A qualitative analysis of social scientists' opinions on socioeconomic and demographic implications of the lockdown during COVID-19 in India

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The unpredictable dynamics of COVID-19 and policies surrounding its management has triggered severe debates and discussions among every section of society. There have been similarities as well as differences in opinions regarding spread of the disease, the lockdown, its implementations and impacts. This qualitative study attempts to identify and understand the emerging pattern within the opinions of 16 social scientists from eminent institutes with rich socioeconomic and demographic research experience. Several key themes emerged from this study. While it is opined that the lockdown initially slowed down the spread of virus among Indian population, it continues to surge exponentially. Economy faced extreme hardship because of this extensive and abrupt national lockdown. State-wise variation in the COVID-19 scenario is noticed and the reason is attributed to the strictness of implementation of the lockdown by the respective state governments. However, a lockdown in phases is suggested that could have averted the economic crisis. Small businesses were the hardest hit. Migrant workers were not given deserved attention and support in terms of their travel to their natives, health or financial sustenance during the lockdown. The bailout has not been timely and enough thereby creating a group of new poor. From the opinions it emerges that the policy measures intended to revive back the micro, small and medium scale enterprises may not bring short-term solution pertaining to the labor crisis. Relaxation of lockdown also calls for stringent awareness generation among general population about health and hygiene maintenance to avoid further spread of COVID-19.

1 | INTRODUCTION

The first case of COVID-19 was registered in India on January 30, 2020. It reappeared in early March 2020 before spreading at an exponential rate. Considering the graveness of the spread of the disease, the government declared a lockdown at 8 p.m. on March 23, 2020 which became effective within 4 hours, giving no scope for any physical mobility to anyone. After getting extended in four phases, the lockdown was relaxed on May 31, 2020. The argument was “jaan hai to jahan hai,” which means that life is more important than anything else in Hindi language. Statistical predictions based on data from early days of COVID-19 outbreak in India showed that a lockdown ranging between 4 and 6 weeks could result in a significant reduction in the transmission (Ambikapathy & Krishnamurthy, 2020; Gupta, Pal, & Pandey, 2020). An analysis using a kinetic model simulation technique based on the data from March 20 till March 25 and projecting for next 60 days, showed that lockdown could be extremely successful in containing the disease (Kishore et al., 2020). However, India was lagging in large scale testing and that is why the picture on transmissibility of the virus was still not clear (Mahajan & Kaushal, 2020). Actual number of infected people by COVID-19 started emerging once testing commenced with rigor. Reporting of actual number of infected by States in India was also delayed according to health ministry (Sharma, 2020). Despite enforcing
lockdown in various phases, India has a total of 36,91,166\(^1\) people affected by COVID-19 which is approaching 4 million mark and it is increasing every day.

This is not the first time that India encountered an epidemic. It faced severe epidemiological outbreaks such as deadly Spanish flu in 1918–1919 (Mills, 1986), Smallpox in the 1970s especially 1974 (The New York Times, 1974), Sura’s plague in 1994 (The Print, 2020) or Dengue from 2014 to 2017 (Murhekar et al., 2019) and so forth. It is also a fact that the case fatality rate due to corona virus is much lower than dengue, malaria, and so forth. The death rate due to COVID-19 remained lower in India as compared to several developed countries.

COVID-19 is declared as a biological disaster (National Disaster Management Authority, 2020). In the era of globalization, COVID-19 pandemic showed that regardless of the economic strength countries may suffer from various levels of public health and economic crisis, and exposed the inequity and deficiency in social development (Chakraborty & Maity, 2020). As is known, hazards and disasters are important parts of our human ecosystem. Sustainability of any society’s development or relevance of policy measures will be questioned, if it cannot survive these hazards and disasters without any major damage and disruption (Oliver-Smith, 1996).

One of the predominant feature of any crisis is that certain social, economic and demographic groups are more vulnerable than others during recovery from disasters (Bolin, 1986). These groups include people marginalized by class, caste, gender, race, ethnicity, age, income and geographic location (O’Hare, 2001). It is, therefore, crucial that a country can provide for these sections of society and take special care of these people who may not have enough resilience or ability to bounce back to normalcy or even face such disasters. Thereby, the ability to anticipate, resist and recover from the impact of a disaster characterizes how resilient an individual, a society, the state or an institution is. During COVID-19 people marginalized by gender (Wenham et al., 2020), or by race (Kipgen, 2020) emerged as highly vulnerable section of society at the international level. In the Indian context, the hastily taken lockdown decision in order to flatten the curve of virus spread, in turn led to various socioeconomic crisis. Planning and implementation of the lockdown has been heavily debated.

Medical suggestions on the transmission and optimistic statistical projections of COVID-19 could have favored the lockdown. Nevertheless, there existed differences in opinions among social science experts regarding the implementation, impact and relevance of the lockdown. Under this backdrop, our study aimed at capturing the opinions that social scientists hold on the overall effectiveness of the lockdown during the COVID-19 outbreak and the consequences of this lockdown on Indian socioeconomic and demographic fabric.

2 | DATA AND METHODOLOGY

Our research interest was to capture the observations and opinions of social scientists on the lockdown and prevalent COVID-19 situation. We adopted a qualitative approach to understand the key themes that emerged from the interviews with social scientists. Data on the perceptions and opinions was collected from 16 social scientists. In order to select the participants, we adopted a purposive sampling method. The potential participants were identified based on their research involvement in areas of social sciences, and more specifically around the issues related to public policy. The designations of the academicians vary from Assistant Professors to Professors and retired Professors. The composition of respondents included two sociologists, one anthropologist, two development economists, one labor economists, two health economists, one macroeconomist, one agricultural economist, two demographers, two statisticians and two political scientists. They were contacted and explained about the study prior to the interview and a verbal consent about their participation was taken. An appointment was taken for the interview based on their convenience for the interview. We used unstructured interview guides which consisted of open-ended and descriptive questions that could generate in-depth information. These questions were based on the issues on the timing and length of the lockdown, its impact on the social fabric and economy of the country, and the relief package. Based on their responses received further probing was done, as and when required. Data was collected through telephonic in-depth interviews between May 14, 2020 and May 17, 2020. A total of 21 social scientists were approached and were elaborated about the study. Out of them, two academicians did not give us any specific time for the interview, and we decided not to pursue them anymore. We continued collecting data until there was saturation in terms of emerging information. After 16 interviews, information saturation was reached and no new information emerged. Time duration for the interviews ranged between 23 and 54 min. In qualitative research anonymity of the respondents is of utmost importance and hence this has been maintained throughout the research. Qualitative content analysis of the interviews provided us with the emergent themes discussed further in this paper. This study does not generalize based on its findings.

2.1 | Discussion on the key themes that emerged from the interviews

Findings from this study resonated around three themes. Firstly, despite the 2 months of lockdown, spread of the virus has continued to increase thereby, overwhelming the available medical care facilities. Secondly, because of this extensive national lockdown the economy is in bad shape and the government responded pretty late. Thirdly, the abrupt lockdown has contributed to the agony of the poor and especially of the migrant laborers that has been grossly mishandled.

Nevertheless, it also emerged from the interviews that the lockdown was effective in slowing down the initial spread of the virus and there are no questions raised over that part of the reality. However, “is containing this virus enough to secure survival” is the most important question that came out of the discussions.

2.2 | Controlling the spread of COVID-19

While the whole world was watching over India and how it would handle COVID-19 situation and regulate its spread in its vast
population, lockdown brought some early results and global recognition. However, it numbers still surged in India. The dynamics were found to be significantly different across states (subnational entities). While Kerala, Karnataka and Uttar Pradesh could successfully halt the spread, states like Maharashtra, Delhi, Tamil Nadu and Gujarat among many others failed miserably. Implementation responsibilities of lockdown fall upon the state governments. In many states, the ruling parties are different from the one that forms the central government. Many believed that the political agendas were kept ahead of proper planning and strict implementation of the lockdown. Central government assumed responsibilities of national level policy formulation, as well as supply of personal protective equipment (PPE) and testing kits. Testing, quarantine and treatment facilities were under state governments’ jurisdiction. However, lack of robust public sector health care capacity in India also became evident during COVID-19 pandemic (The Lancet, 2020). State level healthcare structure was also seen as often marred with corruption and handicapped bureaucracies (Singh, 2008). While complaints like noncooperation, concealing of facts were brewing, few opined that a mutually trusted decentralized system could be more effective in controlling the situation, as there are success stories in few states irrespective of their political alignments (Ghosh & Qadeer, 2020). The idea offered by Diwakar (2020) on adopting the concept of Village Swaraj as was visualized by Mahatma Gandhi was also echoed in our discussions with few respondents.

The political discourse under current political regime often hovers around communal angle in India. Communal angles were often stressed after a big number of returnees from a large gathering of a minority community that hosted religious scholars from several affected countries, tested positive.

Scholars may avoid to speak about the communal angle of it leading to the crisis and I don’t know whether you will mention it in your manuscript. There was callousness from the people and the government. And now the sentiment is being used politically. (Economist from a moderately affected state)

Nevertheless, many felt that the attention might be intentionally diverted from the main issue.

The communal side is being unnecessarily brought into picture. There may be several similar incidents going unnoticed. Both the ruling party and opposition should rather focus on the main problem. (Public policy analyst from a lesser affected state)

2.3 Saving the economy

Uniqueness of COVID-19 is that it has affected both the demand and supply mechanisms simultaneously. Since, the economy has been struggling, besides an untamed spread of the virus, trade-off between these two is being debated among all corners of society. Many felt that the state should have realized that Indian economy cannot afford such extended lockdown. Employing about 120 million people micro, small and medium scale enterprises (MSME) contributes to nearly 30% of Indian GDP. A lion-share of the Indian economy is dependent upon MSME. The MSME sector was already hit by demonetization policy of Indian government implemented in 2016 and goods and service tax (GST) rolled out in 2018 that affected overall credit of this sector (Behera & Wahi, 2018). With the advent of COVID-19, especially the micro enterprises nearly collapsed. Even though a bailout of INR 20.97 thousand billion (USD 255.7 million), which claims to be 10% of the GDP, was announced nearly after 7 weeks, most thought that the economic bailout has arrived pretty late. During our discussions with the social scientists we found that instead of a complete lockdown enforced nationally for a couple of months, it could have been relaxed gradually in phases and in zones based on prevalence rate of corona, which could have eventually helped the economy.

A well-dressed person walks onto me and asks for some work. After he has lost his job due to the economic blockade and has no savings to feed his children, he is ready to do any kind of job. (Economist from a highly affected state)

Furthermore, pumping in money indiscriminately through the banking system in the form of loans for MSME and informal sector can backfire. Primarily there may be a shortage of demand for their products which generally serve either household needs or industrial requirements. Households are already reported to be facing financial losses from salary cuts and layoffs, thereby directly impacting expenditure pattern that is moving away from durables and luxuries to necessities and basic needs. Scenario of industrial sector is also gloomy. Industries strongly depend upon the MSME sector for inputs of production. Finally, the operations of MSMEs and many informal businesses are affected after labor disruptions post-COVID-19 debacle. These small businesses will need time to start their full-fledged operations and hence, their revenue will not accrue (Diwakar, 2020). They may fail to pay back loans raising the nonperforming asset (NPA) and consequent banking sector failure. The agricultural sector such as wheat, rice, lentil, tea and sugarcane cultivation has also been badly affected due to labor shortage, supply chain disruption and limited market operations. Without a considerable presence of Indian substitutes, the "Atmanirbhar Bharat Abhiyan" (which translates in English into "self-reliant India") may not bring an immediate success, even if it appears to be exciting. As mentioned by earlier studies, globalization generally turn people lesser ethnocentric (Batra, 1997; Cui & Liu, 2001; Narang, 2016).

2.4 Plight of migrants

The government did a good job calling for an immediate lockdown. Otherwise it could lead to a massive
chaos. (Anthropologist from a moderately affected state)

It is easy to blame the government, but it is not easy to do their job. Government has also been clueless with the character of this problem. They are trying to do their best. It is not possible to take care of everyone. (Demographer from a highly affected state)

The reason of immediate imposition of the lockdown might have been to restrict traveling of presumably high number of asymptomatic people and a resulting community spread. The central government might not be confident with the readiness of quarantine and treatment facilities at state level at the initial stages.

Many social scientists found the plight of the migrants most disturbing outcome of the outbreak, the resultant lockdown and how it was not well handled by the state.

This is a historic blunder. (An economist from a highly affected state)

How could the government think that the poor migrant laborers can manage social distancing, while 5–6 people share a 10 × 10 ft skimpy room, hundreds share toilets and drinking water facilities? (Demographer from a highly affected state)

The government has been ruthless against the migrants and poor. Their policies are only made for middle and upper-class people. (Sociologist from a lesser affected state)

However, the migrant laborers mostly engaged in small businesses and informal sectors, were found at the receiving end of this abrupt declaration of lockdown (Mahendra Dev & Sengupta, 2020). Their housing condition would not allow them to lead a safe life. It was observed that though the employers could provide financial support to them for the first 1 month, it stopped thereafter due to money shortage faced by businesses. Workers were psychologically distressed. The migrant worker’s desperation swelled to return home after spending weeks without jobs at hand and observing the number of infections and deaths increasing around them every day. Almost everyone, including those in partial support of the government policies, felt that initially during the third week of March, when the infection rate was much lower, a passage could have been provided to let workers travel back to their respective hometowns and villages. Giving them 3–4 days to travel back before the enforcement of lockdown could have ensured them a better life and psychological support around their families. The community livelihood at their rural native could have been helpful to regain resilience. Lesser dense rural India as compared to congested urban slums are certainly much safer.

Nonetheless, temporary shelters in bigger isolation facilities (stadiums, schools and colleges), along with supplies of food, masks and sanitizers, could have been made for the migrant laborers. The need of this group of people went unattended during the major part of lockdown. This section of society not only faced job loss due to reduction in economic activities, but also many of them lost their lives due to violence, starvation, lack of earning, indebtedness and extreme psychological and physiological stress, which also went grossly unnoticed by policy makers (Ray & Subramanian, 2020). Migrant workers were seen as chaos creators since they wanted to go back home and wanted safety. This disaster and the crisis showed the precarious situation of poverty and lack of resilience in this section of society and their invisibility to the policy makers. Rajan (2020) thinks that the announced package is not enough to cover 140 million migrant workers.

During the early phase of COVID-19 spread across the world, a large number of Indian citizens who traveled abroad were stranded. As this also was the responsibility of the state to facilitate their safe return the Indian government put forth diligent efforts to bring its citizens back to the country. Yet, no such urgency or care was shown to send the migrant workers within the country back to their natives with the due respect and dignity they deserved. One suggestion that was put forth by most of our respondents was to provide free of cost and easily available transportation to the migrants to go back home without undergoing the torture of walking miles. Involvement of military personnel and national disaster relief force could have been effective in sending migrant labors to their native places, and in rehabilitating the urban poor at a safer habitation.

2.5 Support to the poor

Death due to corona is probabilistic, but death due to starvation is certain. People need food first. (An economist from a highly affected state)

Majority of our respondents opined that people must not struggle for food and lose job. Owing to this economic crisis many of those who were just above poverty line slipped Below Poverty Line. Even though food ration was being delivered to the poor, the financial support was not provided to many and the amount was not enough (Sengupta & Vardhan, 2020). A large share of Indian households faced severe food insecurity as a result of the staggering unemployment rate during the lockdown period (Misra & Rampal, 2020). The scarcity among the urban poor those who were not migrants went completely unattended during initial stages of lockdown, and the retail food price continued to rise (Narayan & Saha, 2020). It is suggested that essential government expenses can be reduced to increase the spend on direct fund transfers and provide more funds and work under Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) and Pradhan Mantri Kisan Samman Nidhi Yojana (PMKISAN). Direct benefit transfer (DBT) could help not only in procuring food but would also improve the purchasing power of people covering other necessary household commodities, as well as health and educational needs. An estimate by Sengupta and Vardhan (2020) showed that if the poorest 10% of the households could be given Rs 5,000
(USD 66.3) per household per month for a period of 6 months, it would amount to 0.4% of India's GDP.

2.6 | Importance of education and awareness on personal and community health and hygiene

Lack of education and awareness on personal and community health and hygiene is clearly witnessed during this crisis. Therefore, there has to be continuous awareness generation on importance of continuity of health and hygiene maintenance even after lifting lockdown. Since, once lockdown is lifted or relaxed in order to save economy, without a proper hygiene and health training and healthy work environment people themselves can cause massive rise in COVID-19 affected numbers. Those who can maintain physical distancing and continue working from home will be least affected. They consist of the privileged middle and upper class of society. The underprivileged section of the society will have poorer immunity due to suffering from malnutrition since childhood. They are the ones who work under congested, unhygienic work conditions. If the economy has to be functional their health needs must be attended with utmost care. Otherwise gaining herd immunity can be delusional, and the economy and health system can fall into a deep gorge, and it will be difficult to reduce the swollen inequality.

3 | CONCLUSION

The state failed to diagnose and assess the consequent socioeconomic catastrophe due to COVID-19 induced lockdown and was probably overconfident to handle the situation. Importantly, something that is also expressed in earlier studies is that in the run to flatten the curve of COVID-19, humanitarian issues were neglected in India (Kumar, 2020). A more relaxed and phased lockdown was need of the hour. Providing a better and readily available relief package to needy was considered crucial and urgent than practicing a lockdown of international standards (Ray & Subramanian, 2020).

The prime reasons for the failures can be attributed to equlivo
cal decision making by the central government, center-state dishar
mony, clarity in implementation of lockdown at the local level, nondisclosure of information, discipline among people and so forth. The government’s sloppiness in adopting a modified action plan on relief measures forced it to rely on the Epidemics Diseases Act of 1897 and the Disaster Management Act of 2005, unfortunately none of which chalked out a plan to tackle a pandemic of this extent (Ninan, 2020). Nevertheless, political will and stronger institutions at the decentralized level had proved to be success in states like Kerala and Odisha (Prashad, 2020). According to Diwakar (2020), even after realizing the lack of interest of the government to address the mass agony, absence of mass movements that is desired to be led by the middle class, who too suffered significant economic loss, is something that makes the policy makers casual. On a different note, while Harris and Moss (2020) called for intergovernmental collaborations across the globe in order to restore the economies, India got engaged in a fierce border dispute with China, which is India’s second largest trading partner after the United States.

On May 12, after 7 weeks of lockdown, the Prime Minister of India addressed the nation with a modified slogan “jaan bhi aur jahan bhi” which directs toward “life as well as livelihood.” Is it too late?

No one is right, no one can be blamed too. This condition is overwhelming for this country. So, no one knew what is coming and no one knows what’s going to happen. (Concludes a political scientist from a moderately affected state)

CONFLICT OF INTEREST

The authors declare no conflicts of interest.

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ENDNOTE

1 Numbers as recorded on mygov.in/COVID-19 website on September 1, 2020.

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