



# INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

## SOCIAL AND PSYCHOLOGICAL IMPACT OF THE COVID-19: A SOCIO – ECONOMIC ANALYSIS

NAME - DEEPALI YADAV , ASSISTANT PROFESSOR ,SRI RAMSWAROOP MEMORIAL UNIVERSITY ,LUCKNOW

1/73A , RASHMI KHAND SHARDA NAGAR LUCKNOW

### ABSTRACT

The research paper aims to study the issue that in what manner the COVID-19 outbreak is affecting all segments of the population, but it is more harmful to individuals in the most vulnerable social groups. The research paper will try to examine to what extent people with disabilities, for example, may have difficulty putting in place measures to keep the virus at bay, such as personal cleanliness. The aim is to scrutinize in what manner monitoring and promoting mental health of youths in order to reduce the negative impact of the quarantine. The purpose is to examine the link between COVID 19 and unemployed youth by studying that the Youth are disproportionately unemployed, and those who are employed frequently work in the informal economy or gig economy, on precarious contracts, or in service industries that are expected to be badly impacted by COVID-19.

The object is to identify in what manner the COVID 19 is impacting mental health by promoting Suicidal behaviour that is frequently linked to the feelings of rage associated with the stressful state.

The aim is to examine in what manner the COVID-19 has impacted the People's Livelihoods, Their Health And Our Food Systems and in what manner COVID 19 has resulted in Inequality At Home And Unpaid Care

KEYWORDS:- unemployed youth, mental health, COVID-19 outbreak, women , Persons With Disabilities

### 1. INTRODUCTION:-

The COVID-19 outbreak is affecting all segments of the population, but it is more harmful to individuals in the most vulnerable social groups. It continues to affect populations such as those living in poverty, the elderly, people with disabilities, youth, and indigenous peoples. Early research suggests that the virus's health and economic consequences are borne disproportionately by the poor. Homeless persons, for example, are particularly vulnerable to the virus because they may not be able to find a safe place to shelter. People who do not have access to running water, as well as refugees, migrants, and displaced persons, will suffer disproportionately

Inequality, exclusion, discrimination, and global unemployment may worsen in the medium and long future if the social crisis caused by the COVID-19 pandemic is not appropriately addressed through legislation. When comprehensive, universal social safety systems are in place, they have a considerably longer-term role in protecting workers and reducing poverty rates because they operate as automatic stabilisers. That is, they give constant basic income security, boosting people's ability to manage and overcome shocks.

## **2. MATERIALS AND METHODS:-**

The research paper would take into account various primary and secondary literature to study the topic of the research paper and the research paper would follow the doctrinal research methodology thereby studying the existing literature to come to the build-up of the effective analysis on the above-mentioned taken topic .

## **3. RESULTS AND DISCUSSION:-**

### **3A. IMPACT OF COVID 19 ON THE PERSONS WITH DISABILITIES:-**

Persons with disabilities confront barriers to receiving health-care services even in the best of circumstances, due to a lack of availability, accessibility, affordability, as well as stigma and prejudice. Other issues, such as disruption of services and support, pre-existing health conditions in some cases, which put them at higher risk of developing serious illness or dying, being excluded from health information and mainstream health provision, living in a world where accessibility is often limited and where barriers to goods and services are a challenge, and being disabled, all compound the risks of COVID-19 infection for persons with disabilities, necessitating specific action.<sup>1</sup>

For people with impairments, general self-care and other preventive actions against the COVID-19 epidemic can be difficult. Some people with disabilities, for example, may have difficulty putting in place measures to keep the virus at bay, such as personal cleanliness and the necessary periodic cleaning of surfaces and homes. Due to physical limitations, environmental restrictions, or interrupted services, cleaning homes and washing hands frequently can be difficult. Others may not be able to exercise social distancing or isolate themselves as deeply as others since they rely on others for regular help and support with day-to-day self-care duties.<sup>2</sup>

COVID-19 information must be made available in accessible formats to ensure that people with disabilities can access it. Physical accessibility is also required for those with mobility, sensory, and cognitive limitations. Furthermore, no financial hurdles should prohibit people with disabilities from receiving the health care they require in an emergency.

### **3B.IMPACT OF COVID 19 ON THE YOUTH**

Many governments have urged young people to join the fight to safeguard themselves and the general public. Youth can also support the most vulnerable members of society by participating in public health social awareness programmes in their areas. As a result, youngsters have a key role in limiting the virus's transmission and influence on public health, society, and the economy as a whole.

Youth are disproportionately unemployed, and those who are employed frequently work in the informal economy or gig economy, on precarious contracts, or in service industries that are expected to be badly impacted by COVID-19.

After the shutdown of schools and universities in many jurisdictions, more than one billion young people are no longer physically in school. Although the efforts made by teachers, school administrations, local and national governments to cope with the unprecedented circumstances to the best of their abilities should be recognised, the disruption in education and learning could have medium and long-term consequences on the quality of education.. Many vulnerable kids, such as migrants and homeless youth, are living in precarious circumstances. They are the ones that are easily forgotten if governments do not pay close attention, as they are already in a situation where their basic needs for health, education, job, and well-being are not being satisfied.

---

<sup>1</sup> Available at <https://www.frontiersin.org/articles/10.3389/fpsyg.2020.577684/full> accessed on 10 .12.2021

<sup>2</sup> Available at <https://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/publications-and-technical-guidance/mental-health-and-covid-19> accessed on 10 .12.2021

### **3C.THE PSYCHOLOGICAL IMPACT OF COVID-19**

SARS, Ebola, H1N1, Equine Flu, and the current COVID-19 pandemics have shown that the psychological impacts of contagion and quarantine are not confined to the dread of getting the virus). Some aspects of the pandemic have a greater impact on the populace, such as separation from loved ones, loss of independence, uncertainty regarding the disease's progression, and a sense of helplessness (). These factors could have drastic implications (such as an increase in suicides).

Suicidal behaviour is frequently linked to feelings of rage associated with the stressful state that is prevalent among those who lived/live in the most afflicted places. In light of these outcomes, a thorough assessment of the quarantine's possible advantages is required, taking into consideration the substantial psychological costs.

Children and young adults are especially vulnerable to developing anxious symptoms, according to a recent survey conducted during the Covid-19 pandemic. A total of 1,143 parents of Italian and Spanish children (ages 3–18) participated in the study. During the quarantine, parents noticed a variety of emotional and behavioural changes in their children, including difficulty concentrating (76.6 percent), boredom (52 percent), irritability (39 percent), restlessness (38.8%), nervousness (38 percent), loneliness (31.3 percent), uneasiness (30.4 percent), and worries (30.1 percent).

Further data collected on a sample of college students at the time of the spread of the epidemic in China showed how anxiety levels in young adults are mediated by certain protective factors, such as living in urban areas, the economic stability of the family, and cohabitation with parents. On the contrary, having infected relatives or acquaintances leads to a worsening in anxiety symptoms. Furthermore, the economic problems and the slowdown in academic activities are related with anxious symptoms. In addition, an online survey conducted on the general population in China found that college students are more likely to experiencing stress, anxiety, and depression than others during the pandemic. These results suggest monitoring and promoting mental health of youths in order to reduce the negative impact of the quarantine .

Health-care workers (HCWs) are another segment of population particularly affected by stress . HCWs are at risk to develop symptoms common in catastrophic situations, such as post-traumatic stress disorder, burnout syndrome, physical and emotional exhaustion, depersonalization, and dissociation. However, an epidemic presents different peculiarities compared to a catastrophic event, for instance, the stigmatizing attitudes in particular toward health professionals, who are in daily contact with the risk of infection .During SARS, up to 50% of health-care professionals suffered from acute psychological stress, exhaustion, and post-traumatic stress, caused by the fear of contagion of their family members and the prolonged social isolation .

As a consequence of the pandemic, the health professionals who were overworked suffered high level of psychophysical stress. Health professionals also lived/live in daily life a traumatic condition called secondary traumatic stress disorder, which describes the feeling of discomfort experienced in the helping relationship when treatments are not available for all patients and the professional must select who can access them and who cannot. Data from a survey on 1,257 HCWs who assisted patients in Covid-19 wards and in second- and third-line wards showed high percentages of depression (50%), anxiety (44.6%), insomnia (34%), and distress (71.5%). Also, the constant fear of contagion leads to obsessive thoughts), increasing the progressive closure of the person and reducing social relationships. In line with these results, evaluated mental health outcomes among HCWs in Italy during the pandemic, confirming a high score of mental health issues, particularly among young women and front-line workers.

<sup>3</sup> Furthermore, conducted a review on the gendered impact of Covid-19 and found that 68.7–85.5% of medical staff is composed of women, and the mean age ranged between 26 and 40 years. Also, women are more likely to be affect by anxiety, depression, and distress ( also found a relation between age and depressive symptoms associated with the pandemic. Indeed, the medical staff at younger ages (<30 years) reports higher self-rated depression scores and more concern about infecting their families than those of older age. Staff > 50 years of age reported increased stress due to patient's death, the prolonged work hours, and the lack of personal protective equipment. also found that nurses felt more nervous compared to doctors.

As emerged by the recent literature, the promotion of psychological interventions on the specific population who is more likely to develop pathologies and suffering is needed. The Lancet Global Mental Health Commission's observation reported that the use of digital technologies can provide mental health interventions in order to reduce anxiety and stress levels and increase self-efficacy

---

<sup>3</sup> Available at <https://www.mayoclinic.org/diseases-conditions/coronavirus/in-depth/mental-health-covid-19/art-20482731> accessed on 10 .12.2021

### **3D.COVID-19 AND ITS ECONOMIC TOLL ON WOMEN**

For the single mother in South Sudan, COVID-19 lockdown measures have paused her small business that brings food to the table.

For the domestic worker in Guatemala, the pandemic has meant no job and no unemployment benefits or other protection.

For countless women in economies of every size, along with losing income, unpaid care and domestic work burden has exploded.

While everyone is facing unprecedented challenges, women are bearing the brunt of the economic and social fallout of COVID-19.

Women who are poor and marginalized face an even higher risk of COVID-19 transmission and fatalities, loss of livelihood, and increased violence. Globally, 70 per cent of health workers and first responders are women, and yet, they are not at par with their male counterparts. At 28 per cent, the gender pay gap in the health sector is higher than the overall gender pay gap (16 per cent).

“The financial impact on hospitality alone has just been so staggering,” said Ryancia Henry, a 32-year-old Caribbean national working in the hospitality industry in the United States of America. “I worry for myself depending on how long this goes on, what kind of decisions do I have to make, to be financially okay, and I have the same concerns for my team. I send some funds home, to help my mom. I worry about maintaining some payments.”

Within some of these sectors where informal employment is common, workers were already subject to low pay, poor working conditions and lacking social protection ( pension, healthcare, unemployment insurance) before the pandemic.

Globally, 58 per cent of employed women work in informal employment, and estimates suggest that during the first month of the pandemic, informal workers globally lost an average of 60 per cent of their income.

When everyone stayed home, they sent the domestic workers packing

For domestic workers, 80 per cent of whom are women, the situation has been dire: around the world, a staggering 72 per cent of domestic workers have lost their jobs. Even before the pandemic, paid domestic work, like many other informal economy jobs, lacked basic worker protections like paid leave, notice period or severance pay.

### **3E. INEQUALITY AT HOME AND UNPAID CARE**

As quarantine measures keep people at home, close schools and day-care facilities, the burden of unpaid care and domestic work has exploded. Both for women and men. But even before COVID-19, women spent an average of 4.1 hours per day performing unpaid work, while men spent 1.7 hours – that means women did three times more unpaid care work than men, worldwide. Both men and women report an increase in unpaid work since the start of the pandemic, but women are continuing to shoulder the bulk of that work.

School and daycare closures, along with the reduced availability of outside help, have led to months of additional work for women. For working mothers, this has meant balancing full-time employment with childcare and schooling responsibilities.<sup>4</sup>

The responsibility of caring for sick and elderly family members often falls on women as well.

### **4E.IMPACT OF COVID-19 ON PEOPLE'S LIVELIHOODS, THEIR HEALTH AND OUR FOOD SYSTEMS**

The COVID-19 pandemic has led to a dramatic loss of human life worldwide and presents an unprecedented challenge to public health, food systems and the world of work. The economic and social disruption caused by the pandemic is devastating: tens of millions of people are at risk of falling into extreme poverty, while the number of undernourished people, currently estimated at nearly 690 million, could increase by up to 132 million by the end of the year.

Millions of enterprises face an existential threat. Nearly half of the world’s 3.3 billion global workforce are at risk of losing their livelihoods. Informal economy workers are particularly vulnerable because the majority lack social protection and access to quality health care and have lost access to productive assets. Without the means to earn an income during lockdowns, many are unable to feed themselves and their families. For most, no income means no food, or, at best, less food and less nutritious food.

The pandemic has been affecting the entire food system and has laid bare its fragility. Border closures, trade restrictions and confinement measures have been preventing farmers from accessing markets, including for buying inputs and selling their produce, and agricultural workers from harvesting crops, thus disrupting domestic and international food supply chains and reducing access to healthy, safe and diverse diets. The pandemic has decimated jobs and placed millions of livelihoods at risk. As breadwinners lose jobs, fall ill and die, the food security and nutrition of millions of women and men are under threat, with those in low-income countries, particularly the most marginalized populations, which include small-scale farmers and indigenous peoples, being hardest hit.

<sup>4</sup> Available at <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/> accessed on 10 .12.2021

Millions of agricultural workers – waged and self-employed – while feeding the world, regularly face high levels of working poverty, malnutrition and poor health, and suffer from a lack of safety and labour protection as well as other types of abuse. With low and irregular incomes and a lack of social support, many of them are spurred to continue working, often in unsafe conditions, thus exposing themselves and their families to additional risks. Further, when experiencing income losses, they may resort to negative coping strategies, such as distress sale of assets, predatory loans or child labour. Migrant agricultural workers are particularly vulnerable, because they face risks in their transport, working and living conditions and struggle to access support measures put in place by governments. Guaranteeing the safety and health of all agri-food workers – from primary producers to those involved in food processing, transport and retail, including street food vendors – as well as better incomes and protection, will be critical to saving lives and protecting public health, people's livelihoods and food security.<sup>5</sup>

In the COVID-19 crisis food security, public health, and employment and labour issues, in particular workers' health and safety, converge. Adhering to workplace safety and health practices and ensuring access to decent work and the protection of labour rights in all industries will be crucial in addressing the human dimension of the crisis. Immediate and purposeful action to save lives and livelihoods should include extending social protection towards universal health coverage and income support for those most affected. These include workers in the informal economy and in poorly protected and low-paid jobs, including youth, older workers, and migrants. Particular attention must be paid to the situation of women, who are over-represented in low-paid jobs and care roles. Different forms of support are key, including cash transfers, child allowances and healthy school meals, shelter and food relief initiatives, support for employment retention and recovery, and financial relief for businesses, including micro, small and medium-sized enterprises. In designing and implementing such measures it is essential that governments work closely with employers and workers.<sup>6</sup>

Countries dealing with existing humanitarian crises or emergencies are particularly exposed to the effects of COVID-19. Responding swiftly to the pandemic, while ensuring that humanitarian and recovery assistance reaches those most in need, is critical.

Now is the time for global solidarity and support, especially with the most vulnerable in our societies, particularly in the emerging and developing world. Only together can we overcome the intertwined health and social and economic impacts of the pandemic and prevent its escalation into a protracted humanitarian and food security catastrophe, with the potential loss of already achieved development gains.

#### **REFERENCES:-**

#### **BOOKS:-**

1. V.K. Ahuja, Law Relating to Intellectual Property Rights, First Edition, LexisNexis Butterworths Wadhwa, 2012.
2. Vikas Vashishth, Law & Practice of Intellectual Property Rights in India, Third Edition, Bharat Law House, 2007.
3. P.Narayan, Law of Copyright & Industrial Designs, Fourth Edition, Eastern Law House, 2007.
4. Sheldon W. Halpern, Graig Allen Nard & Kenneth L. Port, Fundamentals of US Intellectual Property Law: Copyright, Patent & Trademark, Second Edition, Kluwer Law International, 2006.
5. J.P.Mishra, An Introduction to Intellectual Property Rights, Second Edition, Central Law Publications, 2009.
6. Paul Goldstein, Copyright, Third Edition, Volume II, Aspen Publishers, 2007.
7. Nadya Reingand, "Intellectual Property in Academia", CRC Press, 2012.
- 8.Sheldon W. Halpern , ' Fundamentals of United States Intellectual Property Law : Copyright, Patent , Trademark" Kluwer Law International, Second Edition , 2007.
9. J.A.L Sterling LL.B. , " World Copyright Law", Sweet &Maxwell, 3<sup>rd</sup> Edition , 2011.
10. Micheal D. Scott, " Licensing and Intellectual Property Law Desk Reference , Aspen Publishers, 2004.
- 11.John Tehranian , Infringement Nation", Oxford University Press.

<sup>5</sup> Available at <https://academic.oup.com/qjmed/article/113/8/531/5860841> accessed on 10 .12.2021

<sup>6</sup> Available at <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2764404> accessed on 10 .12.2021

**WEBSITES:-**

- <https://www.frontiersin.org/articles/10.3389/fpsyg.2020.577684/full>
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7561673/>
- <https://www.sciencedirect.com/science/article/pii/S0165032721000331>
- <https://academic.oup.com/qjmed/article/113/8/531/5860841>
- <https://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/publications-and-technical-guidance/mental-health-and-covid-19>
- <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-021-00680-w>
- <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>
- <https://www.intechopen.com/chapters/76705>
- <https://www.dovepress.com/the-psychological-impacts-during-the-initial-phase-of-the-covid-19-out-peer-reviewed-fulltext-article-PRBM>
- <https://www.mayoclinic.org/diseases-conditions/coronavirus/in-depth/mental-health-covid-19/art-20482731>
- <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2764404>

**NAME OF REFEREES:-**

1. PROF PRITI SAXENA , [saxenapritilaw@gmail.com](mailto:saxenapritilaw@gmail.com)
2. PROF SUDARSHAN VERMA , [drsudarshanvermabbau@gmail.com](mailto:drsudarshanvermabbau@gmail.com)
3. Dr SANJAY SINGH , [sanjay\\_singh@rmlnlu.ac.in](mailto:sanjay_singh@rmlnlu.ac.in)
4. PROF CM JARIWALA , [dean\\_academics@rmlnlu.ac.in](mailto:dean_academics@rmlnlu.ac.in)
5. DR ATUL KUMAR TIWARI , [ak\\_tiwari@rmlnlu.ac.in](mailto:ak_tiwari@rmlnlu.ac.in)
6. DR KUMAR ASKAND PANDEY , [ka\\_pandey@rmlnlu.ac.in](mailto:ka_pandey@rmlnlu.ac.in)

