Covid-19 Situation in India: Some Reflections of First and Second Wave

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Introduction

The emergence of the Corona virus led to the emergence of rapidly evolving uncertainties. There have been many scientific theories discussing the transmission, incubation period, and mutation of the virus that has led human beings conscious about the virus. The first wave that transmitted and affected the entire globe had profound effects on social, psychological, and economical aspects of human life because of the rising uncertainties and misinformation. In the second wave, people were aware of the corona virus. However, the uncertainty still loomed at the highest level. Meanwhile, there have been many guidelines issued by the World Health Organisation (WHO) and the respective governments of the countries. India has been dealing with the corona virus since its first case was reported. Since then, there have been many manifestations and perceptions regarding this pandemic. The Covid 19 placed people under a lot of stress for a long time. As a result, the researchers have been more interested in assessing social and community unrest because individual's reaction to the security measures used to combat the pandemic varies on the social position they played. As of now, India battles a huge surge in corona virus cases, making it difficult for policy makers and health officials. According to Covid-19 CG, a monitoring tool from the Wide Institute, India ranks 85th out of 134 countries in terms of the percentage of Covid-19 cases sequenced (Li, 2021)

People dismissed epidemiologists' alerts that India will face a deadly second wave of Covid-19 (Anand, 2021). On January 30, 2020, the first case of COVID-19 in India was registered, which originated in China. After successful lockdown strategies government announced unlock strategy in different phases. The government permitted religious festivals like Kumbh Mela, and political rallies, and the media painted a rosy image of the cases rather than addressing the risks of doing so. In view of above statements, this article's focus of interest is to bring the relative understanding of two Covid waves in India. This will try to understand the reasons behind the surge of the second Covid-19 wave in India.

Method:

Four important metrics were identified from relevant literature. The following keywords were typed and searched for the article: Covid-19 Perception and OR Attitude, Awareness, and OR Lockdown, Political Rallies, and OR Religious festivals, Social Gatherings, First wave and Second wave and OR India covid-19. The entire search was performed in Google. All the news report articles, research articles, research reports, government reports were obtained in the form of text and saved in a separate folder with their internet links as well. There were a total of 247 citations identified for the study. 30 were selected for the present study leading to the research objective. Four metrics were identified relevant for the discussion of the research question. Iteratively, the main features of each description were collected and tabulated so

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that any additional features from subsequent definitions were applied to the list and any related features were merged. - Of these main features was then objectively evaluated using the logic and argumentation provided by the original authors for each of the concepts.
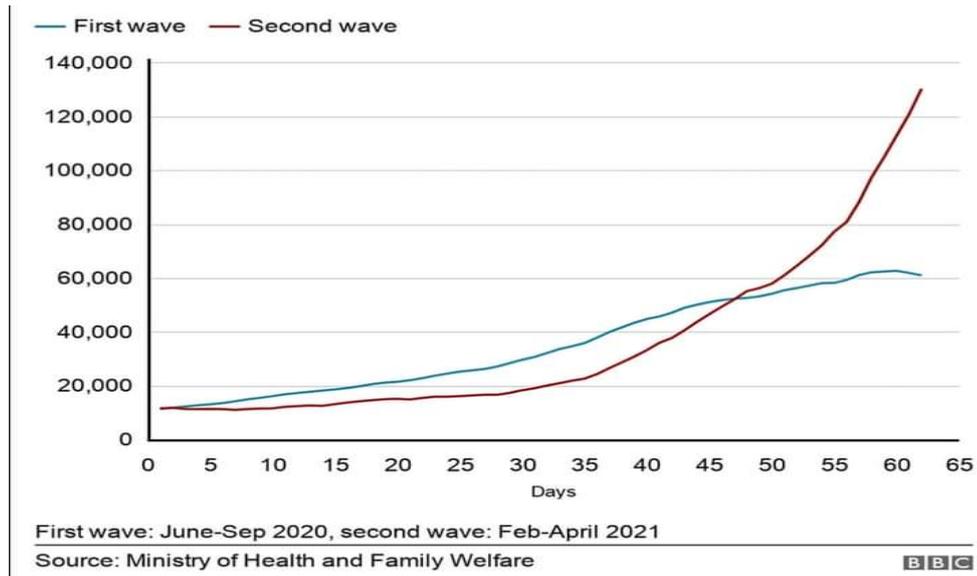
Results:

Based on the literature derived for the analysis we have four metrics which discusses the objective of our study

I.   **Awareness level**: **Then and Now**

As soon as the news of the Corona virus was declared as a pandemic, the world's largest isolation exercise was exercised in India. The Ministry of Health and Family Welfare (MoHFW) made public awareness about the transmission of the virus through the mass media. The importance of the Quarantine and health guidelines was circulated throughout the country. The search on the keyword has reached its highest according to the data compiled by Google Trends. Shyam (2020) expresses the trending score of *CoronaVirus* reached 100 on March 23, 2020, which represents the highest search interest. The study suggests that there are poor public awareness levels in India (Kaushak et. al., 2020). In a bid to contain the Corona Virus the country announced a nationwide lockdown forcing migrant workers to move from their places of work to their native place. The study conducted by Pandey (2021) reveals that a significant percentage of people heard about the pandemic through social media and the press, and they were aware of the virus's mode of spread and the measures that could be taken to prevent it from spreading. However, a sizable portion of the population was still unaware of the age ranges that the virus would impact. Christy et. al, (2020) in their study explored the Knowledge, Attitude and Practice (KAP) toward Covid-19 among patients presenting to five tertiary eye care hospitals concludes that participants' overall KAP for COVID-19 disease was strong (over 80% in all categories), the KAP for the high-risk elderly population (>50 years) and illiterate individuals was significantly lower. Karim, S., & Ahmad, V. (2020) in their study mention while there are gaps in particular areas of expertise, preventive procedures, and therapies that should be resolved in future awareness and educational campaigns, the study concluded that academic institutions have strong knowledge and awareness of COVID-19 symptoms and prevention. As explained in the study conducted by Maharshi (2020) about awareness among the general public of India towards the Covid 19 pandemic revealed the majority of participants had a positive mind set and acceptable activities, while a significant minority had sufficient expertise.

The second wave of pandemic hit India badly crossing more than 20.65 lakh cases in the first half of April 2021 (Times of India.com, 2021). In the first wave, the most affected population were the elderly's as they are more prone to the risk of developing severe illness due to physiological changes that come with aging and different health conditions (WHO). In the second wave, younger people and children are vulnerable to the risk of getting infected with the virus (Lalwani, 2021). Even being aware of the spread and contamination of a Corona virus, there has been a high spike in the cases of the virus. Even after more than a year, there has been no improvement in the rate of COVID-19 infections, owing to poor adherence to COVID protocols such as mask use and physical distancing.

First wave: June-Sep 2020, second wave: Feb-April 2021
Source: Ministry of Health and Family Welfare

II. **Lockdowns: From First Wave to the Second wave**
The lockdowns in India were observed in phased manners. On the evening of 24th March 2020, the Government of India announced the first phase of nationwide lockdown as a preventive measure to fight against the spread of Covid 19. Similarly the lockdowns were extended till the 4th phase which ended on 31 May 2020. The purpose of the lockdown is to curb the spread of Covid 19 by restricting unnecessary movement while allowing emergency services only. There are many studies that indicated positive results of Lockdowns around the world. In the study conducted by Meo et al. (2020) on the impact of lockdown on Covid 19 prevalence and mortality during Pandemic 2020, reveals that daily cases of COVID-19 and the disease's growth factor showed a declining trend 15 days after the lockdown, but there was no substantial decrease in the disease's prevalence or mortality. Due to the lockdowns there was a continuous decline in the growth of the rising Corona cases despite the uncertainty of its prevalence and mortality. India effectively implemented the lockdown phases resulting in the decline of the new cases due to the decline in its spread. Shutting down economic and social activity and imposing social distancing with varying degrees of strictness has been a central element of the pandemic control strategy everywhere. The adherence to the guidelines likes wearing a mask, maintaining physical distance and acceptance of lockdowns slowed down the spread of Covid 19.
 Contrarily, the implementation of lockdowns exposed the social and economic institutions of India. As the economy reopened, some workers were reintroduced into the work places. The opening of the economy came with the negligence and non-adherence of the Covid protocols resulting in the deadly second wave of Covid-19 in India. Currently, India is the world's second-worst COVID-affected country, now has over 13 million cases, with 8,521 cases recorded in Delhi on Friday (April 9, 2021). Although we are all familiar with the most common COVID symptoms of dry cough, fever, loss of taste, and smell, most people are unaware of when to isolate or get tested because COVID-19 has such a wide variety of symptoms and medical complications (Ahuja, 2021). The government now has proposed fresh lockdowns.

There are assumptions that India may Lose 1 Lakh Crore in the second wave of Covid-19 due to the lockdowns and temporary shutting of economic activities (indiatoday.com). The lockdowns have already affected socio-economic activities. The fresh lockdowns may prove fatal to the individual as there is more surge of Covid -19 in the second wave.

III. **Health infrastructure: The Breathing Space**

The current global COVID-19 pandemic necessitates a public health approach that places a greater focus on epidemiology, particularly in terms of recognizing the causes and determining effective population-based behavioural and educational programmes (Christopher et al., 2020, p. 238). It's important to remember that the COVID-19 pandemic began in developing countries that had attained the so-called "healed" status. Despite the implementations of lockdowns in a phased manner, the cases have risen exponentially. India has been facing multiple challenges with regards to the testing, tracking, and medicines for the Covid-19. Unlike the United Kingdom or Australia, India does not have a universal health care system. This deprives India's economically deprived population of security. The nation is unprepared to cope with a humanitarian emergency due to its over-reliance on the private health sector and a shortage of basic public health facilities. When the pandemic struck, private hospitals lacked the necessary medical facilities to respond (Ray, 2020).

In the second wave of a pandemic the number of Covid cases increased dramatically. India has already faced a shortage of medical facilities in the first wave and the same would be a disaster in the second wave. There are stories on people being denied access to hospitals that are drawing attention to the country's deficient public health care system. In most cases, people are not able to afford India's private health care system. Thus forcing them to be dependent on Public Health care system. Contrarily, in research from Das (2021), India's per capita income- expenditure rose from Rs 621 (US$8.31) in 2009–10 to Rs 1112 (US$14.88) today, but this is still just 1.02 percent of GDP, well below the global level. This is mirrored in the world having just 0.53 hospital beds per 1000 inhabitants, far fewer than the US (2.77), Russia (8.05), or Brazil (2.2) . By this measure, India still lags well behind its Asia Pacific counterparts. For a long time, policy researchers have cautioned about the dangers of underfunding the country's health system. However, the recent surge has shown India's health preparedness even more than the gloomiest predictions.

IV. **Social, Religious and Political gatherings: The Institutional Disorganisation**

The planet is now dealing with an extraordinary humanitarian pandemic crisis. The main purpose of the lockdowns was to restrict the social, religious, and political gatherings to prevent the spread of Covid-19. In the first wave, many states in India like Maharashtra, Tamil Nadu, and Delhi banned the gatherings which proved to be a successful measure to prevent the spread of Covid-19. However, with the unlock strategy, the general masses flouted the safety measures, congregations at religious places became hotspots, and the political rallies held by political leaders in India is the alarm for the spike of Covid cases in the second wave. India has registered more than 14.5 million cases so far, second only to the United States. According to official statistics, the number of COVID-19-related deaths increased by 1,341 in the last 24 hours to 175,649 on April 17, 2020 (Ara, 2021). In the first wave, India had the incidence of *Tableegi Jamaat* where both a segment of the Big Media and leaders of the many political organizations painted the Tableegi Jamaat as an irresponsible faction and blamed it for the entire spread of the epidemic in India (Sen, 2021). This resulted in a communal backlash against Muslims in different parts of the country. A

year back, India's COVID-19 condition has deteriorated significantly from when the *Tableegi Jamaat* event was held (there were only a few hundred active cases then; today there are more than 1.2 million). Despite this, a much greater religious festival of Kumbh Mela was being conducted with government support – and neither the TV stations who portrayed all Muslims as "coronavirus spreaders" nor BJP leaders who saw a perceived evil are present. The open violations of the Covid norms by the government itself reflect the insensitivity towards the preventive measures taken to tackle this pandemic. Political parties have largely overlooked COVID-19 guidelines during campaigning for multi-phase elections in India in the second wave of Covid-19. Dr. Subhash Salunke in his interview, *"Political leaders are themselves responsible" for the resurgence by allowing the packed rallies"* a former World Health Organization official who advises the worst-hit state, Maharashtra. "The upward trend is going to be there for another couple of weeks (Aljazeera, 2021)

Discussion:

The battle against Covid-19 has lasted for more than a year now and India has been battling with Covid-19 since its outbreak. Although the awareness level has varied since the beginning of its spread, people were sensitized about its spread through mass media. During the first wave of Covid-19 in India people embraced and comprehended the confusion and acknowledged the importance of lockdowns and protocols. The well-received response of protocols from the people resulted in the decline of Covid-19 growth. However, people did not adhere to the protocols as soon as socio-religious, political, and economic practices returned, culminating in a mass influx of Covid events, resulting in the second wave.

India witnessed many medical emergencies in the first wave of the Covid-19 pandemic. The shortage of medicines and essential emergencies exposed the health infrastructure of India. The accelerated dissemination of inflections during the pandemic's second wave has overwhelmed India's health system in many areas. State governments have been forced to introduce limits to prevent the health situation from worsening. The increase in Covid-19 reports has compelled several states to reinstate stringent prohibitions. Experts are concerned that such policies would have a negative effect on small enterprises and low-income families. The questions stand, Will the devastated economy withstand another pandemic wave? Could the second wave of Covid-19 pandemic have been prevented?. Socio-religious and political rallies were also the main driving factors for the spread of the Corona virus, making it more prone to add the miseries of the already devastated society. The deep cultural and religious practice of communal festivities in India, as well as intimate relationships with extended family members and neighbors, are major social and behavioural influences that pose significant challenge.

Conclusion and the way forward:

The coronavirus pandemic has posed many problems for developed countries, and these challenges will be exacerbated for developing countries such as India if the number of Covid cases rises. The Centre has devised a new approach to tackle the second wave: test, trace, treat, public enforcement, and vaccinate. The first three components of the plan have been in effect for over a year. Enforcement and vaccination are still a challenge as India faces a shortage of vaccines. At the same time, it is important to understand the protocols and adhere to the government guidelines. Combating the Covid-19 crisis necessitates a comprehensive solution that adequately

combines the infrastructural, social, economic, political, and psychological dimensions to equip us for every emergency response.

Recommendations:

- Initially, the COVID-19 pandemic took several members of law enforcement and the general population off guard at first, and law enforcement's reaction to the pandemic is still evolving. Stringent laws should be enforced so as to avoid overcrowding of any socio-religious gathering.

- In the wake of the virus's confusion and uncertainty, news channels played a part in spreading fear and communal clash. Various news outlets began providing contradictory reports about the outbreak, the number of outbreaks, and deaths worldwide. It is high time for the government and media to build the single platform to spread awareness instead of confusion.

- There is a need of politically independent unbiased committee that may look after the preventive and curative measures of the spread of Covid-19.

- Religious and spiritual leaders are a vital source of strength, encouragement, and advice for the people they represent, and they can play a life-saving role in leading safe activities and combating misleading misinformation.

- WHO guidelines must be followed by every citizen of the countries. WHO guidance includes information on safely holding gatherings where they are permitted, using technology to maintain community and continue worship, performing safe burials, safely paying respects to sacred or devotional objects, and supporting vulnerable community members.

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