

***The Impact of the Pandemic on Social life in India
Through the Ages***

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ABSTRACT

India has encountered several pandemics throughout history. This review article talks about such outbreaks known to have occurred in the history and are arranged in accordance to chronology. For this review, a variety of sources were used by searching through PubMed, NCBI and several others. Different forms of prints such as books, websites, and journals were used as references in this article. the global pandemic will “forever alter the world order”. Yet our world is changing with or without the pandemic. Even before the pandemic, the world was changing drastically – it was replete with unilateralism, populism and inequality, which are arguably attributable to economic globalisation, neoliberalism and even the refugee crisis. However, the pandemic has undoubtedly exacerbated these issues. It has also created many new problems affecting life and society .Throughout recorded history, the most dramatic and violent ruptures were also the most effective levelers of social and economic inequality: the collapse of states, the world wars, the great communist revolutions. The worst pandemics belong in the same category. In pre-modern societies, they sometimes killed so many people that labor became scarce and the demand for land fell. This enabled workers to charge higher wages while landowners earned less: for a while, the rich became less rich and the poor less poor. In addition, the experience of plague undermined confidence in secular and religious authorities, encouraging commoners to question existing hierarchies and explore alternatives.

INTRODUCTION

India, being a third-world country, has encountered a variety of epidemics and pandemics through time. Several accounts of influenza, cholera, dengue, smallpox and several others have been recorded throughout history; while we have been able to eradicate some; many diseases still continue to pose a threat to the community. A study by John T. Watson, et al analyses the relationship between epidemics and natural disasters and establishes that there is a rise in the occurrence of epidemics post-disaster though incidence in India has not been

emphasized. A study by Moore, Christopher, and Mark displays that the epidemic trends modify when the transmission exceeds the threshold station the infectious nature of it . Pandemics, on the other hand, refer to the worldwide spread of diseases. As far as India is concerned, there have been only two major, significant pandemics throughout history. While cholera had been predominant throughout the 19th century with increasing death tolls every year, the influenza pandemic came later on in the early 20th century . The influenza pandemic was short but devastating and after a long time, quite recently, came yet another flu pandemic by the H1N1 strain . Though, it is almost impossible to analyze all epidemics and Pandemics throughout Indian history, effort has been made to include most of the significant ones.

Cholera Pandemic (1852, 63):

This third cholera pandemic started around 1852 and lasted till the late 1860s. It is significant in history because of its spread to countries that were until then not affected. Though India was not its major area of impact, in the later phase of pandemic, small spurts of cases were noted in Bengal. However, it is agreed that it was from Mecca that the infection spread to several countries . The Kumbh Mela at Hardwar in April 1867 has been considered to be responsible for the epidemic spread of cholera in northern India

Bombay Plague Epidemic (1896):

This plague began in September 1896 in colonial Bombay creating a lot of social and political frenzy. The rapid growth of commerce in Bombay led to an increase in population and thereby overcrowding. The anti-plague campaign was started to battle this epidemic and it was based on the belief that the focus of the infections was from the slums. The plague killed thousands and many people were forced out of the city .

Cholera Pandemic (1899):

The sixth cholera pandemic began around 1899 and major outbreaks were noted in Bombay, Calcutta, and Madras . While the infection throughout the 20th century was caused by O1 serotype of *Vibrio cholera* and confined mostly through the Asian subcontinent, the sixth cholera pandemic brought about surprising challenges.

Influenza Pandemic (1918):

This is also known as the Spanish Flu of 1918-19. This has been known to have caused around 20- 50 million deaths worldwide and is considered most devastating . This was caused by the H1N1 strain of Influenza and was severe. n 1918 and spread to other parts of northern India and Sri Lanka from where it spread worldwide . Improvement in the virulence and velocity of the virus strain and the monsoon bringing humidity are

considered to be the key factors in increasing the severity and spread .

Polio Epidemic (1970-1990):

India was the worst affected by polio among the developing countries until the late 1990s after which the EPI was initiated . The incidence of polio in India was very high in both urban and rural states and the most affected was the state of Uttar Pradesh

Small Pox Epidemic (1974):

It is known as one of the worst small pox epidemics of the 20th century. India contributed to about 85% of this epidemic worldwide. This epidemic broke out in three different villages of West Bengal, Bihar and Odissa but it was impossible to establish a connection between the men hence it was treated as three different epidemics

Surat Plague Epidemic (1994):

Plague cases in Surat were first reported in Sept 1994 and which it spread to other cities in India. Fewer than 1,200 people were found positive and it lasted for less than two weeks but it is considered important due to its high fatality and created worldwide repercussions. It is said to have been initially difficult for doctors to diagnose it but when they did, all necessary precautions are taken to contain its spread .

Plague of Northern India (2002):

The Plague of Northern India broke out in Shimla district of Himachal Pradesh in February 2002. It was a small and less serious epidemic. Also, as soon as the plague was detected, immediate measures were taken like fumigation, evacuation, and chemoprophylaxis that lead to further control of the epidemic .

Dengue Epidemic (2003):

In 2003 during September, there occurred an outbreak of DF/DHF in Delhi. It reached its peak around October-November and lasted until early December. The mortality rate was around 3%.It became a major outbreak in India in spite of the widespread preventive measures taken to control DF .

SARS Epidemic (2003):

SARS (severe acute respiratory syndrome), is considered as the first serious infectious disease outbreak of the twenty-first century. It initially started in the Guandong province of China in 2003 and spread quickly to about 30 countries across Asia, Americas and Europe and accounted for a total of 8,439 cases and 812 deaths, within 7 to 8 months .

(2004-2006)

Meningococcal Meningitis Epidemic (2005):

In early 2005, a sudden surge had been noted in meningococemia and meningococcal

meningitis cases in India. Cases were reported from Delhi and the surrounding states of Uttar Pradesh and Maharashtra. Around 430 cases of meningococcal meningitis were reported as of June 2005 . Case management, early detection through surveillance was aimed at prevention of spread .

Chikungunya Outbreak (2006):

Around 3.4 million cases of Chikungunya were reported in Ahmedabad 2006 with 2,944 deaths estimated. The mortality rate in 2006 epidemic was substantially increased when compared with that in the previous four years . In December, there occurred another epidemic in South India where the states of Andhra Pradesh, Karnataka and Tamil Nadu were affected. The volatile nature of this epidemic was attributed to the herd immunity to the then isolated genotype .Major efforts were taken for mosquito control and several awareness campaigns were initiated by the television and print media .

Dengue Outbreak (2006):

The outbreak began in early September of 2006 and the first case was reported from Delhi. By the end of September, it began to spread to other states like Rajasthan, Kerala, Gujarat, Chandigarh and Uttar Pradesh . The ministry of health set up a control room to monitor the outbreak and provide technical assistance that led to the efficient management of the disease .

Gujarat Jaundice epidemic (2009):

Modasa town in Gujarat witnessed the outbreak of hepatitis B in 2009 This is of significance because almost all outbreaks of viral hepatitis in India were considered to be due to hepatitis E which is feco-orally transmitted . It was a long-lasting epidemic and control was achieved by mass public awareness and health actions.

H1N1 Flu Pandemic (2009):

The H1N1 Flu pandemic began in May 2009 and spread globally by July 2009. By August 2010, it was declared pandemic and around 18,500 deaths were reported from all around the world . Three strains of influenza viruses were circulating then of which the Inf A (H1N1) and Inf A (H3N2) viruses were largely replaced by the pdm H1N1 strain .

(2011-2014)

Odisha Jaundice Epidemic (2014):

The outbreak began in November 2014 in Kantalbai, a remote village in Odissa. This led to a district level investigation and it was confirmed to be jaundice caused by the Hepatitis E virus . This 2014 Odisha Jaundice epidemic was one of the many outbreaks in Odisha and

the most common cause being HEV . This is transmitted enterically and has affected several people, especially of the low socioeconomic category. Surveillance for clean water and sanitation was proposed as the control measure .

Nipah Outbreak (2018):

The virus was first noted in the late 1990s in Singapore and Malaysia. The natural host for this disease is the fruit bat and transmission is from direct person to person contact . This Nipah virus outbreak began in May 2018 in Kozhikode District, Kerala. This is the first Nipah virus outbreak reported in Kerala and the third known to have occurred in India, with the most recent previous outbreak being in 2007 . Spread of awareness about this infection, isolation of the infected and post-outbreak surveillance led to the control of this outbreak .

COVID-19 pandemic 2019

The dangerous framing of this particular pandemic as a "Chinese virus" or the "Wuhan virus" leads to a great deal of stigma for anyone from China or of Asian descent. It leads to violence, harassment, hatred, and bigotry, as we've already seen. The ways in which this pandemic has exacerbated these particular practices of bigoted and racist ideology is not surprising during an epidemic, but it's a serious threat to effective health responses.

The novel coronavirus disease has also infiltrated into India; hitherto over 250 000 cases have been reported from the country. With a population of more than 1.3 billion people, India could become the new epicenter of COVID-19. Due to the remarkable population density, poor socioeconomic conditions and health care resources, the World Health Organization (WHO) recently stated that the “future of the pandemic will depend on how India handles it.”¹ Here, we have presented a summary of the present scenario of COVID-19 in India, the country’s response and major challenges that lie in the road ahead.

The impact of the pandemic on social life

The pandemic is altering individual life. We cannot travel internationally or even locally, and we may not be able to dine in restaurants. As such, the service sector, especially travel-related industries, restaurants, airlines, hotels and tourist attractions, is seriously hurting. More than that, the pandemic is changing our social and work life in more complicated ways, especially the way we communicate in light of the development of information technology and communication. Societal factors such as social inequality, discrimination and poverty; psychosocial problems generated by psychological stress related to the

pandemic; and cultural norms, such as social acceptance of wearing masks, socialising and social distancing, all heavily influence population health, in combination with biological factors such as genetic make-up. All of these factors inform government performance during the pandemic and are created or exacerbated by the pandemic.

Conclusion

India has stood strong through several pandemics. Good medical care and efficient researches have made it possible to fight every infection and luckily, we have been able to even eradicate a few. It can be established that throughout time, many infectious diseases have become widespread due to the mere lack of sanitation and crowded environment. The tropical climate and the seasonal rains in India is yet another important factor contributing to several vector-borne infections outbreaks in the past and many more to come. Though it has been difficult to compile all the pandemics due to lack of sufficiently available data and errors in data preservation, sincere efforts have been put into including most of the important, notable ones. It is also a sad truth that India will have to face several more such outbreaks in the days to come but preparedness has to be given immense importance and control of spread should be the number one priority of the doctors and other health care workers.

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