Research Article

JRAD Journal of Research and Advancement in Dentistry

J Res Adv Dent 2021;12:2:72-77.

Impact of COVID-19 Pandemic and Lockdown on the Health Care Services, Economic Status and Social Well Being of Indian Citizens

Sanjna Ramesh[1] Bhagyashree Patil[2] Suyog Savant[3] Sannidhya Mishra[4]

[1]Dental Surgeon, Bharati Vidyapeeth Dental College, Navi Mumbai, Maharashtra, India.
[2]Dental Surgeon, Bharati Vidyapeeth Dental College, Navi Mumbai, Maharashtra, India.
[3]Associate Professor and Head, Department of Public Health Dentistry, Bharati Vidyapeeth Dental College, Navi Mumbai, Maharashtra, India.
[4]Dental Surgeon, Bharati Vidyapeeth Dental College, Navi Mumbai, Maharashtra, India.

ABSTRACT

Background: The repercussions of the COVID-19 pandemic on the healthcare administrative services in India, specifically in rural areas were appalling. There was an exponential increase in economic distress due to the lockdown imposed. The review article was aimed at recording the impact of the COVID-19 pandemic and lockdown measures on the healthcare services, social well-being and economic status of the Indian population. The pandemic took the whole world by shock and caused alarming rates of anxiety and stress due to lack of proper information and miscommunication.

Materials and Methods: This article includes in depth research from various articles and PubMed publications from 2019-2021. Only articles published in English were referred. Various mesh terms such as "COVID-19 Pandemic" and "COVID-19 Lockdown" and "Economic Status" or "Health Care Services" or "Chronic Health" or "Mental Health" and "Social Well-Being" were used. Studies were done from a series of observational studies, review articles, original research articles and case studies.

Results: Patients with chronic physical and mental health diseases were drastically affected due to the lockdown measures. The lack of proper services increased the prevalence of chronic health conditions. The economic recession in India because of disparity in income and resources affected the livelihood of many. Physicians also faced the brunt of physical and mental abuse by patients and relatives even after devoting their lives in curing and assisting affected patients.

Conclusion: It is essential to establish firm guidelines that will protect all sectors of the society including patients with chronic health conditions, the economic well-being and their social wellbeing in any unanticipated crisis such as the COVID-19 pandemic.

Keywords: Pandemic; lockdown; recession; healthcare services.

INTRODUCTION

December 31st, 2019; the day when China first recorded a cluster of individuals affected by pneumonia of unknown aetiology in Wuhan which was later on classified as a novel corona virus. With regards to the prior experience gathered from other respiratory viruses like SARS and MERS , prompt guidelines were established by WHO to protect individuals and front line workers by activating the Incident Management Support Team (IMST) that ensures coordination across the three levels of the WHO (headquarters, regional, country) for public emergencies[1]. Owing to the rate at which the infection was intensifying, it was later declared as a

Received: Jan. 11, 2021**: Accepted**: Feb. 9, 2021
***Correspondence Dr. Sanjna Ramesh.**
Bharati Vidyapeeth Dental College, Navi Mumbai, Maharashtra, India.
Email: sanjna14@gmail.com

pISSN 2278-0076
eISSN 2321-9270

Public Health Emergency of International Concern by the WHO on January 30th 2020. [2]

On March 11th 2020, WHO officially classified COVID-19 as a pandemic affecting 114 countries with 118,000 cases and a whopping figure of 4,291 people losing their lives [3] . The virus was rapidly spreading from infected individuals through respiratory droplets or fomites with higher chances of infection in closed environment.[4]

The first confirmed case of COVID - 19 in India was recorded on January 27th 2020, when a 20 y/o girl reported to the Emergency Department in General Hospital, Kerala with symptoms including dry cough and sore throat. She presented with a history of travelling from Wuhan City, China to Kerala on the January 23rd 2020. She was immediately kept under isolation and an oropharyngeal swab was collected and sent to the ICMR - National Institute of Virology for detection of the novel corona virus. On testing positive, she was referred to Government Dental College,Kerala. By then, GDC had already established the standard operating protocol to counter the infection and control it's spread.[5]

This was just the onset of the massive number of cases that was anticipated to be seen in a country like India that has a population density of 1,202 people per mi^2, and ranks second as the most populous country in the world [6] . On account of the limited health care resources present in India with respect to the population, immediate strategic measure had to be taken by the Indian Government. A nation wide lockdown was thus imposed on 25th March 2020 when 519 cases were reported. It was extended in phases three consecutive times in order to bring the situation under control [7] . This decision was followed by a lot of speculation worldwide because it was bound to impact the economy and healthcare services in the country. However, this measure was necessary because the impact of this pandemic on the healthcare services in India will be beyond the capacity of it's administration.

This lockdown resulted in limited access to health care resources available for individuals therefore impacting the physical and mental well being. Many health care workers were re-assigned to COVID 19 duties and emergencies which limited their availability to the population suffering with chronic conditions.More over, according to the 2020 forecast established in India, around 65.07 % of the total population is located in rural areas where there is very poor awareness towards health and its significance. The accessibility to healthcare is also very minimal [8] . Additionally, nearly 70% of the healthcare system belongs to the private sector thus making it impossible to access it during the lockdown due to limited transportation [7] . This in turn caused a negative impact on a wide range of patients suffering from severe non communicable medical diseases who required timely attention and care, thus increasing their mental anxiety, stress and depression [9] . Healthcare workers were also impacted in more than one way due to the mismanagement in hospitals and by patients and their families.

This situation was further amplified by the global burden caused by the pandemic affecting India gravely. A massive amount of ₹32,000 crore was estimated to be lost every day during the first lockdown imposed for 21 days [10]. Being a third world country, this was a huge hit for the middle and lower class communities where millions were left with no basic amenities. The government took multiple initiatives to provide aid to families who lost members to the virus and offered subsidiaries to unemployed workers.

This article aims to assess the impact of the COVID 19 lockdown on the medical and financial situation in India.

Impact on the healthcare services and social well being of Indian communities

With the lockdown imposed and social distancing made compulsory, the regular routine followed by many turned upside down.Life became mundane and sedentary with lack of exercises, irregular diet regimes, absence of social interactions,elevated mental stress, anxiety and lack of regular medical follow ups . This greatly altered the living condition of patients living with chronic diseases like diabetes, hypertension, cancer, mental illnesses, neurological and cardiovascular disorders.Due to the fear generated around COVID-19 and its implications, most people feared moving out for walks to remain healthy, let alone visiting hospitals for regular testing. This lead to a hike in various pre - disposing factors like obesity, inactivity and mental stress.[11, 12]

People with T1DM presented with elevated blood glucose levels owing to these circumstances with restricted access to resources and limited stock of medications. Children with type 1 diabetes mellitus were also drastically affected due to limited outdoor activities, longer hours on screen, sluggish routines, improper diet and irregular patterns of sleep. Multiple emergencies like diabetic ketoacidosis and hypoglycemia were encountered in the wards of hospitals because of lack of bifurcated services for non covid and covid affected patients and the in built fear in people to visit doctors for routine check up due to the virus[11] . Hypertension was another invariable consequence to these factors triggered by lifestyle changes predominantly stress related.

The mental health of youngsters, adults and elderly people also started deteriorating. The anticipation generated among people pondering about the consequences of the pandemic was of great magnitude. Anxiety is the fear of unknown and it was a natural response to the situation.The uncertainty about how long the lockdown will last and how much impact it was bound to have on the economy was frightening and overwhelming. Additionally, many people lost their loved ones to the deadly virus, and there was no way to meet relatives and friends in distress. It was more terrifying for people living in rural areas due to the lack of adequate information and knowledge about the corona virus . All this gave rise to absolute chaos in the society causing mental stress and depression. Unfortunately, even the presence of upgraded technology was not of much help. The lack of access to proper guidance from qualified physicians and mental health services did not make it easy [7] . It is during a crisis like this, that transparent communication with the population becomes indispensable to clear any falsified and exaggerated news piece.

The country's front line workers have tirelessly exerted themselves since the beginning of the pandemic under extremely high risk environment to save as many lives as they can [13] . They have been overloaded with responsibilities which has invariably taken a toll on the overall health of the country's physicians. Not to mention the ill-treatment faced by these professionals physically and mentally during this course of time by patients, their relatives and other family members causing a negative effect on their well-being. Staying away from family and friends worsened the situation for these workers which lead to multiple mental health related complications like insomnia, anxiety, depression and physical exhaustion. The framework of the health sector gradually began to crumble with time, pleading for more help and support.

Impact of the COVID-19 lockdown on the Indian economy

It is undoubted that the COVID-19 pandemic hit many countries in the world and it's impact is multi - dimensional, however India showed a drastic increase in the employment rates up to a figure of 27.11% in the beginning of the lockdown in 2020 [14] . India had to re- allocate their resources towards meeting the expectations of this crisis. It affected the demand and supply of commodities due to the restrictions. All the service sectors including hotels, retail, banks, education sectors, tourism, media, IT, health, were awfully disrupted. Moreover, migrant workers who form the backbone of the society started fleeting away due to loss of jobs. Large number of workers travelled in huge groups and covered 500-1000 kilometers only accelerating the spread of the virus [15] . The Indian Government surely tried to undertake measures to protect the livelihood of the lower middle class and the lower class families through this pandemic. The Employees Provident Fund Organization (EPFO) scheme was established with an aim to reduce financial burdens on employers so that they could hire more labour. Global recession is highly expected in the year 2020-2021 and to counter that India has to come up with fiscal strategies.

Physicians of various practices owning private clinics have suffered massive losses due to the pandemic and subsequent lockdown. The patient inflow and revenue generated drastically reduced, owing to fear and terror created due to the virus. Only emergency services were procured by patients in private clinics. Many dental practitioners were forced to shut down their practice due to monetary constraints. Since the virus spreads through respiratory droplets and salivary secretions, the basic nature of dental procedures became a source of terror among individuals and doctors due to the generation of aerosols. Additional costs for the Personal Protective Equipment, head gears and air sanitizers for protection was a huge investment[16] . Developed countries all over the world tried their

best to take measures to protect the welfare of dental care practitioners, but developing countries found it hard to keep up with the loss generated due to the pandemic [17]. Junior resident doctors are also facing delayed stipend for their services due to the financial crunch in hospitals.[18]

Hopefully this pandemic will be an eye opener to establish more reliable and sustainable policies to preserve the livelihood of workers in times of unprecedented circumstances as such. [19]

DISCUSSION

We have seen how the general livelihood of people in India was radically affected by the corona virus pandemic. Lives were lost, jobs were taken away and many communities did not have basic amenities available at their disposal. This calls for prompt and immediate action to secure the welfare of citizens, especially in rural areas where there is lack of availability and accessibility of resources. India has a three-tier health care system in the outskirts comprising of a Sub Health Centre (SHC), Primary Health Centre (PHC) and Community Health Centre (CHC). The PHC is 4-6 bedded and the CHC is a 30 bedded facility. Unfortunately, these centers lack basic infrastructure such as beds, toilets, water facilities which makes it hard during a pandemic where more advanced testing and screening is required.[20,21]

Even in the presence of these medical centers, inequality in the income reduces the affordability of health services in this segment of the country. With the new norms and its consequence on the economy and transportation, it became impossible to access these resources. Not to forget a complete lack of awareness among people making it a task to contain the transmission of the corona virus [21]. All of this influenced the health of patients with non-communicable illnesses too all over India causing more anguish, pain and sufferings. This situation calls for immediate attention and care.

Health Care Workers (HCW) have suffered severe burnout, anxiety, insomnia, irritability, moral distress and other psychological concerns. The long hours of continuous service provided by them in heavy Personal Protective Equipment (PPE) with lack of food intake or washroom breaks lead to emotional and physical exhaustion. They are expected to provide extra ordinary services, sometimes duties beyond their specialties under societal pressure which has invariably affected their services towards the patients in terms of productivity, empathy and accuracy.[22] Families feel overwhelmed with helplessness and engage in physical abuse of doctors, destruction of infrastructure and chaos in government and private hospitals. Health care workers are subjected to verbal abuse, threats, physical attacks, murders and manhandling with no protection whatsoever [23]. To top it all, the irregular payment towards Health Care Workers added to their financial burden.

The global recession has affected every home and has left a lot of irreversible scars in the lives of people. It will take time to recover from the economic fallout and bring back life to normal which will only be possible with the support of the government that has been kind enough to provide aid in whatever way possible.

CONCLUSION

The COVID-19 pandemic took the whole world by a shock, completely collapsing the framework by which it runs; manpower. The lockdown implemented to curb the spread of the virus had a massive impact on the health services, economic and social well being of individuals. We have now reached the third wave of this pandemic and there is no near end to it. More intensive and reliable policies need to be finalized to protect the well being of the population in the future at times of unavoidable crisis as such, so that the country is well prepared to fight it together.

CONFLICTS OF INTEREST

The authors declare they have no potential conflict of interest regarding this article.

REFERENCES

1) Listing of WHO's response to Covid -19. Available at : https://www.who.int/news/item/29-06-2020-covidtimeline

2) WHO Director's - General statement on IHR Emergency Committee on Novel Corona Virus. Available at : https://www.who.int/director-general/speeches/detail/who-director-general-s-

statement-on-ihr-emergency-committee-on-novel-coronavirus-(2019-ncov)

3) WHO Director- General's opening remarks at the media breifing on COVID-19 _ 11 March 2020. Available at : https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020

4) Singh A, Deedwania P, Vinay K, Chowdhury AR, Khanna P. Is India's health care infrastructure sufficient for handling COVID 19 pandemic. Int Arch Public Health Community Med. 2020;4:041.

5) Andrews MA, Areekal B, Rajesh KR, et al. First confirmed case of COVID-19 infection in India: A case report. *Indian J Med Res*. 2020;151(5):490-492.

6) India Population Statistics (live). Available at : https://www.worldometers.info/world-population/india-population/

7) Raman R, Rajalakshmi R, Surya J, et al. Impact on health and provision of healthcare services during the COVID-19 lockdown in India: a multicentre cross-sectional study. *BMJ Open*. 2021;11(1):e043590.

8) India Rural Population. Available at: https://tradingeconomics.com/india/rural-population-percent-of-total-population-wb-data.html.

9) COVID-19 significantly impacts health services for non communicable diseases. Available at : https://www.who.int/news/item/01-06-2020-covid-19-significantly-impacts-health-services-for-noncommunicable-diseases.

10) Economic impact of the COVID- 19 pandemic in India. Available at : https://www.acuite.in/Sector-alert-Impact-of-COVID-19-on-GDP.htm

11) Verma A, Rajput R, Verma S, Balania VKB, Jangra B. Impact of lockdown in COVID 19 on glycemic control in patients with type 1 Diabetes Mellitus. *Diabetes Metab Syndr*. 2020;14(5):1213-1216.

12) Singh, K., Kondal, D., Mohan, S. *et al.* 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,** 685 (2021).

13) Haleem A, Javaid M, Vaishya R. Effects of COVID-19 pandemic in daily life. *Curr Med Res Pract*. 2020;10(2):78-79.

14) Around 12.2 crore people lost their jobs: How Covid-19 will change job prospects and hiring in India. Available at : https://www.indiatoday.in/education-today/jobs-and-careers/story/around-12-2-crore-people-lost-their-jobs-how-covid-19-will-change-job-prospects-and-hiring-in-india-1713616-2020-08-21

15) Kumar A, Nayar KR, Koya SF. COVID-19: Challenges and its consequences for rural health care in India. Public Health in Practice. 2020 Nov 1;1:100009.

16) COVID-19 financial impact on physician practices. Available at : https://www.ama-assn.org/practice-management/sustainability/covid-19-financial-impact-physician-practices

17) Ali S, Farooq I, Abdelsalam M, AlHumaid J. Current Clinical Dental Practice Guidelines and the Financial Impact of COVID-19 on Dental Care Providers. *Eur J Dent*. 2020;14(S 01):S140-S145.

18) Not just Covid, India's junior doctors are also struggling with pay cuts & delayed salaries. Available at: https://theprint.in/health/not-just-covid-indias-junior-doctors-are-also-struggling-with-pay-cuts-delayed-salaries/661111/

19) Chaudhary M, Sodani PR, Das S. Effect of COVID-19 on economy in India: Some reflections for policy and programme. Journal of Health Management. 2020 Jun;22(2):169-80.

20) Rural Health Care System in India. Available at: https://main.mohfw.gov.in/sites/default/files/rural%20health%20care%20system%20in%20india.pdf

21) Kasthuri A. Challenges to Healthcare in India - The Five A's. *Indian J Community Med*. 2018;43(3):141-143.

22) Shreffler J, Petrey J, Huecker M. The Impact of COVID-19 on Healthcare Worker Wellness: A

Scoping Review. *West J Emerg Med*. 2020;21(5):1059-1066.

23) Iyengar KP, Jain VK, Vaishya R. Current situation with doctors and healthcare workers during COVID-19 pandemic in India. Postgraduate Medical Journal. 2020 Aug 18.