Section: Community Medicine

Original Research Article

SOCIOECONOMIC IMPACT OF COVID-19 ON THE RURAL HOUSEHOLD OF LUCKNOW DISTRICT

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Corresponding Author:
Dr. Sharique Ahmad,
Email: Diagnopath@gmail.com

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Avi Singh[1], Syed Abid Asghar[1], Sumaiya Ahmad[1], Ruby Khatoon[2], Jamal Masood[3], Sharique Ahmad[4]

[1]Assistant Professor, Department of Community Medicine, Era's Lucknow Medical College, and Hospital, Era University, Lucknow, Uttar Pradesh, India
[2]Professor, Department of Community Medicine, Era's Lucknow Medical College, and Hospital, Era University, Lucknow, Uttar Pradesh, India
[3]Professor, Principal, and CMS, Department of Community Medicine, Era's Lucknow Medical College, and Hospital, Era University, Lucknow, Uttar Pradesh, India
[4]Professor, Department of Pathology, Era's Lucknow Medical College, and Hospital, Era University, Lucknow, Uttar Pradesh, India

Abstract

Background: The pandemic of COVID-19 infection wreaked havoc on global economies and no strata of society was untouched by it. In developing countries like India, challenges were faced by the government and the society to provide social and food security to the poorer and vulnerable population of the country. The aim is to examine the economic and social challenges faced by the rural population. The objective is to analyze the impact of lockdown on income, utilization of health services, utilization of government relief and assess knowledge and practice of COVID preventive measures. **Materials and Methods:** Cross sectional study with multistage random sampling. **Conclusion:** There was significant level of socioeconomic impact among the population during lockdown with vulnerable section being most affected. Policy should be made so that public and government alike are prepared for such disruptions in future.

INTRODUCTION

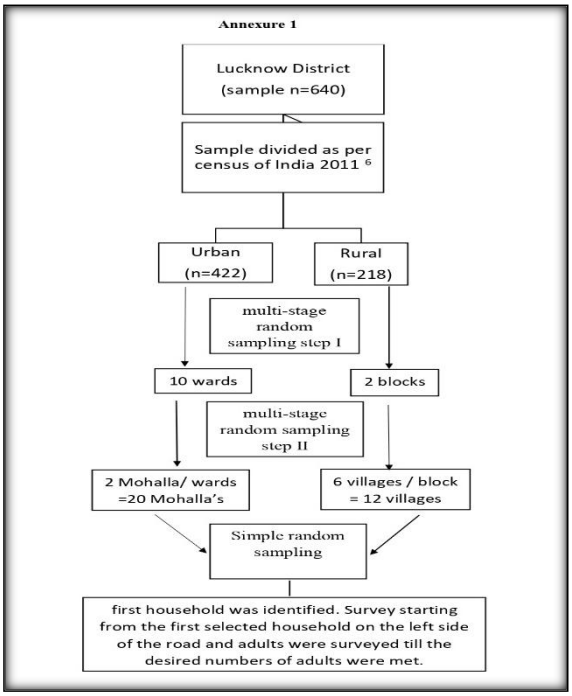
In 2020, the COVID-19 pandemic emerged as a global crisis, disrupting economies and societies around the world. The pandemic changed the way we lived and worked as a society. To curb transmission of the virus, governments across the world implemented preventive lockdowns resulting in significant restrictions on movement and commerce.[1] People of all backgrounds and economic status were affected and this created unprecedented challenges for everyone, including the government.

India is currently the 5th largest and the fastest growing economy in the world, and the sudden halt of businesses due to lockdown restrictions had a significant impact. The country faced its own unique set of economic and social challenges due to the extended lockdowns that began in March 2020.[2]

We aim to examine the impact of these challenges on the population in our field practice area, considering the various economic and social factors at play.

MATERIALS AND METHODS

We conducted a cross-sectional study in the rural field practice area of our rural health training center to investigate the socioeconomic impact of COVID-19 on rural households. The study received ethical approval from our institutional ethical committee.



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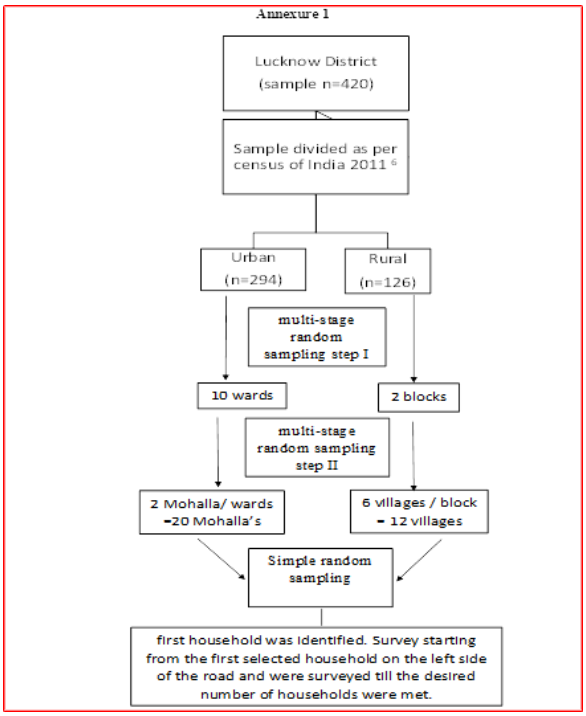
To select participants for the study, we used a prevalence of 50%, which is universal sample size for calculations.[3] This allowed us to determine the maximum sample size needed for our study, which was 420 households. We used a multi-stage random sampling technique to select households in rural areas (see Annexure 1).

We analyzed the data using MS Office Excel software and SPSS 25 for Windows.



RESULTS

Table 1: Sociodemographic characteristic

Age group	No.	%
20-30	51	12.14
31-40	106	25.24
41-50	106	25.24
51-60	93	22.14
>61	64	15.24
Total	420	100.00
Gender	No.	%
Male	364	86.67
Female	56	13.33
Total	420	100.00
Socioeconomic classification	No.	%
Class I	20	4.76
Class II	105	25.00
Class III	127	30.24
Class IV	118	28.10
Class V	30	7.14
Total	420	100.00

Table 2: Availability and Utilization of Medical Facility during COVID-19

S. No	Medical Facility	N	%
1.	PHC	4	0.95
2.	CHC	16	3.8
3.	District hospital	20	4.7
4.	Private registered medical practitioner	112	26.6
5.	Private hospital	48	11.4
6.	Local unregistered practitioner	188	44.7
7.	Medical college	32	7.6

Table 3: Problems/difficulty faced during COVID-19 Lockdown

	YES		NO		95% CI of Yes responses
	N	%	N	%	
Procurement of food grains	328	78.10	92	21.90	(74.14-82.05)
Procurement of household items	361	85.95	59	14.05	(82.63-89.28)
Difficulty in medical consultation	357	85.00	63	15.00	(81.59-88.41)

Table 4: Nature of Employment

S.No	Work		(n)		%
1.	Daily worker		177		42.1
2.	Temporary employee	Govt. Contractual	3	42	10
		Private contractual	39		
3.	Permanent employee	Government	11	17	4
		Semi-government	6		
4.	Self employed	Local business owner	96	184	43.8
		Farmer with Land	88		

Table 5: Loss of work and Benefit received

Daily Worker	Yes		No		95% CI of Yes responses
	N	%	N	%	
Got work in lockdown	7	3.9	170	96	(1.08-6.83)
Receive benefit	140	79	37	20	(73.11-85.09)
TEMPORARY WORKER					
Lost job	26	61.9	16	38.1	(47.22-76.59)
Receive benefit from govt.	34	80.9	8	19	(69.08-92.83)
PERMANENT EMPLOYEE					
Received Full Salary	13	76.4	4	23.5	(56.31-96.63)
Received benefit from government	13	76.4	4	23.5	(56.31-96.63)
SELF EMPLOYED					
Business/work suffered	120	65.2	64	34.7	(58.34-72.10)
Received benefit from govt.	129	70.1	55	29.8	(63.49-76.72)

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DISCUSSION

Our study aimed to assess the impact of COVID-19 on rural households in our RHTC field practice area through a cross-sectional study. The demographic profile of the households [Table 1] indicated that most were headed by males aged between 31-50 years and belonged to Class II or III of B.G Prasad's socioeconomic scale,[4] consistent with previous studies by Mishra S et al,[5] and Shukla M et al.[6]

The COVID-19 lockdown also had a detrimental effect on healthcare, with restricted access to medical facilities [Table 2]. Like our findings, it was observed by Gummidi B et al,[7] that most respondents approached private medical practitioners or unregistered local practitioners for healthcare services, as seen in the study by. Furthermore, maternal, child care, and immunization services were severely disrupted at the PHC level, as observed by Garg S et al.[8]

Procurement of food and household items was a major issue for people during lockdown, espically in rural communities. We observed that people faced significant problems in procuring day to day items during lockdown [Table 3]. Nguyen PH et al,[9] also observed similar findings in their study, where household food insecurity increased during pandemic lockdown. Kaye AD et al,[10] also noted that there was severe disruption in supply of essential items in virtually all sectors, affecting the supply chain across India.

We observed [Table 5] that there was a significant loss of work and compensation among workers, especially daily wage earners and those with temporary employment. Similar findings were seen in the studies by Sindhu GS et al,[11] and Estupinan X[12] which reported a significant loss of jobs and wages among informal workers which was almost equivalent to the previous year's government sponsored employment schemes.

However, the government played a significant role in providing monetary and social services to help the affected population. Our study showed that most workers received government benefits, especially in poorer sections of society and self-employed workers. Similar observations were made by Varshney D et al,[13] and Kumar A et al,[14] who reported the government's direct transfer package helped alleviate credit constraints and food insecurity.

CONCLUSION

We, thus see that there was massive disruption across all sectors as well as a social class due to COVID-19, but we also see that the effort of the government was also commendable even in the face of a once-in-a-lifetime pandemic.

However, changing environments and newer variations of viruses can bring back the pandemic, and can disrupt our way of life again. There should be an action plan ready for such future emergencies, which can only be done with the full cooperation of the government, multiple health agencies, and citizens.

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