A Study on Health and Socio-Economic Regression Made On Rural Poor by Covid-19 Pandemic

S. NIVETHA
B.Sc., DHPE., M.A.(Socio.,), Gandhigram, Dindigul

Mrs. M. SRIDEVI
Lecturer in DHPE, GIRH&FWT Gandhigram, Dindigul

ABSTRACT: *The Covid-19 is a novel type of respiratory disease which became a pandemic in January, 2020 with its origin believed to be a zoonotic one. It was first found in Wuhan city, China and later spread across the borders. The impact it has made on the whole world is tremendous. It affected the social, economic and all other aspects of mankind. The study here is made on the impact or regression made by Covid-19 pandemic on the socio-economic condition of the rural poor. For the study, a small village was selected and 100 respondents were surveyed.The studyadopted Simple Random Sampling method for selection of sample size. The data collection/survey was conducted with the help of pretested schedule and the data were tabulated. The findings clearly show that the regression impact of COVID-19 pandemic on the socio-economic status of the rural poor of Munnilaikottai village, Dindigul, Tamilnadu was high.*

I. INTRODUCTION

"Health is wealth". Health ismost important for human beings from womb to tomb. It is recognized as fundamental human right of every individual, family and community. It helps people live well, work,earnand enjoy themselves. Health can't either be borrowed or purchased. The Socio-economic factors are the most important determinants of health. Health of an individual/population is largely influenced by the socio-economic factors. They were directly proportional to each other. Recently with the advent of novel Corona virus, the whole global health system got collapsed. The disease not only affected the well-being of individual in terms of health but also their livelihoods.As the COVID-19 pandemic almoststopped the functioning of the world, the need to do a study on COVIDrelated problems faced by the people increased. The impact of COVID-19 on the health and socio-economic status of the people in rural areas were more severe. Therefore, this study was planned to examine and expose the health and socio-economic regression made on rural poor due to COVID-19 pandemic.

COVID-19: It is a new type of viral infection emerged in Wuhan City, China. It is suspected to originate from animal host followed by human-to-human transmission. In February 2020, the novel coronavirus disease began to spread beyond China and the surrounding regions. The World Health Organization announced an official name for the disease, Coronavirus Disease 2019 or COVID-19. Up to that time, the disease had been variously called Wuhan coronavirus, 2019 novel coronavirus.TheCOVID-19 pandemic, also known as the Coronavirus Disease pandemic which means an on-going global pandemic of coronavirus disease 2019.

II. METHODOLOGY

The study is done by collecting sufficient data and information personally in the study village and the analysis was done by tabulation.

SELECTION OF STUDY AREA: The investigator selected the Munnilaikottai villageas the study area based on the proximity of the village, as the COVID-19 pandemic situation and lockdown restricted free movement. The study was conducted on the topic related to the effects of Covid-19 pandemic on the people based on variables surrounding health, occupation, earning and living condition.

METHOD: Toaccustom with the selected study village PRA techniques such as Transect Walk andSocial Mapping were adopted and the households were numbered. The study selected sampleuniverse based on the simple random sampling procedure and selected 100 samples. An appropriate schedule was prepared based on the purpose of the study, pretested and modified in order to obtain appropriate answers.Interview method was

adopted to collect data from the respondents.The collected data were computerized,analyzed, tabulated and interpreted.

III. LITERATURE REVIEW

A literature review is a critical summary of published articles/research literature relevant to a topic under consideration for research.

Aneja, R., & Ahuja, V. (2021)investigated the regression of all three sectors (primary, secondary and tertiary sectors) in India. The data collected from the secondary sources by reviewing many articles, data from government sources, interviews etc. to provide the overview of the loss occurred to different sectors of the Indian economy and the growing inequity among the different sections of the population.

Singh, K., Kondal, D., et al. (2021): Their telephonic survey researchshowed that people, particularly poor, rural, and marginalized populations have been severely affected both socially and financially by the COVID-19 pandemic and experienced extreme difficulties in accessing healthcare. Their study also compared urban and rural population and concluded that the health and socio-economic regression was more on rural population than their urban counterparts due to covid-19 pandemic.

Jaacks, L.M., Velugiri, et al. (2021): Through thetelephonic interview survey, the studyevaluated the impact of Covid-19 lockdown inagricultural production, livelihoods, food security etc. in India. The results have shown that the rural communities were primarily impacted especially those involved in agriculture and related activities.

Zhu, Yinjie, *et al.* (2021) in their research in Netherlands, showed the potential relationship between socio-economic status and lifestyle factors with COVID-19. Their findings have shown that the low socio-economic group was the most vulnerable population to self-reported and tested COVID-19 status in the general population.

Mena, Gonzalo E., *et al.* (2019), in their study in Chile country during COVID-19 pandemic,shown the relationship existing between the health and socio-economic conditions in different zones of affluence and deprivation. They exposed how the poor socio-economic conditions became the risk factor in contracting the viral disease in the already existing disparity in the access of healthcare among disadvantaged sections.

IV. FINDINGS AND DISCUSSION

STUDY VILLAGE - The Study village, Munnilaikottai is situated 12 km away from Dindigul headquarter and 6 km away from its taluk, Authoor.The total area of the village panchayat is 820 hectares. The soil types found were red, clay and gravel with moderate rainfall. Chinnalapatti is the nearest town to the village. The village is surrounded by Kalikkampatti in the East, Ariyanallur in the West, Panjampatti in the North and Chinnalapatti in the South. The village has the facilities like Health Sub-Centre, a Community hall, a Fair price shop, an e-Sevak Centre and an Anganwadi among others,along with moderate transportation facilities.

The following data were collected from the sample population of 100 using interview method.The data were presented as tables in two headings,

I. Socio-economic details of Respondents, Findings

And

II. Health and Socio-economic Regression due to Covid-19, Findings

TABLES

I. Socio-economicdetails of Respondents

Table –1

Distribution of Respondents according to the Age and Sex

Age group (in years)	Age and Sex distribution				Total	
	Male		Female			
	No	%	No	%	No	%
20-25	-	-	4	6	4	4
26-30	3	9	7	10	10	10
31-35	2	6	14	22	16	16
35-40	10	30	15	23	25	25
41-45	6	18	3	4	9	9
46-50	2	6	11	16	13	13
51-55	2	6	6	9	8	8
Above 55	8	25	7	10	15	15
Total	33	100	67	100	100	100

From the above table it is inferred that all the respondents selected for survey were **above 20 years of age.** Out of 100 respondents 67 were female and 33 were male and majority of the respondent falls under the age of 26 to 45 years.

Table –2

Distribution of Respondents according to the Sex and Literacy

Sex	Literacy				Total	
	Literate		Illiterate			
	No	%	No	%	No	%
Male	28	35	5	26	33	33
Female	53	65	14	74	67	67
Total	81	100	19	100	100	100

The above table shows that **81%** of respondents are literate people and **19%** ofthem were illiterate.

Table – 3

Distribution of Respondents according to the Sex and Occupation

Sex	Occupation										Total	
	Military		Driver		Painter		Coolie		House wife			
	No	%	No	%	No	%	No	%	No	%	No	%
Male	7	100	6	100	9	100	11	20	-	-	33	33
Female	-	-	-	-	-	-	44	80	23	100	67	67
Total	7	100	6	100	9	100	55	100	23	100	100	100

The above table on occupation conveys that among the total respondents **7%** were in military service, **6%** were drivers, **9%** were painter, **55%** were coolie, **and 23%** were house wives. From this table we could infer that majority of the respondents (64%) were causal laborers(coolie workers and painters)and daily wage earners.

Table –4
Distribution of Respondents according to the Sex and Monthly Income pre-Covid19 pandemic

Sex	Monthly Income (in Rs)								Total	
	Below 5,000		5,000 to 15,000		Above 15,000 to 25,000		Above 25,000			
	No	%	No	%	No	%	No	%	No	%
Male	8	20	4	25	14	100	7	100	33	43
Female	32	80	12	75	-	-	-	-	44	57
Total	40	100	16	100	14	100	7	100	77	100

The above tableNo.4 onmonthly income shows that **40%** of respondents have income below Rs.5000, **16%** with Rs.5000 to 15,000, **14%** with above Rs.15, 000to 25,000 and **7%** above Rs.25, 000in pre-Covid-19 pandemic period which means that 70% of the respondents' annual income was below 15,000 rupees and among them 57% were female.

II. Health and Socio-economic Regression due to Covid-19, Findings

Table - 5
Distribution of Respondents living withDisease History

	Disease History									
Sex	Yes		No		If yes,					
					Hypertension		Diabetes		Both	
	No	%	No	%	No	%	No	%	No	%
Male	7	7	26	26	3	38	-	-	4	67
Female	8	8	59	59	5	62	1	100	2	33
Total	15	15	85	85	8	100	1	100	6	100

The above table shows that about **15 %** of the total respondents had disease history and **85%** didn't have illness. Among those who had disease history, **8%**were Hypertension, **1%** Diabetes, **6%** had both Diabetes and Hypertension.

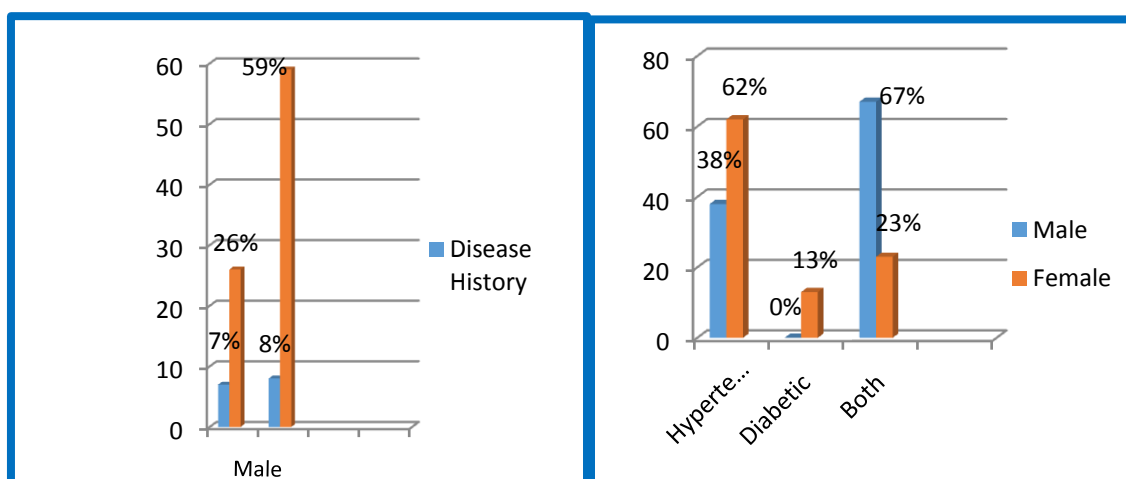**Figure- Distribution of Respondents living with Disease History**

Table – 6
Distribution of Respondents with disease history according to intake of Regular Medicines during the Covid-19 lockdown

| Intake of Regular Medicines | | | |
| Yes | No and Why | No | Total |

Sex			Financial constraints		(No Illness)			
	No	%	No	%	No	%	No	%
Male	4	57	3	38	26	31	33	33
Female	3	43	5	62	59	69	67	67
Total	7	100	8	100	85	100	100	100

The above tableshows that only **7%** of people with illness are taking their regular medicines and**8 %**were not continuing medicines because of theirfinancial constraints due to Covid-19.

Table –7
Distribution of Respondents fearingto visit hospitals for general illnessdue to Covid-19spread

Fear to visit hospitals						
Sex	Yes		No		Total	
	No	%	No	%	No	%
Male	30	38	3	14	33	33
Female	49	62	18	86	67	67
Total	79	100	21	100	100	100

The above table shows that **79%** of respondents did not gone for treatment of their general illness out of fear of contracting COVID-19.

Table - 8
Distribution of Respondents according to the difficulty in accessing Healthcare Services due to Covid-19 and alternate preferences

Difficulty in accessing Healthcare Services								
Sex	Yes				No		Total	
	Alternate Preference							
	Homecare		Ayurvedic					
	No	%	No	%	No	%	No	%
Male	11	16	17	68	5	100	33	33
Female	59	84	8	32	-	-	67	67
Total	70	100	25	100	5	100	100	100

The above tableshows that among the **95%** of affected respondents, around **70%** opted for home care and **25%** opted forAyurvedic medicine which indicates the dramatic change in healthcare seeking behavior due to Covid-19.

Figure - Distribution of Respondents according to the difficulty in accessing Healthcare Services due to Covid-19 and alternate preferences
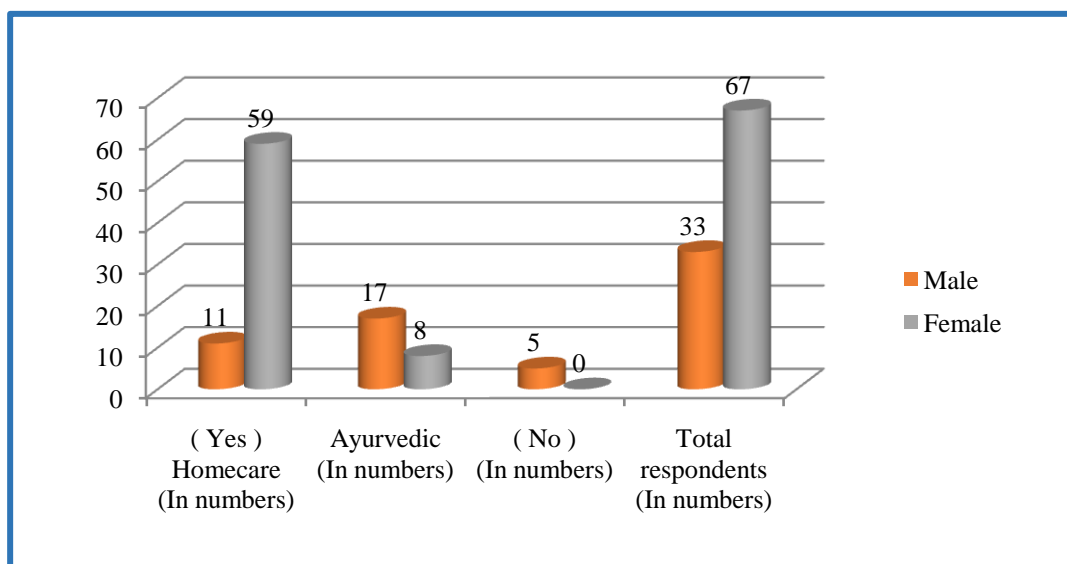
Table – 9

Distribution of Respondents according to the complementaritiesbetween Siddha, Ayurveda to Allopathicmedicine

Sex	Preference to Allopathic Medicine				Total	
	Preferred		Not Preferred			
	No	%	No	%	No	%
Male	33	33	-	-	33	33
Female	67	67	-	-	67	67
Total	100	100	-	-	100	100

The above table shows that all **100%** of respondents prefer only Allopathic medicine to other indigenous medicines like Siddha andAyurveda.

Table – 10

Distribution of Respondents according to Satisfaction in Government responseagainst Covid-19 disease

Sex	Government response				Total	
	Satisfied		Not satisfied			
	No	%	No	%	No	%
Male	1	100	32	32	33	33
Female	-	-	67	68	67	67
Total	1	100	99	100	100	100

The above table shows **99%** of respondents revealed that they were notsatisfied with the government responses against the Covid-19 disease. (Note: Government responses likelockdowns, vaccination and facilities for students.)

Table - 11

Distribution of Respondents who had lost their livelihood

Sex	Loss of livelihood				Total	
	Yes		No			
	No	%	No	%	No	%
Male	26	29	7	78	33	33
Female	65	71	2	22	67	67
Total	91	100	9	100	100	100

The above table shows that majority **91%**of therespondents have lost their livelihood due to Covid-19 lockdown period**.**

Table - 12

Distribution of Respondents according to lossofmonthly Incomedue to Covid-19

Loss of Income (in Rs.) per month due to Covid-19							
Sex	5000 - 10000		10000 – 15000		Temporary job loss		Total	
	No	%	No	%	No	%	No	%
Male	7	22	10	20	9	100	26	29
Female	25	78	40	80	-	-	65	71
Total	32	100	50	100	9	100	91	100

Fromthe above table it could be inferred that majority of the respondents (82%) had loss of income during the lockdown of COVID-19 pandemic lockdown.**32 %** of respondents had lost income between 5000 to 10000 rupees and **50%**respondents had lost between 10000 to 15000 rupees. and **9 %**of respondentshad lost their job temporarily during lockdown period.

Table - 13
Distribution of Respondents who were able to satisfy their general Economic needs

Sex	Economic needs				Total	
	Satisfied		Not satisfied			
	No	%	No	%	No	%
Male	7	58	26	30	33	33
Female	5	42	62	70	67	67
Total	12	100	88	100	100	100

As per the table,it could be inferred that **88%** of respondents were not able to satisfy their economic needs since they lost their income to a considerable level(TableNo.8) during the COVID-19 pandemic lockdown.

Table – 14
Distribution of Respondents Showing Satisfaction to Government support through PDS and Cash donations

Sex	PDS and Cash donation				Total	
	Satisfied		Not satisfied			
	No	%	No	%	No	%
Male	7	58	26	30	33	33
Female	5	42	62	70	67	67
Total	12	100	88	100	100	100

According to the table, **88%** of respondents werenot completelysatisfiedwith theGovt. support through PDS and cash donation to meet their economic needs. They felt that the PDS allocation and Cash disbursements were notenough and **12%** of the remaining respondents were satisfied.

Table – 15
Distribution of Respondents according to the source of Information
Regarding corona disease

Source of learning regarding Corona disease										
Sex	Television		Mobile		Neighbors		VHN		Total	
	No	%	No	%	No	%	No	%		
Male	21	27	9	56	1	50	2	67	33	33
Female	58	73	7	44	1	50	1	33	67	67
Total	79	100	16	100	2	100	3	100	100	100

According to the table one could infer that the mass media Television had played a major role in generating awareness about COVID-19 among the respondents (79%), Next to television the respondents had learnt aboutCorona virus through Mobile(**16%**), **2%**through Neighbors and **3%** through Village Health Nurse.

Table – 16
Distribution of Respondent's children according to their currenteducational conditions

Sex	Children enrolled in schools											
	Yes								No		Total	
	Sources of Learning				Currently not learning and Reason							
	Android		Laptop		No facilities		No classesscheduled					
	No	%	No	%	No	%	No	%	No	%	No	%
Male	9	43	1	100	1	50	9	82	13	20	33	33
Female	12	57	-	-	1	50	2	18	52	80	67	67
Total	21	100	1	100	2	100	11	100	65	100	100	100

The above table shows that among the respondent's children **21%**were using android, **1%** used laptop as analternate medium for online education. **2%** of students had left out of learning as there was no facility and **11%**of them had no online classes yet.

Table –17
Distribution of Respondents according to the support got from NGO, Philanthropists and others if any

Sex	Support got from various sources	
	Haven't got	
	No	%
Male	33	33
Female	67	67
Total	100	100

The table shows that no one among the **100%** of respondents hadreceived anysupport from NGOs, Volunteers orPhilanthropists.

III. SUMMARY OF THE FINDINGS

1. Covid-19 pandemic destabilized the world and affected the people all over the world in all dimensions of lifei.e. social, physical, psychological and economical, etc. The study village is not an exception to it and the regression it made on socio-economic life of the study village people is clearly visible. It shows a clear picture of how Covid-19 had affected everyone without exemptionsince majority of the village people were casual laborers of daily wages.The study findings spell out that the respondents who were in continuous treatment could not continue it because of the fear of contracting the Corona virus or due to economic reasons, in the pandemic situation.

2. The study findings depict that the people had encountered heavy loss of income and even lost their job due to COVID-19 pandemic lockdown period.

3. Education of the students had been worst affected in the pandemic period since the students could not able to access the online classes due to dearth of facilities like internet etc.

4. The study findings exhibit that Television was the medium through which majority of the people learned about COVID-19 followed by Cell phones.

5. Another finding of the study is that the people had not received any assistance from NGOs or Philanthropist and the Government's assistance though Public Distribution System (PDS) and monetary assistance during COVID-19 were not satisfactory.

IV. SUGGESTIONS

• Health needs of the people should be fulfilled door-to-door since the pandemic has restricted the movement of the people. For that, new recruitments of health professionals should be made to balance the loss of health workers in Covid fight and to reduce the strain on the existing workers.

• Free consultation, treatment and medicines should be given to the poor, disadvantaged and weaker sections of the population.

• Covid-19 pandemic is an extra-ordinary situation, which needs special treatment. Assistance packages to people should be in accordance with the intensity of the losses they faced. Fiscal deficit and other expenditure controlling mechanisms should be shelved for some time till the economy of the nation bounce back.

• Efficient and affordable alternatives should be found

• Efficient survey and data collection should be made to assess the economic losses and should be dealt swiftly to bring it back to the normal condition.

• Rural poor who lost their income or livelihood shouldbe helped with income earning opportunities,techniques and employment to manage their basic needs.

• Effective awareness campaigns, strict rules, regulations and actions should be made to control the spread of COVID-19.

• This study had been conducted in a small village with a sample of 100 respondents. The same type of study can be conducted in a large population and based on the findings it can be used for the policy level changes.

V. CONCLUSION

The findings of the study reveal the regression on the socio-economic status of the people, especially on the rural poor, due to Covid-19 pandemic. Even though, this is not the first time the world experienced pandemic, yet we are unable tocontrol the COVID-19 pandemic or to reduce its impact.In future there will be even more new diseases, hence proper Preparedness, Response and Mitigation should be made to win against such kind of threats to our mankind. Effective coordination and cooperation between nations, organizations, departments and among the people is necessary to overcome threats and tostrive towards excellence.

REFERENCES

[1]. Park K. (2019), 25th edition "Textbook of preventive and social Medicine, M/s.BanarsidasBhanot Publishers, Japbalpur, - 482001 (M.P.).

[2]. Aneja, R., & Ahuja, V. (2021). An assessment of socioeconomic impact of COVID- 19 pandemic in India. Journal of Public Affairs, 21(2), e2266.

[3]. Singh, K., Kondal, D., Mohan, S., Jaganathan, S., Deepa, M., Venkateshmurthy, N. S., ... & Eggleston, K. (2021). Health, psychosocial, and economic impacts of the COVID-19 pandemic on people with chronic conditions in India: a mixed methods study. BMC public health, 21(1), 1-15.

[4]. Jaacks, L. M., Veluguri, D., Serupally, R., Roy, A., Prabhakaran, P., &Ramanjaneyulu, G. V. (2021). Impact of the COVID-19 pandemic on agricultural production, livelihoods, and food security in India: baseline results of a phone survey. Food security, 1-17.

[5]. Dhama, K., Khan, S., Tiwari, R., Sircar, S., Bhat, S., Malik, Y. S., Singh, K. P., Chaicumpa, W., Bonilla-Aldana, D. K., & Rodriguez-Morales, A. J. (2020). Coronavirus Disease 2019-COVID-19. Clinical microbiology reviews, 33(4), e00028-20. https://doi.org/10.1128/CMR.00028-20.

[6]. Zhu, Y., Duan, M. J., Dijk, H. H., Freriks, R. D., Dekker, L. H., &Mierau, J. O. (2021). Association between socioeconomic status and self-reported, tested and diagnosed COVID-19 status during the first wave in the Northern Netherlands: a general population-based cohort from 49 474 adults. BMJ open, 11(3), e048020.

[7]. Mena, G. E., Martinez, P. P., Mahmud, A. S., Marquet, P. A., Buckee, C. O., &Santillana, M. (2021). Socioeconomic status determines COVID-19 incidence and related mortality in Santiago, Chile. Science, 372(6545).

[8]. Smith, J. (1998). Socioeconomic Status and Health. <i>The American Economic Review, </i><i>88</i>(2), 192-196.