

## **SOCIO-ECONOMIC IMPACT OF COVID-19 AND LOCKDOWN IN KERALA**

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### **Abstract**

COVID-19 is an acronym, which stands for **Corona Virus Disease of 2019**. It was caused by SARS-CoV2 virus. The abbreviated name was given by World Health Organisation on 11<sup>th</sup> February 2020. The study aimed at analysing the spread of Covid-19 in India, especially its management in Kerala. The secondary data have been collected from various sources like Newspapers, Magazines and Online official Statistical reports. According to WHO, total number of infected people were 82,579,768 and 1,818,849 among them diseased by the end of 2020. It was found that the government of India and Kerala were able to control the initial spread of Covid-19, through nation-wide lockdown and later, the rate of positive cases increased. Although 26.52% of total active cases (65560) in India were reported in Kerala, only 2.09% (3116) of total deaths were from the state as on 2<sup>nd</sup> January 2021. The highest positivity and comparatively lower death rate reported at Kerala among other states in India by the end of the year. Even though nationwide lockdown had many negative impacts the present study tried to point out its important positive social effects.

### **Keywords**

Covid-19, Lockdown, Social impact, Positive effects.

## 1.1 Introduction

It has been one year since the world threatening disaster Covid-19 corroded the world and our country too. Who is responsible for the slowdown of the global economy and disturbance of international peace? When does this virus which could lead even the great flood survivor, Kerala to social distancing end its brutality? The fact is that a slight break in the shackles of education and healthcare can contribute to the utter destruction of a nation. However, what can be substituted for the blissful childhood when the long academic year of classroom liveliness, learning and the valuable pieces of advice given by the teachers are replaced by online digital platforms.

It seems that it started at Wuhan in China. By the end of December 2020 more than 85.2 million cases reported around 218 countries. 47.9 Million among them recovered and 1.84 Million died. In the middle of this year, it was reported 17.3 million cases in 188 countries, which showed also a report of 6,73,000 deaths and 10.1 million recovered.

In India it was first reported on 30<sup>th</sup> January 2020 at Thrissur district in Kerala, for a student returned from Wuhan University. The second and third cases were also reported in Kerala at Alappuzha and Kasaragod respectively. On 12<sup>th</sup> March 2020 Indian government officially reported first COVID death in the country. More than 100 cases reported by 15<sup>th</sup> March. On March 22<sup>nd</sup> honourable Prime Minister Sri. Narendra Modi declared one day 'Janata curfew' all over the nation. And on March 25<sup>th</sup> Sri. Modi government declared nation-wide lockdown in the country till April 14<sup>th</sup> then extended up to May 3<sup>rd</sup> and further extended till May 31<sup>st</sup> which made a significant impact on the economy. On April 5<sup>th</sup> health sector confirmed 100 COVID deaths in the country. By April 15<sup>th</sup> around 10,000 cases were reported in the nation which increased to 1,00,000 within next one month. Finally, by the end of 2020 India reached second position in total number of COVID cases (10,305,788) after United States(19,578,217).

COVID 19 was first reported in Kerala among 24 states in India on 30<sup>th</sup> January 2020. The immediate spread could manage by the government effectively and the peak were delayed with the great effort of honourable Chief Minister Sri. Pinarayi Vijayan, health minister Srimathi. K.K. Shylaja teacher (Teacheramma) and the entire health department. They had been struggling like anything since the very first case reported. From the experience of 'NIPAH', they were well equipped to face Covid-19, and they started special control rooms, isolated the suspected people who returned from foreign nation, cleaned airports on

time, published the list of places visited by patients through media and closed down the service of same for a safe period to sanitize, traced and isolated the primary contacted people, made sure the follow up and formed committees in panchayats and ward level to provide care to the grass root level. As a result, the first and second wave of COVID-19 were controlled in Kerala. The main advantage of the state was the lowest mortality rate in the nation (below 0.4%).

All educational institutions were insisted to close down since March 10<sup>th</sup> in the state, but only the school buildings remained closed as the teachers and staffs were working harder than ever to maintain online digital classes. The mid-day meal and monthly ration were still supplied to the children to their homes. The police force was placed in the containment zones to make sure the food supply to the Covid Patients and isolated families. Doctors, Nurses, Ambulance drivers and all the hospital staff stayed away from their families and served the state whole heartedly. 'Break the chain' campaign was successful in Kerala as the people are well aware of the use of sanitizing and maintain social distancing. As on 1<sup>st</sup> January 2021 total confirmed cases reported in Kerala was 7,60,933, among them 6,92,480 recovered, 3072 died and 65,202 people are still active.

## 1.2 Review of Literature

The review of literature of past studies give a better picture of the spread of Covid-19 in different economies. There are many studies about Covid-19 even though it is a very recent phenomenon. But there were no studies found regarding its impact on Kerala economy.

**Bert Hofman** (2020) illustrate how rest of the world is likely to be affected by COVID 19, even worse than China and also, he predicted 'low-income countries will barely grow this year'. He also says 'this pandemic has become the centre of an international diplomatic battle'

**Maryam Shabbir and IfraBaig** (2020) made a study in Pakistan labour market during COVID and recommends that 'social distancing should not abstain us from our social responsibilities. Rich people and philanthropic bodies should come forward in these troubled times to provide relief to the needy during a lockdown. They say this burden should not be left to the government alone as it is such a big crisis.

**Daniel F. Runde, Christopher Metzger, and Hareem F. Abdullah** (May 2020) depicts that ‘Pandemics, droughts, and locusts do not respect borders, and collective action around a shared framework is needed to improve the lives of all people.’

**K. Karunathilake**(September 2020) analysed the positive and negative effect of Covid-19 with special reference to South Asian countries and found that its effect is positive too because it helps to reintegrate and reorganise the social system in general.

The study of **Muhammad Tamimi** (January 2021) at Indonesia revealed that online learning during the period of Covid, helped the students to improve their mathematical reasoning and understanding skill compared to offline learning. He further proved that this method of learning can contribute more for the innovative education in the modern era.

**Payal Sudhakar Kamdi** (2020) commended in his study that the number of road accidents decreased, nature replenished, people fulfilled their hobbies and started spending their quality time with their family, learned many new skills and became hygienic just because of Covid-19 and related lockdown.

## **2. Conceptual frame work**

### **2.1 Objectives**

- To analyze the spread of COVID-19 in India.
- To evaluate the effect of Lockdown in Kerala.
- To examine the positive effects of Lockdown in India.

## **3. Methodology**

Most of the nations are affected by COVID-19 and related lockdown. India has reached the second position in the world for its spread as it is second most populated and one of the densely populated nation. In India, COVID-19 was first reported in Kerala among 24 states, initially the spread could be controlled effectively by the government, but later there is a hike in its number because the complete lockdown couldn't be adopted any more as it has highest number of daily wage workers. In this paper, secondary data has used to analyze the short-term effect of Covid19 in Kerala. The data have been taken from the newspapers, Magazines, and online official reports of World Health Organization (WHO), Ministry of Health and Family Welfare reports of Government of India, and Covid -19 Jagratha portal of Kerala government and many other official websites.

#### 4. Results and Discussion

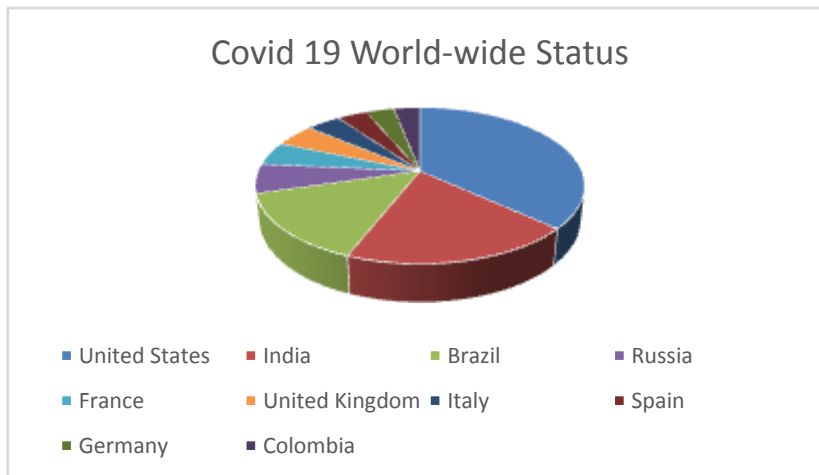
India crossed 1 crore Covid-19 cases on 18<sup>th</sup> December 2020. According to World Health Organization (WHO) total number of confirmed cases were 82,579,768 and total diseased were 1,818,849 as on 2<sup>nd</sup> January 2021. United States recorded the first in case of total Covid-19 confirmed cases where as India reached the second position with a total of 10,305,788. Brazil, Russia, France, UK, Italy, Spain, Germany and Colombia were the remaining countries in the top ten list of COVID-19 reports.

**Table: 1. World-wide status of Covid-19 (as on 2<sup>nd</sup> January 2021)**

Location	Confirmed Cases	Deaths
World	82,579,768	1,818,849
United States	19,578,217	339,550
India	10,305,788	149,218
Brazil	7,675,973	194,949
Russia	3,212,637	58,002
France	2,595,661	64,387
United Kingdom	2,542,069	74,125
Italy	2,129,376	74,621
Spain	1,893,502	50,442
Germany	1,755,351	33,960
Colombia	1,642,775	43,213

Source: WHO COVID -19 Dashboard on 2<sup>nd</sup> January 2021

The above table is illustrated here with the help of a graph. It clearly shows United States have higher percentage of Covid confirmed cases followed by India and Brazil, and Colombia is in the 10<sup>th</sup> position with 1,642,775 cases.

**Figure:1. Covid 19 World-wide Status (as on 2<sup>nd</sup> January 2021)**

Source: WHO COVID -19 Dashboard on 2<sup>nd</sup> January 2021

Kerala is the 13<sup>th</sup> most populous state in India. But population density reports say it is 860 per square kilometer in Kerala as against 464 per square kilometer in India. As per the SRS statistical report in 2015, old age percentage in Kerala is 13.1% where as it is just 8.3% of total population in India. In Kerala 48 lakh people are aged above 60 and 15% among them are above 80. These facts made the officials little more conscious about the seriousness of the immediate spread. So, they tried to delay the peak and succeeded in it. All of the international airports were under the strict supervision of health department after the first positive case reported on January 30<sup>th</sup>. Only 3 people remained positive in the second week of February and all got recovered on February 20<sup>th</sup> of 2020, and the second wave started on March 9<sup>th</sup>. More than 100 active cases reported on March 24<sup>th</sup>. It crossed 1000 by 6<sup>th</sup> June, 10,000 by 28<sup>th</sup> July, 50,000 by 26<sup>th</sup> September and the peak in the year reported on 24<sup>th</sup> October 2020 with 97,417 cases.

In India, the highest active Covid cases reported in Kerala in the first week of January 2021 and the second highest were in Maharashtra. But the total death reported in the state was 3184 where as it was highest in Maharashtra with 49759 deaths as in the end of first week of 2021.

Table 2 shows the active Covid cases, cumulative recoveries and deaths in India and Kerala as on 2<sup>nd</sup> January 2021.

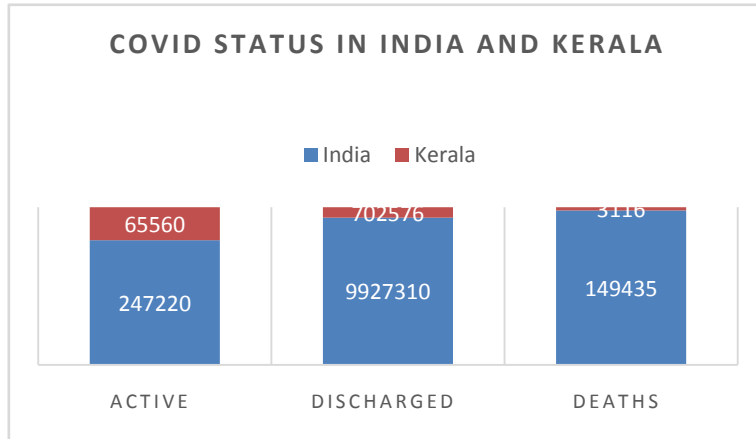
**Table: 2. Covid Status in India and Kerala**

Location	Active	Discharged	Deaths
India	247220	9927310	149435
Kerala	65560	702576	3116

Source: Ministry of Health and Family Welfare, Government of India

Table.2 shows, 26.52%(65560) of total active cases in India, reported at Kerala by the end of 2020. But the percentage of death was just 2.09% (3116) of the nation's total Covid death.

**Figure: 2**



Source: Ministry of Health and Family Welfare, Government of India

Figure.2. depicts the comparative analysis of India and Kerala with respect to Covid confirmed cases. When there were 247220 active cases reported in India, it was 65560 in Kerala as on 2<sup>nd</sup> January 2021.

The month wise status of Covid-19 can depict the speed and spread of the disease in the state. It was quite negligible for the first two months. And it started rising from March onwards, the rate of spread really increased in the month of July.

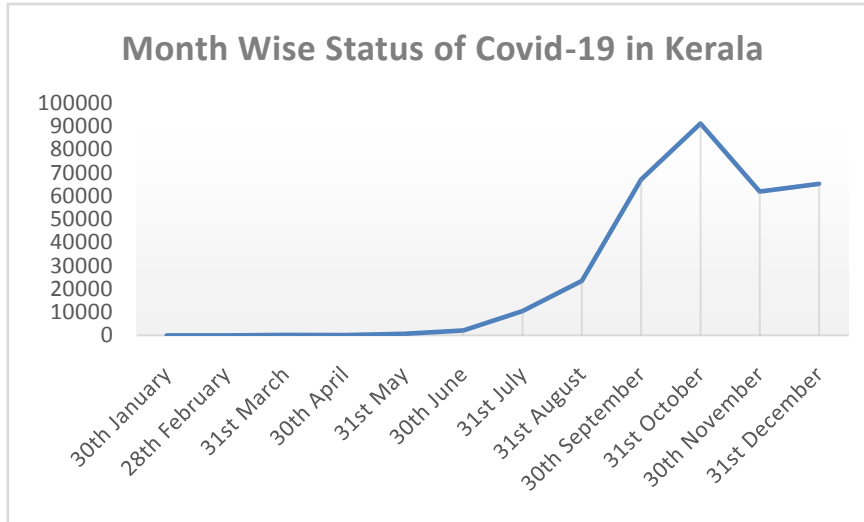
**Table:3. Month Wise Status of Covid-19 in Kerala**

Month	Active Cases
30 <sup>th</sup> January	1
28 <sup>th</sup> February	0
31 <sup>st</sup> March	215
30 <sup>th</sup> April	111
31 <sup>st</sup> May	670
30 <sup>th</sup> June	2112
31 <sup>st</sup> July	10495
31 <sup>st</sup> August	23488
30 <sup>th</sup> September	67061
31 <sup>st</sup> October	91190
30 <sup>th</sup> November	61894
31 <sup>st</sup> December	65202

Source: Covid-19 Jagratha Portal, Government of Kerala

Figure.3. clearly shows the rate of increase in Covid confirmed cases and the state reached its peak in the month of October and later it started falling.

**Figure:3.**



Source: Covid-19 Jagratha Portal, Government of Kerala

### **Positive Impact of COVID-19**

COVID 19 is not a disease it's a lesson for all of us to learn how to live happily without expecting much from others.

COVID has changed our economic lessons. Unlimited wants and limited resources were the main economic crisis, but COVID taught us we have only limited wants to satisfy. That is; food, water and ability to breathe without ventilators.

COVID has corrected our rituals too. Now there is no fight for temples, churches, and mosques. while doing all these, we said it was for God. One small question remains; Aren't we still believers of God? Don't we have to follow our rituals?

COVID has changed some of our legal systems. Before it was illegal to conduct an online medical consultation. Now it's not only legally protected but also mandatory for government and private employees to use online consultation app 'Arogya Sethu'.

We have made a lot of environment protection schemes to follow and also launched river conservation mission called 'Namami Ganga' on May 2015, budgeted around 20000 crores, claimed that the River Ganga would be made clean by 2019, which was extended thrice. Times of India reports "we have to thank nationwide lockdown to curb COVID 19



for making Ganga so shimmering and transparent that one can see it's aquatic life, deep in the water.”

We have learned to avoid unnecessary hospital visits. By being a mother, I used to visit pediatrician minimum four to five times in a month. Once a Doctor told me “your fear is our money, what makes us rich is the impatience of parents to wait even a single day for a cure.” He is one of the most genuine doctors I have ever met that's why he could disclose the same. The truth is that I have not visited any hospital for the last twelve months. Dr. Nipun, a famous dentist at Ernakulam opined that personal hygiene of people had increased during Covid and patients are now ready to take prior appointment, which he was trying to maintain for the last few years. People keep personal discipline at any cost as they are more conscious about social distancing. Many patients were advised to wear masks but they were reluctant to use because of the fear of society, now they feel happy as the mask is going to be a part of our life.

We were always busy, greedy, the orphanages and old age homes were overcrowded. Most of the times it was parents' greed for money which kept children in the hostel rooms. By being a teacher, I have witnessed the suppressed life of a four-year-old girl in the school hostel. She was provided with separate airconditioned room, television, washing machine and a care taker for her own. She had received everything except the love and affection of her parents, which cannot be substituted with anything in that age. She used to cry when the evening long bell rings. She used to run after teachers, aunts and school bus drivers to let her also in the bus. No one came there to visit her even in the vacation. We teachers were also not allowed to take her out even a single day as it was against the school rules. The nationwide lockdown has taught us how difficult to be locked inside rooms even if it is with all comforts required.

It was also a time of recognition. We have learned that there are many good people still alive here. Their faith is not blind, not mad too, it's love. There were hundreds of local volunteers at Karipur Airport in Kerala on a heavily rained night for the rescue operations of Aircraft crash, forgetting all protocols of social distancing or wearing masks and they could only be dispersed off only after the authorities confirmed that all the people who were on board were shifted to hospitals.

During a flood in 2018, Keralites learned that not all heroes wear caps, some wield oars and shovels. The fishermen, sons of the Sea, reached out to the worst affected areas, spending their own money to rescue people.

2020 had given two months for an introspection. Then we had enough time to sit at home caring our parents, we saw our children playing there, and we recognized all the loved ones around us.

## 5. Conclusion

Covid -19 is still a nightmare to the whole world as we have never had such a pandemic situation before. By the end of December 2020 more than 85.2 million cases reported around 218 countries. 47.9 Million among them recovered and 1.84 Million died. As on 1<sup>st</sup> January 2021 total confirmed cases reported in Kerala was 7,60,933, among them 6,92,480 recovered, 3072 died and 65,202 people are still active. The government of Kerala has been able to control the rapid spread of the disease with the commendable service of entire medical and defence department. Even though its population density is 860 per square kilometer and old age concentration is 13.1%, they have succeeded in delaying the peak period to October. The biggest advantage the state has ever reported was the lowest mortality rate which is below 0.4%. The nation-wide lockdown helped the state to control the disease, but it had a tremendous impact on the society.

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