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Editorial

COVID-19: An Economic or Social Disease? Implications for Disadvantaged Populations

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The world is still struggling against the coronavirus (COVID-19) pandemic. Inclusive of November 2021, the virus has already caused the death of more than 5.1 million people globally (WHO 2021). This pandemic brings many additional consequences, including economic and social instability. The economic implications are detrimental not only to public health systems but also to trade and travel, the food and agriculture industries, various market traders, and retail chains, among others (Evans 2020). The lockdown regulations imposed by governments in many countries decreased productivity in industry and food consumption rates. Accordingly, the annual global Gross Domestic Product growth was projected to drop to 2.4% in 2020, from an already weak 2.9% in 2019, with negative growth being predicted in the first quarter of 2021 (OECD Interim Economic Assessment 2020). The implications of the pandemic have been outlined as the worst global financial decline since the Great Depression of the 1930s. This situation has worsened in developing countries. For instance, the economic growth in the Sub-Saharan Africa region plunged to -2.1% and decreased to a record low of -5.1% in 2021 due to the COVID-19 global crisis (The World Bank 2020). This was partly due to a sharp decline in output growth of consumer partners and a severe drop in oil prices. As a result, recent research has predicted that economic contraction caused by COVID-19 could push an additional 500 million people (about 8 percent of the Earth's population) into poverty, reversing 30 years of economic development (Turse 2020). As increasing numbers of workers become unemployed as a direct result of the virus, it appears that the virus is not only causing severe illness and death, but also perpetuating a decline in economic conditions among poor people (Crayne 2020). Not surprisingly, negative economic implications are followed by social problems in many countries around the world. Xenophobia and racism related to the coronavirus pandemic have reportedly increased both offline and on social media. Physical attacks against Chinese and other Asian people, increased hate propaganda and speeches blaming Roma and Hispanic people for the spread of the virus, and calls by some political leaders for migrants to be denied access to medical services have been reported around the world since the start of the outbreak (United Nation News 2020; Cheng 2020).

Lockdown, confinement, and quarantine coupled with deteriorating socioeconomic conditions have significantly increased the risk of intimate partner violence. In Argentina,

Canada, France, Germany, Spain, the United Kingdom, and the United States, government authorities, women's rights activists, and civil society partners have highlighted increasing reports of domestic violence during the crisis and the heightened demand for emergency shelter for vulnerable individuals (Mlambo-Ngcuka 2020; Roesch et al. 2020). It has also been reported that certain sections of the population resorted to panic-buying in the shops and supermarkets with a significant surge in demand to purchase large quantities of consumables in anticipation of being at home for long periods of time (Yuen et al. 2020). This caused merchandise and food shortages for retailers around the world, especially for face masks, hand sanitizer, and some basic supplies such as noodles, rice, and toilet paper (Wu et al. 2020). During the pandemic, governments in many countries have enforced lockdowns or confinement, which have led to a decrease in social interaction between individuals and families. As a result of social distancing, the interaction between families and friends has been limited. This lack of social interaction may increase susceptibility to stress, anxiety, and depression (Park et al. 2020). Governments and policy makers perpetuate the health concept as a "physical health parameter", while mental wellness and a stable mental condition have, unfortunately, been secondary concerns.

There are staggering economic costs associated with social distancing. Many people find social distancing frustrating, but the economic repercussions of distancing are devastating to the most vulnerable, poorest, and marginalized members of our society. There are trade-offs that do not seem to have been adequately considered, even when considering lives lost, injuries sustained, and lifelong psychological damage. A high unemployment rate may result in higher levels of suicide, substance abuse, domestic violence, poverty, homelessness, and hunger. As a result of individuals feeling frustrated and having to stay at home in isolation for longer periods than normal, frustration, bad temper, and bouts of anxiety may occur. This could result in increased incidence of domestic violence occurring more regularly (Stefanie DeLuca 2021).

A further concern is that social distancing or long-term quarantine measures may not be sustainable when there is a wide disparity between the disadvantaged sections of the population and the more advantaged. Further to this, it is also clear that business as usual has intolerable consequences. However, when social and economic costs are acknowledged, they are usually treated as footnotes rather than as priorities. Social distancing appears to be a case of a "cost-benefit" analysis, regardless of whether we agree with it or not. Shuttering the economy permanently is unsustainable because those bearing the greatest financial burdens are unlikely to comply with social distancing rules.

Sociologists have tried to examine what motivates people to take risks or avoid risks in general. During the pandemic, it is not feasible to ask the marginalized among us to sit through weeks or months of social distancing. Creating policies that assume that families with no food to eat will remain at home for long periods is a mistake. Several of these factors have led to social problems and contributed to psychological problems in society as a result of the pandemic. It becomes increasingly difficult to recover from aggregate economic effects with increasing time. In addition, as each day passes, the burden on families increases. The longer the pandemic continues, the less likely it is that the individuals feeling the greatest financial implications of social isolation will follow public health guidance. Sections of society cannot be expected to make such sacrifices, in relation to financial constraints and sustainability. In order to understand basic information such as infection and mortality rates, it is imperative that we begin testing systematically sampled subsets of the population. In relation to the current status of the global COVID-19 pandemic, efforts to stem the pandemic are stymied by the lack of reliable information or the difficulty of interpreting collected data. COVID-19 treatment strategies and management of the pandemic may eventually lead to more targeted interventions with less economic impact when transmission, infection rates, and COVID-19 management strategies are better understood. Rather than coping with the spread of the virus rationally, we are compelled to implement radical, blanket measures that impose staggering costs on vulnerable subsets of the population.

Research is needed in order to avoid this disorganized, deadly response occurring again in the future. There is also a need to revisit policy changes and legislative government policy implementation to provide viable alternative responses to the pandemic. The pandemic will have direct health consequences for the medical profession and infected individuals, but as a society, we must also learn lessons about the costs, sacrifice, and human behavior responses to such an event. This includes physiological, psychological, and medical consequences and encompasses issues such as what groups of individuals are willing to help, are able to cope, or will suffer pandemic consequences. It would be prudent to examine the relative effectiveness of our current social safety net. This would include an examination of what policies have proven to be the most effective and what policies and strategies have been least successful. Traditional antipoverty programs cannot be used when there is social distancing. When people with resources buy in bulk, they purchase the food that low-income parents need, thus negating the purpose of Electronic Benefit Transfer benefits. When landlords cannot meet with inspectors or prospective tenants as part of the leasing process, housing vouchers are less likely to lessen housing burdens. Without technology, it is impossible to provide certain special education services outside the classroom and at home. It is crucial that we pay attention to those intermediaries who have contributed to reducing costs, such as teachers and social workers who have risked their own health to provide therapy and assistance to the poorest families. We have both an opportunity and a responsibility to improve our support services not only for the next pandemic, but for every pandemic in the future. Now is the time to learn lessons and make important changes that will assist in creating realistic, implementable, supportive, and effective governmental policies in the future.

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