

## Socio-Economic Impact of Covid-19: A Critique

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### **Abstract**

The Covid-19, a deadly disease has affected worldwide economy, people lifestyle and the environmental condition. After a few months of covid-19, there is no vaccine to build the barricade between this virus and life. Many countries have tried to improve the methodology to control the disease and development of vaccine for corona virus but not yet successful. Rapid testing, quarantine and social distancing slow down the social and economic movement. According to WHO June 25, 2021 report, total confirmed cases were 179241734 and deaths were 3889723 and vaccination administered were 2624733 on account of the COVID-19 pandemic. COVID-19 was first reported in Wuhan, China, and subsequently spread worldwide. Although India, as one of the largest populated country, takes some respectable initiative after the pandemic of the novel corona virus. In India corona vaccination cases stood at 30341199 and deaths 397985 accounting to 1.72 per cent at the time publishing the Hindu on June 29, 2021. This paper focuses on the adverse effect of covid-19 on the socio-economy.

**Key Words:** Contagious, Domestic Product, Social Distancing, Malnutrition, Vaccination and Virus

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No medicine or treatment is available to protect people from covid-19; all the affected countries are imposed national lockdown, rapid test and quarantines. As is implied in the name COVID-19, 'CO' for 'corona', 'VI' stand for 'virus' and 'D' means 'disease', and '19' represent the year of its occurrence. The coronavirus was officially named Severe Acute Respiratory Syndrome coronavirus 2, abbreviated as SARS-CoV-2 by the International Committee on Taxonomy of Viruses based on phylogenetic analysis. The virus is highly contagious, rapidly spreads and continuously evolves in the human population.

The UN Department of Economic and Social Affairs in its analysis observed that the corona pandemic has affected the global supply chains and international trade. Globally, more than 100 countries had closed-down their border-lines and stop international marketing [1]. The international trade was lost during this pandemic; oil and copper 18 per cent cheaper in Mid-January 2021, Zinc price 20 per cent lower in global trade [2]. Many nations worldwide have faced pandemic and affected their economy. The scenario effected pandemic among workers; many of lost their jobs world-wide and the global economy gradually has lay down. The global trade like industrial and garment supply is discontinuing, besides a major economic challenge of incurring high expenditure, out-of-pocket in the developing countries [3].

### **I. GLOBAL ENVIRONMENT**

COVID-19 has affected global economy and also social contact reducing production world-wise and increasing unemployment, but reduced significantly air pollution and greenhouse gas (GHG) emission. The emission of carbon dioxide (CO<sub>2</sub>), nitrogen oxides and related ozone (O<sub>3</sub>) are low as per the report of the United Nations [4]. The environmental condition has resulted positively. The unrecyclable waste has risen voluminously high. The world ecosystems are very much affected during coronavirus as people stay at home and leaving the land, mining area, fishing and protected area. The natural resources like petroleum, diesel, coal and mining are stopped in huge amount. The international market is affected during corona virus and the traffic condition like airlines is at rest. Worldwide the environment is not breathing properly during corona virus pandemic. Corona virus symptoms are developing fever and cough with chest tightness, chest pain and shortness of breath after a week days.

## II. INDIA

On January 30, 2020, India reported its first case of novel coronavirus. Three students who came from Wuhan were registered as corona virus cases on February 3, 2020. New cases of 22 came to light on March 4, 2020, where the Italian 14 infected tourists are included. First covid-19 death is in Karnataka on March 12, 2020 followed by second death woman case on the next day from Delhi. In 2 days, two confirmed cases have come and both of them had contact corona in abroad at the time of return. On the other side, active cases are increased gradually. By February 17 and 20, it has increased to three and five confirmed death cases were registered all over India.

The challenge is severe if infection spread rapidly considering the higher density of population and weaker health-infrastructure. Day-by-day total numbers of corona virus cases have been increasing in multi-fold. The Centre and State Governments have decided to completely shutdown 75 districts across the country and suspended the services of inter-state bus services and the sub-urban rail up to March 31 and extended to May 3, 2020 where the cases of corona virus prevailed. Infections increased rapidly since March 2020 with a significant growth in testing. Millions of people across the country stay indoors.

Government of India decided to protect people from this viral disease and impose 'Janta Curfew' on March 22, 2020 from 7 A.M to 9 P.M and declared the 1st phase of Lockdown from 23rd to 14th April 2020. The main focus of Government is not only to recover the infected person but also to control the spread of virus. Gradually increased the lockdown phase but the infected number is also increased side-by-side. In the fourth stage, every-day almost 5000 cases were registered and per day death occurred at about 120.

On June 19, 2020, India had designated 1271 government testing laboratories along with 1390 private laboratories across the country to support combating the corona virus. More testing and sample collection facilities are being set up facilitating detection of outbreak of virus in the country.

Covid-19 effects are variable across the sectors in terms of social distancing, self-isolation and travel-restrictions reducing the workforce across all the economic sectors and resulted in loss of jobs. Lockdown has imposed on all the educational institutions including schools and religious trusts. The food-sector is facing increased demand due to the panic - buying and stock-piling of food-gains. Covid-19 termed as corona virus is pandemic surged and is of unprecedented concern of public health nationally. Hence, raise the need for significant increase of medical supplies and medical services.

## III. SOCIO-ECONOMIC IMPACT

Growth of real Gross Domestic Product is estimated at 6.20 per cent in 2019-20 as per Reserve Bank of India. However, the International Monetary Fund has lowered India's growth forecast by 1.3 per cent points to 4.8 per cent for 2019-20. The economy that had already affected due to slow growth in the previous fiscal year have affected severely owing to lockdown due to the pandemic. During the nation-wide lockdown, the market of Small and Medium Enterprises has lowered and expected loss is over ₹ 35000 crore every day during the lockdown [5]. The healthcare sector including the private sector is the fourth-largest employer in the country has been provided nearly 80 per cent and 60 per cent of out-patients and in-patient care; [6] currently facing 90 per cent loss due to decrease in out-patient attendance, elective surgeries and international patients [7].

The current pandemic has greatly affected the people, particularly the lower-strata of socio-economic status. The migrant labourers have gone to their native places from the cities on foot during the lockdown has been critically debated. Money remitted by many migrant workers to the home countries. About ₹ 1042500 crore was remitted to the low and middle income countries in South Asia from the (Gulf) countries in year 2019 [8]. Disruption of Covid-19 caused has had a significant impact on the flow of remittance. Essentially, remittances fell down about 23 per cent in India in 2020 to ₹ 480000 crore striking contrast to a growth of 5.5 per cent and receipts of ₹ 620000 crore seen in 2019 [9]. In the current pandemic situation, the World Economic Forum has stated that the migrants stuck abroad trying to cope with the exigencies compromising to the adverse on account of taking up low wage jobs, living in poor work conditions, restrictive spending; thus the risk exposure to the infections like the corona virus [10].

The scenario among the Indian internal migrant workers, intra and inter-state, is equally grim. The informal sector migrant workers constituted a total of astounding figure of 139 million; of which the work-force formed about 93 per cent. About 50 per cent of migrant workers stated that they had ration for less than a day when interviewed [11]. Added, the study on the Stranded Workers Action Network showed an 89 per cent of the stranded workers had not been paid wages by their employers during the first 21 days of lockdown and 74 per cent had less than half their daily wages to live on [12]. The economic impact of this pandemic is more severe for India due to (a) the Increase in poverty implies pushing more people below poverty line, (b) the worse of socio-economic inequalities affecting health and nutrition index and (c) the compromise in health-related precautions such as the mask use, social distancing, medical advice seeking in case of cough and fever, etc. Thus, the covid-19 has impact on Social distancing and self-isolation, Travel restrictions, Reduced workforce across all economic sectors, Job loss, Schools closure, Disruption of normal life of children, Decreased demand

for commodities and manufactured products, Increased need for medical supplies, Increased demand in food sector, Panic-buying and stockpiling of food products, Domino effect on health, healthcare and nutrition, and disproportionately affect the health and economic impacts of poor people, homeless people, refugees and migrants.

The economic slowdown could aggravate malnutrition. The loss of daily wage earnings or joblessness can make it difficult to buy even the basic food items among the people belonging to low socio-economic status. Thus, the deleterious effect on the most vulnerable population namely the children and the pregnant women and by negating previous gains of maternal, child health and nutrition-related national programmes. An important upcoming issue is mental health leading to chronic stress, anxiety and depression, alcohol dependence, self-harm and domestic violence have rooted to the lockdown. Overall, there is setback in the progress made by the National Programmes.

Due to the lockdown, the Food Corporation of India recently allotted food-grains of 12.96 lakh metric tonnes has sanctioned and released under the Pradhan Mantri Garib Kalyan Yojana as an initiative to fight against the Covid-19 [13]. The provision of food-safety is a more troubling facet for those people hit hardest by the lockdown. Due to the enormous scale of problem, the Government Schemes remain ineffective and inadequate reasoning to an increasing possibility of malnutrition among the low socio-economic status (SES).

#### **IV. HEALTH IMPACT**

On account of Covid-19, morbidity and mortality are largely attributable to co-morbid conditions of the non-communicable diseases such as diabetes, hypertension or cardiovascular disease. In addition, the early-onset of non-communicable diseases is likely to put even the younger individuals at risk for Covid-19 as observed commonly in India.

Covid-19 has a potential cause of disruptions to health and health services in different ways. Ghoshal et al. [14] used a predictive model and projected the duration of lockdown which is directly proportional to the worsening of glycaemia control in patients with diabetic and would increase the diabetic-related complications. Such an increased load of diabetic-related complications certainly put an additional burden on the already overburdened public healthcare system.

#### **V. CHALLENGES**

The major long-term challenges of covid-19 are as: India's social-fabric thrives on interdependence in terms emotional and economic, within the families, relatives and friends. The commonly close physical interactions of living in the crowded housing and other places certainly pushed up people and jolt them extremely and deterrent to 'social distancing' as is seen during the pandemic. Observed crowding in religious places, travel of migrants in buses and even while purchasing liquor at the shops. The 'vertical distancing' causes to inequality whereas the 'horizontal distancing' puts in place in the wake of Covid-19. These distancing of vertical and horizontal have worsened the inequalities.

To conclude the pandemic of Covid-19 has necessitated the need for attention on the underserved and marginalised population holistically and prevent the long-lasting adverse health outcomes. As result, population invariably need mitigation and quick changes in health-policy. Finally, the National Health Programmes for communicable and non-communicable diseases must be re-vitalised and strengthened to the living conditions of people forwarding their socio-economic status with healthy life.

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