

Socio-Economic, Health and Educational Situations:

Hospitals are home to sin. This leaves people with their own bodies. Increase in injustice. English doctor is above everyone else. We are not for the benefit of the doctor, to earn money. In his Hind Swaraj, Mahatma Gandhi said, —I have always thought that our Native Doctors are less than doctors of this scholar. (P-47-48). The fact that this Covid-19 crisis in India has been a huge loss and the reason for the mistake of our medical restores the opinion of Gandhi's doctors.

The Covid-19 virus, which spread around the world in a few months, originated in Wuhan city, China. Though, India is not among the worst affected countries of coronavirus, it is still a major Public Health emergency which poses a serious threat of crippling the nation's economy. A densely populated country like India, cannot afford getting its population infected with coronavirus, as that will have an enormous strain in existing healthcare facilities. Although the government of India has implemented complete lockdown, there are many economic concerns to be addressed. Even though, relief fund was announced, the nation's huge population could use additional financial support, to take care of their essential needs like groceries, provisions and medicines. The livelihood, employment and income of many citizens remain questionable. This article examines to give a sociological perspective of the coronavirus pandemic in India.

Coronavirus clampdown hits over 1 crore jobs, the government's orders on Friday to close down places of commerce, industry and social assembly to prevent coronavirus cases from snowballing has seen the city devolve into a veritable ghost town in just the first 24 hours of the clampdown. At the same time, the city's purchasing and economic power has also dwindled. As financial experts across the gamut scrambled to decipher the scale of the losses, B. T. Manohar, a tax expert for Federation of Karnataka Chambers of Commerce and Industry warned that the loss of Goods & Services tax, and sales tax revenue alone for the state exchequer would amount to a staggering Rs 2,000 crore, if the clampdown lasted for even a single week.

In the second week of May, companies started preparations for restarting operations. Some companies opened offices with the maximum permitted strength of 33% while others took a more cautious approach of as low as five per cent. The beginning of June saw companies further reopen and making plans to reopen. A study by Elara Securities Inc. found that five Indian states, Kerala, Punjab, Tamil Nadu, Haryana and Karnataka, are contributing 27% to India's GDP as India emerges from a total lockdown. However, in agriculture, the big loss of fruit, flower and vegetable growers, also problem for business people. In the field of education, young generation has had a lot of problems with this online education.

Due to the national-wide lockdown, the Karnataka government has postponed the SSLC (10th grade) exams indefinitely. The government has also cancelled the annual exams for students up to and including 9th standard. The State Education Department has also issued an order to all schools in the state to postpone their admission processes until further notice.

Health is the key to the country's social, economic and educational progress, and it has taught a new global lesson in social and economic crises in to the way life is today.

Concluding Observations:

1. The deaths of elderly and adult infected people in every village and city have increased, with young people fearing death.
2. Corona is an infectious disease, and young people are experiencing some form of loneliness without any access to the homes of relatives and friends.
3. Youth who have lost their placement due to lockdown and return to villages are facing a lot of financial problems.
4. Due to unscientific lockdown regulations and lack of Medical facilities, treatment can be difficult.
5. Cases such as police brutality have been exacerbated by the lack of masquerading habits and breathing problems as well as the need to bring home the essentials.
6. During the lockdown, doctor's affairs such as medical mafia, bed beds were reported in the media, and on the other side, there was a news infected people who died of lack of oxygen beds.
7. Delay in vaccination and discrimination on the one side, on the other side, there is an awareness problem and people are afraid to get the vaccine.
8. The first wave of the corona has spread to the elderly and the young, and the second wave has caused the death and fear of many people. Experts believe that the third wave spreads to children, and has been carefully guarded.
9. The social distance in our Indian society has been the practice of caste based inequality and untouchability, but it is now the norm of Covid-19 non spread, which is very difficult for many people to follow but still remains in the caste system.
10. As a traditional belief, the young people of the country have celebrated the quarantine of their villages by making peace with Corona mum, as is their traditional belief. In addition, a few homa havana programs have been held to free the world from corona. This is the culture of India, which is to be found in the interests of all people, but in Dr. B.R Ambedkar's thinking, this kind of belief was the construction of hospitals and libraries rather than temples.

Covid-19 troubles have caused racial and religious sentiment among Indian youth and today young people are wary of biological challenges amid moral problems. Youth are now interested in the use and production of swadeshi products. The young people who returned from the city to the villages are determined to do agriculture and livelihood. Overall, the condition of Covid-19 time has taught life a great deal in addition to the immense loss. Further, experts have warned of the entry of Covid-19 third wave, which is spreading the already infected virus block fungus, delta, and the social distance with the use of mandatory masks and sanitizers without any concern for the youth.

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