

Navigating Risks: The Socio-Economic Impact of COVID-19 Pandemic among the Vulnerable Populations

Minakshi Chhetry

Ph.D. Research Scholar, Department of Sociology, Assam University, Silchar, India

Author Email: minakshichhetry500@gmail.com.

Abstract—The COVID-19 pandemic represents an unprecedented global health crisis, placing immense burdens on individuals and societies worldwide. Its impacts extend far beyond health, deeply influencing social structures and economic systems. However, these effects are not evenly distributed across populations; those with fewer resources face significantly greater negative consequences. This paper examines how the pandemic exacerbated existing social inequalities, using the theoretical lens of risk society and manufactured risks to understand the varying social impact.

Keywords: COVID-19; pandemic; health; population; social impact

I. INTRODUCTION

On December 31, 2019, a novel coronavirus, later identified as SARS-CoV-2, emerged in Wuhan, China, sparking an outbreak of an acute respiratory illness known as COVID-19 (Zhou, 2020). Initially localized to China, the virus swiftly spread across international borders, eventually reaching every corner of the globe (WHO, 2020a, 2020b). By January 30, 2020, the World Health Organization (WHO) classified the SARS-CoV-2 outbreak as a Public Health Emergency of International Concern, and on March 11, 2020, it was declared a global pandemic (WHO, 2020c). The rapid and widespread transmission brought severe social and economic consequences to 184 countries and territories worldwide (Wu, 2020). This unprecedented global health crisis challenged healthcare systems, economies, and daily life, while prompting worldwide efforts to control its spread, understand the virus, and develop effective vaccines and treatments. The COVID-19 pandemic has had widespread implications, affecting not only public health but also socio-economic structures worldwide. The rapid transmission rate and the virus's capacity to cause severe illness, especially among vulnerable populations, have posed significant challenges to healthcare systems and societies at large. As countries responded with varying approaches, including lockdowns, travel restrictions, and mass testing efforts, the pandemic highlighted global disparities in healthcare access and preparedness. The economic impacts have been profound, with millions facing job losses, disruptions in education, and the effects of long-term social isolation, all contributing to the pandemic's far-reaching impact.

On March 31, 2022 government of China has imposed a citywide lockdown for all 25 million residents, who were forbidden from leaving their neighborhoods except to get tested. Mandatory citywide testing detected a surge in cases, prompting them to extend the lockdown until further notice. But the restrictions have also seen a rare surge of public frustration and criticism toward the government, with residents describing challenges accessing basic supplies like food or medicine. "We are not killed by COVID, but by the COVID control measures," noted one popular comment on the highly censored Chinese social media platform Weibo (Yeung & CNN, 2022).

II. THEORETICAL FRAMEWORK

In "Risk society" capital production goes along with the social production of risks. Risk can be defined as efficient means of dealing with vulnerability and uncertainty initiated by "modernisation" itself. Risk are "politically reflexive" some person are more effected than others by the growth and distribution of risks i. e. "social risk". Eventually, risks of "modernisation" strike individuals regardless of social class. Risks hold "boomerang effect" which smashes the prototype of class and the social order (Beck, 1992). In the peak of "modernisation" recognising risk doesn't required specific information, what would be a naturally occurred risk is apparent like hurricane, or a "social risk" such as unemployment. In modern society, Beck's focused on the interaction between nature and society. He added industrialisations accompanied by science and technology, construct alarming conditions. In "risk society", disastrous conditions are normal not an exceptional situation. "Risk society is classless society, boundaries between perception concerning risks would be vague because risks are created by society. "Giddens" describe this as "manufactured risks". Ulrich Beck, in association with Anthony Giddens set forth the society of risk as a result of reflexive modernization. "Reflexivity" would be last phase of post modernisation. Giddens make a distinction between "external" and "manufactured risks". Previous events have affects on people individually as well as in groups, produced from

outsides of modern social order; they are comparatively usual and intermittent, allows individual to forecast its happenings, thus, insure. Later events are risks created by progression of human civilization and development, predominantly by scientific and technological advancement. It occurs in hazardous environment; for which historically we have very less prior knowledge and experience for example terror and depletion of ozone layer. COVID-19 pandemic could be considered as “manufactured risk” in contemporary society. The manifestation of new virus linked to the socio-economic model of society, particularly with human interference in the natural environment. Deforestation, disturbing the forests and natural resources, also add extensively to the surfacing of epidemic outbreak. Human being close contact with natural environment by hunting, loss of habitation is known as the main base for the multiplication of pathogens that cause new ailment, which was previously limited to natural world. Corona virus pandemic is an example of the reality of the world that lives persistently beneath risks. COVID-19 is consequence of the interaction between industrialisation process, wealth and social relationships. Unidentified and unintentional threats become a primary force in society. Social risk is evident in COVID-19 pandemic spread, manufactured risk does not exclude any strata of society or any nation (Pietrocola et al 2020).

III. METHODOLOGY

This paper employs a qualitative methodology based on secondary data analysis to explore social responses to the COVID-19 pandemic through the lens of risk perception. A comprehensive literature review was conducted, drawing from academic research, global reports (e.g., WHO, ILO, IMF) and media sources. The study is guided by Beck’s “risk society” theory and Giddens’ concept of “manufactured risks,” which frame the analysis of how the pandemic, as a global risk, disproportionately impacted different social classes. Thematic analysis is applied to identify key themes, such as social inequality, economic vulnerability, digital divide, and healthcare disparities. Case-based comparisons, focusing on vulnerable groups like casual workers and low-income families, were used to highlight how government measures exacerbated social inequalities. Media reports and testimonials further provided insight into individual and community responses, especially from marginalized populations. The study critically examines the role of socio-economic structures in shaping risk perception and outcomes during the pandemic, while acknowledging the limitation of relying solely on secondary data and focusing primarily on certain geographic regions.

IV. DISCUSSION

As the coronavirus has increased inequality, and inequality continues to rise, low-income family units are at higher risk of vulnerability and are also more likely to spread the disease to others. The outcome of inequality noticeably feels by the underprivileged “place large society at risk.” As, difference between incomes have broadened health disparity. Healthcare and education are steadily shifting towards educated and wealthy people. Studies suggest that people of low economic class are more likely to get sick and die. Those who stay healthy are more likely to lose income or health care due to quarantine or other measures. People who work casually and unable to pay for medical care are at higher risks of infection. In Italy, workers went on strike at a factory near “Milan” after employers failed to provide adequate health protection during an epidemic. “Who cares about the workers health while the rich flee,” she added “. But the poor who have bread to take home go outside and take risks. Another worker said I am worried about passing infection on to my children. “We want to work, but we are afraid to go home and touch our families” (Max Fisher & Emma Bubola, 2020). The pandemic continues to harm the poor, according to the International Monetary Fund access to sickness reimbursement, unemployment benefits and medical care can help all sectors of society to cope with the impact. This is most significant in economic sectors and regions where casual service and self-employment are prevalent and social protection arrangement are weak. (Ostry & Loungani, 2020)

As most of the casual workers gets into the contract of ‘no work no pay’, this increases their work frailty and failure to nourish their family. Tremendous number of casual workers (exempted from lockdown) included in basic work (like cleaning, sweeping, or delivery) without any security measures they have high risk of getting tainted. Other than, without job security and medical benefits for such work would further thrust them into debt in case they got infection. About, approximately 75% of casual worker around the world, who serve as domestic assistant, are among helpless as most of them are forced to remain at home upon their employer’s demands with little hope for continuing their work soon. (ILO, 2020).

Individuals who are confined by state in (lock-up and foreigner detention centre) may need space to execute physical distancing, individuals without any health protections made delay in seeking test or medical treatment, individuals who depends on public transportation cannot always avoid large public space and low-wage workers are often employed in

occupations of (retail, cleaning, agricultural labour) where work from home is inconceivable and bosses don't offer paid sick leave (Bavel, J. J.V. Baicker, 2020).

New ways of managing crisis is developed by society at the time of pandemic. Education through classroom decreases to computer or mobile screen which is out of the reach of destitute and needy people (Kiran, 2020). While, accessibility of digital device may alleviate few of the impacts: advanced gadgets and internet is important assets for children, workers, parents, authority and caregivers to keep on tutoring and educating. In some case, utilisation of advanced digital device has its downsides - the quality of education and social interactions may be lesser than physical school or contacts in persons. Expanded digitization can too amplify dangers such as abuse and cyber-bullying, when internet usage is not monitored. In addition, digitization is likely to broaden disparities between children, as the poorest children are less likely to have a physical space at their home to concentrate on their studies and have digital device to get to online educations (Olivier Thevenon & Willem Adema, 2020).

Online platform is difficult for teachers at primary level, to get themselves prepared with the strategies of instructing children online. Individuals around the world are obliged to work from homes which are performed prior at open space. Social proximity is limited because close interaction could be a risk to others people life. Digital platform is beneficial to keep close relationship without physical meet. Whereas a few times investing lot of times online make tiredness and stressed out (Kiran, 2020).

When numerous individuals find out themselves in unanticipated compulsory closeness with their family conflict starts. Individuals living under isolation are at risk for instability and annoyance (Brooks et al, 2020). Frustrations burst probably when individuals all together hold it for some time. Unquestionably, studies implied that stressed might be a risk for rough and violent behavior (Greenaway, 2014). The limitations of social life were considerably re-imagined, as regular practices had to be reconstituted. Shortage of private spaces and the difficulty in management of diverse social responsibility inside the borders of the home resulted in excessive stress, due to crumple of the conventional boundaries involving professional and private life (Elisabetta et al, 2020).

V. CONCLUSION

During COVID-19 pandemic risks became global in social space. Pandemic can be measured as manufactured form of hazard, proposed by the risk society. Risks of receiving infection not merely have an effect on certain social class; regardless of societal class risk affect everyone. Pandemic has shed light on deepen social inequality rooted in our social structure. Measures taken by administration on the onset of pandemic i.e. initiation of lockdowns and the emphasis on work from home, protects privilege while exacerbate oppression for the marginalised. Society has developed new ways of adaptation in daily ways of life to mitigate its effects but huge digital gap between the privileged and unprivileged is seen during global crisis. While implementing mitigation measures of COVID-19, careful consideration of various cultural, spiritual, and religious aspects of individual and society is essential, to ensure successful outcome and behavioral changes.

REFERENCES

1. Bavel, J., Baicker, K., Boggio, P. S., Capraro, V., Cichocka, A., Cikara, M., Crockett, M. J., Crum, A. J., Douglas, K. M., Druckman, J. N., Drury, J., Dube, O., Ellemers, N., Finkel, E. J., Fowler, J. H., Gelfand, M., Han, S., Haslam, S. A., Jetten, J., Kitayama, S., ... Willer, R. (2020). Using social and behavioural science to support COVID-19 pandemic response. *Nature Human Behaviour*, 4(5), 460–471. <https://doi.org/10.1038/s41562-020-0884-z>.
2. Beck, Ulrich. (1992). *Risk society towards a new modernity*. Trans... Mark, Ritter. Sage Publications, London. Brooks, S. K. et al. (2020). The psychological impact of quarantine and how to reduce it: Rapid review of the evidence. *Lancet*, 912–920.
3. BBC NEWS. (2022, April 22). Shanghai escalates Covid lockdown restrictions. <https://www.bbc.com/news/>.
4. Elisabetta, R., Riccardo, P., & Guido, D. F. (2020). Everything is inside the home: the boundaries of home confinement during the Italian lockdown. *European Societies*, <https://doi.org/10.1080/14616696.2020.1828977>.
5. Greenaway, K. H., Jetten, J., Ellemers, N., & Bunderen, L.V. (2014). The dark side of inclusion: undesired acceptance increases aggression. *Group Process Intergroup Relations*, 18, 173–189.
6. ILO Monitor: COVID-19 and the world of work (3rd Ed) (2020). https://www.ilo.org/wcmsp5/groups/public/@dgreports/@dcomm/documents/briefingnote/wcms_743_146.pdf, Google Scholar.

7. Kıran, E. (2020). Prominent issues about the social impacts of Covid-19. *Gaziantep University Journal of Social Sciences*. 752-766, DOI: 10.21547/jss.787779/.
8. Max, F., Emma, B. (2020). As corona virus deepens inequality, inequality worsens its spread. <https://www.nytimes.com>.
9. Ostry, D. J., Loungani, P., Furcari, D. (2020). The pandemic will leave the poor further disadvantaged-IMF. <https://www.weforum.org/agenda/2020/05/pandemics-poor-rich-economics-coronavirus>.
10. Owen, L. (2020). Five ways the coronavirus is hitting women in Asia. *BBC News*. <https://www.bbc.com/news/world-asia51705199>.
11. WHO. (2020a). Corona virus disease 2019 (COVID-19) situation report 88. World Health Organization. <https://www.who.int/docs/defaultsource/coronaviruse/situationreports/20200417-sitrep-88-covid-191b6cccd94f8b4f219377bff55719a6ed.pdf?..>
12. WHO. (2020b). Corona virus disease 2019 (COVID-19) situation report 72. World Health Organization. <https://apps.who.int/iris/handle/10665/331685>.
13. WHO. (2020c). Corona virus disease (COVID-19) situation report 151. World Health Organization. <https://apps.who.int/iris/handle/10665/332554>.
14. Yeung, J., CNN's Beijing Bureau. (2022). Public anger mounts in locked-down Shanghai with no end in sight. Here's what you need to know. April 6, 2022 <https://abc17news.com/news/2022/04/06/theres-no-end-in-sight-for-chinas-covid-lockdowns-heres-what-you-need-to-know/>.
15. Zhou, F., Yu, T., Du, R., Fan, G., Liu, Y., Liu, Z., Xiang, J., Wang, Y., Song, B., Gu, X., Guan, L., Wei, Y., Li, H., Wu, X., Xu, J., Tu, S., Zhang, Y., Chen, H., & Cao, B. (2020). Clinical course and risk factors for mortality of adult in patients with COVID-19 in Wuhan, China: A retrospective cohort study. *Lancet*, 395(10229), 1054–1062. [https://doi.org/10.1016/S0140-6736\(20\)30566-3](https://doi.org/10.1016/S0140-6736(20)30566-3).