

COVID-19 -THROUGH THE LENS OF A LIFE COURSE PERSPECTIVE

Abstract

The present review paper deals with revisiting the COVID-19 period to understand and analyze people's life within the structural, social and cultural context. The following database was used to conduct the search; Elsevier, ERIC, Google Scholar, Taylor & Francis, SRCD and PubMed. The review results found that incidents of social stigmatization and its effect on individuals and family and mass media exaggeration and name calling, education system with online classes, work from home and stress and coping strategies were discussed.

Keywords: COVID-19, Stigma, role of mass media, elderly, children's obesity, screen time, physical inactivity, online education, work from home, stress and family violence

Author

Mrs. V. Kavitha Kiran

Assistant Professor

Department of Human Development and
Family Studies

College of Community Science

PJTSAU

Hyderabad, Telangana, India.

The most terrifying infectious disease that has kept people at a distance from each other, the one that continues to live around the world is none other than the new coronavirus infection. The new strain of coronavirus is called novel coronavirus infection (CO-Corona VI), a disease related to the same virus family as SARS (severe), virus D, when identified in Wuhan, China in 2019). acute respiratory syndrome¹. Because COVID-19 has been spreading rapidly and extensively from person to person in several nations at the same time, the World Health Organization has declared it to be a pandemic.² India reported that three Indian medical students from Kerala who returned from Wuhan³ on 30 January 2020 first contracted COVID-19. With 4,303,925 reported cases of COVID-19 as of 6 April 2022, India ranks second after the United States. India ranks third in terms of COVID-19 deaths⁴ with 521,487 after the United States and Brazil⁴. Symptoms of the disease range from mild to severe, and the majority of the population are asymptomatic carriers. The most commonly reported symptoms are fever, cough and shortness of breath. Gastrointestinal symptoms include vomiting, diarrhea, and abdominal pain⁶. Decreased lymphocyte and eosinophil counts, decreased mean hemoglobin levels, increased white blood cell counts, and increased serum levels of CRP (C-reactive protein test), an independent predictor of COVID-19 development⁷. Although the primary target of infection is the lungs, it also affects the gastrointestinal, kidney, liver, and cardiovascular systems, including the central nervous system⁸. Elevated D-dimer levels are associated with the severity of the novel coronavirus disease⁹(COVID-19). The disease has a high effective infection rate and transmissibility through droplet and aerosol transmission¹⁰. Therefore, it can be transmitted by touching an infected surface or by touching the eyes, mouth or nose¹¹.

India has taken measures such as Janata's lockdown, phase 1 of lockdown he has extended for 21 days and phase 2 of lockdown he has extended until May 31, 2020, resulting in a vigorous spread of infections. corresponded to Social distancing, quarantine period, home quarantine for those with travel history. Temperature checks and hand sanitizing in all public places are becoming the new normal. All of this affects all segments of the population, from migrant workers to small businesses to software companies to education.

I. THE OBJECTIVE OF THE STUDY

One worldwide "macro-environmental event that poses a lifelong threat to the health of the birth population or subpopulations" is the COVID-19 pandemic. Both viral exposure and susceptibility, as well as quick or slow responses to infection, can have an impact on health. Governmental actions to contain the virus. both national and local health systems.

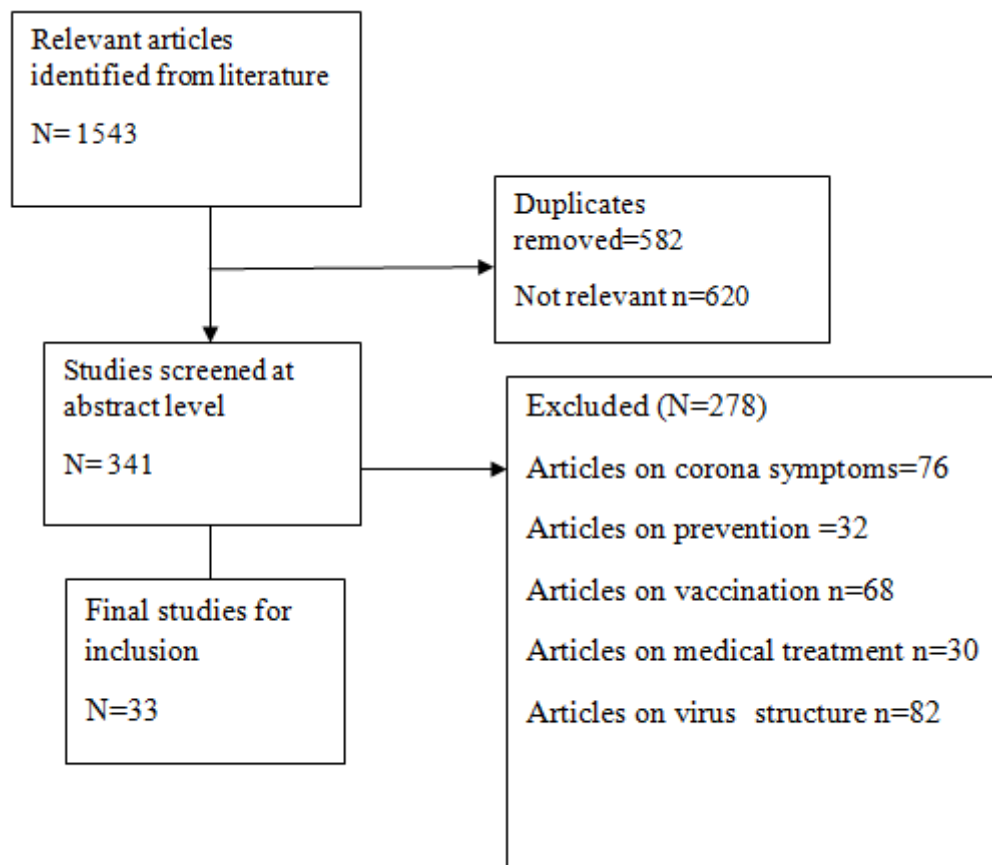
There are two different aspects to analyze: (1) having Covid-19 or being obsessed with someone who has Covid-19, and (2) whether Covid-19 Socio-economic, cultural and psychological impacts affected. In other words, there is an important distinction between "infected" and "ill-affected". It is this behavioral tool that enables immediate access to all areas of life through restrictions on movement and social interaction, voluntary or involuntary isolation, whole-population lockdowns, remote working and learning, or complete job loss. changed greatly to Physical distancing measures have emerged out of a widely perceived need and political will to keep the virus under control, and political decisions and specific policies will have a direct impact on what causes the spread of the virus, what to do, and who controls it. because they are guided by different interpretations of who is responsible for

Viruses are to blame. This study revisits the COVID-19 era to understand and analyze people's lives in their structural social and cultural contexts.

II. METHODOLOGY

A list of the most crucial search terms was made before the literature search began. COVID-19, psychological stress in women, online education, telecommuting, mass media, older children, obesity, physical activity, screen time, behavior, and social stigma were among the search phrases used. After then, a methodical search protocol was used, incorporating both superlative and inferior search phrases. The main academic databases were searched numerous times in order to find every potential national and international article that could be found using widely utilized search engines. The search was done using the following databases: A Elsevier Inc. Search PubMed, Taylor & Francis SRCD, and Google Scholar. Only English-language journals that were accessible through these search engines were included in the search. 1543 distinct citations published in English-language journals were found during the searches.

III. PROCESS OF IDENTIFYING STUDIES FOR REVIEW



IV. COVID 19 AND SOCIAL STIGMA

To the general public, social stigma directed towards those who are segregated seems like typical behavior. In the confusion of the unknown, it is socially acceptable. Institutional isolation of people currently affected by COVID-19. Stigma is used as a defense mechanism against perceived risks, dangers, or difficulties in social interactions, as well as a means of adapting¹² in accordance with the principle of discriminatory sociability¹³ against a variety of predictable or unforeseen roadblocks, such as vulnerability to infectious diseases. In the future, efforts to safeguard will be undertaken.

Air India crew members, who played a crucial role in repatriating numerous stranded Indians, faced social stigma as their homes were labeled with 'quarantine.' Similar incidents of stigma during home quarantine have been reported. The Delhi government has opted to display posters outside the homes of those under quarantine. Unfortunately, there is a prevailing societal stigma surrounding individuals affected by COVID-19, extending to their families. Even those who lost their lives to the disease were denied proper last rites, leading to state-led cremations. Infected individuals are often treated as outcasts, subjected to taunts and finger-pointing, and even had their residential lanes derogatorily referred to as "corona waligali" (corona street). This burden has sometimes forced them to sell their homes. Shockingly, even healthcare professionals, including doctors and nurses on the frontline, have not been spared from being labeled as potential carriers of the virus. In the midst of global pandemic fear and anxiety, many healthcare workers have faced rejection by others, including eviction threats and general ostracism.¹⁸

People who recovered from COVID-19 and their families faced stigma, which included being blamed for catching the illness and being labeled as isolated. Fear and a general lack of knowledge of COVID-19 were the main reasons for non-disclosure. However, some patients who had recovered were open to sharing their stories in order to raise public awareness of the detrimental effects of stigmatization and, in turn, contribute to its reduction. Religious leaders, governments, and lay health professionals have all contributed significantly to the endeavor to lessen the issue of social stigma.¹⁹ Minimization of social communication, loss of friends, breaking of friendships on various social media platforms, verbal abuse, cursing and critical comments were reported by the government's novel coronavirus. - 19 survivors.²⁰

During India's lockdown, social media helped disseminate the contact information of suspects and quarantined suspects to people detracting from them as "super-spreaders" in video streams and fake news. Such denunciations have also been observed locally, with state officials using "stickers" on gates to mark confirmed COVID-19 cases. Some of those who resisted using these stickers, or even ripped them off their gates, called the Communicable Diseases Act 18977, which gives state governments the power to "take special measures and regulate with respect to dangerous epidemics." (The Hindu Online 2020).

In India, deep-seated prejudices rooted in religion, ethnicity, and sexuality have contributed to the propagation of stigma-based discrimination. Racial discrimination, specifically against individuals from northeastern India, has emerged due to their perceived East Asian features, which are erroneously associated with the virus's spread, often likening them to the Chinese population. Concerns regarding the presence of the virus in deceased

individuals' remains have resulted in objections from local residents against their cremation. In some instances, local authorities and health officials had to step in to facilitate the final rites of the deceased, which, unfortunately, led to public outrage and animosity towards them. In a separate incident, a pregnant woman's deceased body was denied entry into a village in Odisha due to suspicions of infection.²¹

The carelessness of a few Muslims who convened for a prayer meeting at the Markaz in New Delhi in the latter week of February 2020 was misinterpreted as part of a plot. They have been chastised for spreading the highly contagious disease among the Indians after being accused of committing "Corona-jihad." Muslims who associate Tablighi Jamaat with conspiracy have strongly condemned him for his illiteracy and religious conservatism. Consequently, whole villages were charged with plotting against the government. With the media still emphasizing that Tablighi was responsible for thirty percent of cases at this level, the entire focus turned to criminalizing people who could be ill.²²

The pandemic has therefore caused deep concern among the public due to rising out-of-pocket medical costs and a lack of effective treatments. It seems to threaten the very existence of the society in which it occurs. People, therefore, use stigma as a means of avoiding these epidemics, which has a positive side in terms of self-protection. On the one hand, stigmatized people face many challenges.

V. ROLE OF MASS MEDIA DURING COVID-19

Mass media and social media have long played a crucial role in the management of health-related information. People are continually looking for information about coronavirus illnesses during the current pandemic. Sadly, hoaxes and false information are frequently spread through texts, which makes it challenging for people without the necessary knowledge to understand them. prominent opinion has been impacted by this circumstance, which has confused the populace and affected the statements of several prominent personalities and politicians. The general public has used information, including fake news, in good faith to establish their own opinions about the pandemic that are relevant to their own circumstances. People were so overloaded with information that they were unable to process it all.

Doctors frequently appeared in the media, sometimes voicing opinions unsupported by scientific evidence, driven more by a desire for visibility than a genuine intent to provide accurate advice. Shortages of personal safety equipment (PPE) and significant price hikes for these products were exacerbated, in part, by the alarmist statements made by certain experts. This led to panic buying of PPE and alcohol-based sanitizers in some cases. The dissemination of inaccurate information regarding COVID-19 treatments has also resulted in the misuse of vitamin D and the potential for widespread methanol poisoning. This connection became apparent following lockdowns in countries where mask-wearing and social distancing measures were mandated.

The principal effects of mass media are evident in the psychological aspects of everyone's quality of life. According to the data, there is a significant positive link between anxiety and the number of hours spent watching COVID-19 news on television.²⁴ individuals who were exposed to news with good material about the COVID-19 pandemic experienced significantly more positive emotions than individuals who were exposed to news with

negative content on the same. Additionally, it was discovered that the group exposed to negative and gloomy news had considerably higher negative feelings than the group subjected to neutral, non-COVID-19 material. Therefore, it may be concluded that whereas positive news resulted in higher positive feelings, unpleasant news resulted in elevated negative emotions.

VI. COVID 19 AND ELDERLY

Because of their strong immune systems, the elderly are considered at high risk for COVID-19 and are often associated with chronic diseases that are more severe after infection, making deaths more common among the elderly. Therefore, this factor can accumulate stress and fear among the elderly.

Because frailty is a common sensitivity to age-related physiological and psychological characteristics, the senior age group already has specific physical, psychosocial, and environmental vulnerabilities. During the first wave of the epidemic, most of the dead were over 60 years old.

The elderly population is particularly vulnerable to the uncertainties and fears associated with the pandemic due to their awareness of their own susceptibility. They grapple with the existential fear of losing loved ones and may experience guilt about the potential for infection. Consequently, they may face significant challenges in planning for the future and may neglect self-care, including following recommended precautions. Limited access to information, stemming from generational differences and sensory or cognitive impairments, can leave them susceptible to misinformation and inadequate preventive measures. The overwhelming volume of information related to COVID-19, often referred to as a digital "infodemic," can be especially detrimental to those who are isolated, exacerbating feelings of anxiety, somatization, fear, and distress. The consequences of quarantine, such as loneliness, physical separation from loved ones, grief, anxiety, and chronic stress, can lead to enduring psychological effects. Previous research has consistently demonstrated a higher occurrence of depressive disorders, complex post-traumatic stress disorder (PTSD), and adjustment disorders within the elderly population. Moreover, the increased prevalence of suicidal ideation and subsequent suicide attempts among the elderly is a cause for concern, further highlighting their vulnerability. Stress of any kind has been linked to a compromised immune system, exacerbating the already weakened physiological defenses of older individuals. Recent investigations into psychiatric symptoms among the elderly during the COVID-19 pandemic have revealed a tendency to underreport symptoms, leading to misdiagnosis and an elevated prevalence of asymptomatic carriers. These factors collectively pose a significant risk to public health, as overlooked elderly individuals can serve as concealed reservoirs of viral load, contributing to the spread of infections.

Many elderly individuals live alone, grappling with common issues such as inadequate housing services due to limited mobility and a lack of domestic assistance. Loneliness is a potent risk factor for depression and cognitive decline, particularly when it becomes chronic and is coupled with reduced physical activity. A substantial portion of older adults may not possess strong technological skills, resulting in emotional distance even from family members with whom they lack a digital connection. Furthermore, the ongoing pandemic has reinforced societal stereotypes related to aging, potentially leading to the

marginalization, segregation, abuse, and institutionalization of elderly individuals. Such experiences can impede their independence and self-esteem, both of which are vital for resilience across all age groups. Initial observations at our tertiary mental health center indicate an uptick in reports of elder abuse and increased polarization. This encompasses both actions taken and actions not taken, often involuntarily, as measures to safeguard their well-being. Nevertheless, these actions curtail their ability to move freely, maintain independence, and have an adverse impact on their self-determination and mental well-being. Non-essential healthcare services that involve direct patient interaction, including the provision of antidepressants, were suspended as a measure to curb the spread of the virus. There were various obstacles to addressing pre-pandemic depression, encompassing factors related to both patients and the healthcare system. These encompassed resistance to change among patients, limited awareness about depression, a lack of available treatment options for the condition, insufficient coordination of healthcare services, physician attitudes and/or experience, restricted access to depression-related information, and an absence of evidence-based preventive care.

Severe COVID-19 patients had greater incidences of hypertension, stroke, coronary artery disease, and COPD in comparison to non-severe COVID-19 patients. They were also older, more male, and had a higher BMI. Diabetes and hyperlipidemia were as common in COVID-19 severe patients as they were in control individuals. Severe cases have greater educational levels than non-severe patients. Furthermore, compared to non-severe cases, severe cases had greater rates of delirium, high-flow oxygen therapy, critical care, and mechanical ventilation throughout their hospital stay.²⁷ Six months after discharge, patients with COVID-19 and their non-infected spouses experienced cognitive deterioration. Age, severe COVID-19, intensive care unit admission, delirium, history of stroke, coronary artery disease, and COPD were all linked to cognitive decline in univariate logistic regression analysis.²⁷

VII. COVID AND CHILDREN

Obesity: According to multiple studies, children and adolescents have experienced an increase in their food consumption and weight during the COVID-19 era, primarily due to higher consumption of fried foods, sweets, sugary beverages, and dairy products during the period of lockdown. This rise in body mass index (BMI) is linked to a reduction in the intake of vegetables, fruits, and legumes, resulting in weight gain. The COVID-19 pandemic has brought about alterations in daily routines, including dietary habits. During lockdowns, there was a surge in meal frequency, with a more frequent consumption of potatoes, meat, and sugary drinks. Lockdown measures not only encompassed social distancing but also limited outdoor activities, inevitably curtailing physical activity. Parents reported a decrease in physical activity (PA) among children, accompanied by an increase in sedentary behavior (SB). The participation of children in sports, physical education classes, or following fitness influencers through remote or streaming services, whether indoors or in their garage or garden, remained remarkably low.²⁸

VIII. SCREEN AND MEDIA TIME

Children spend more time online and watching TV when schools are closed. The repeated exposure of food manufacturers to aggressive advertising on television, the Internet

and video games is a cause for concern. Directly encouraging youngsters to eat unhealthy foods has become more common in recent years. Seeing this tendency, the British government prohibited the promotion of fattening, sugary, and salty meals on television before 9 p.m. in 2020.

IX. PHYSICAL INACTIVITY

Lockdown has had a major impact on children's physical activity. Routine forms of exercise that children normally engage in, such as walking to and from school, have disappeared, and the closing of parks and other recreational opportunities has made exercise more difficult. Some people think that going outside raises the risk of illness, which is why they keep kids inside the house. The decrease in gaming activity is attributed to poor motivation and anxiety connected to perceived danger. Every age group was impacted, including young children in preschool, for whom socialization with peers is essential.²⁹

X. PANIC SHOPPING

Furthermore, when households acquire shelf-stable food items, there is a noticeable trend towards acquiring highly processed, calorie-dense convenience foods. A visit to the supermarket reveals that, in addition to well-stocked shelves of essentials like flour, rice, and beans, the shelves containing items such as cookies, chips, Maggie noodles, soda, sugary cereals, and convenience foods often exhibit signs of depletion. While the practice of stocking up on shelf-stable foods is undoubtedly essential and serves to reduce the need for frequent trips outside the home, it is anticipated that many children will experience an increase in their calorie intake during the pandemic response.

The heightened risk of child abuse has been underscored by UNESCO, which has asserted that the COVID-19 pandemic is exerting a profoundly adverse influence on children hailing from economically disadvantaged backgrounds, with a pronounced emphasis on girls. The pervasive loss of employment opportunities and the escalation of economic instability can give rise to specific challenges in less affluent global regions. These challenges encompass a surge in child abuse instances, encompassing child labor, domestic violence, premature child marriages, and sexual abuse. Additionally, children may also experience the loss of family members, potentially rendering them orphaned.

XI. AGGRESSIVE BEHAVIOURAL CHANGES

Isolation, physical distance and loneliness are difficult situations for every person. Children crave interaction with their peers, and depriving them of company for long periods of time leads to drastic changes in behavior.

Online Education: The majority of instructional videos used by media teachers were either made by teachers prior to the COVID-19 pandemic or acquired from YouTube. YouTube, Zoom, Google Forms, WhatsApp, and worksheets are other media that can be used to convey educational content in addition to videos. Instructors used Google Forms, worksheets, and WhatsApp to send parents instructional materials, which the parents then gave to their children. Educators employed Zoom, Google Classroom, and PowToon to facilitate Q&A

sessions and discussions. Due to time limits and other problems like poor internet connectivity and less-than-ideal virtual classroom settings, teachers also employed the lecture approach. Teachers are forced to employ simple, rapid teaching strategies via SFH. These impediments can be attributed to two types of factors: internal and external. Internal variables include challenges from the student's familial environment, including elder and younger siblings' influence. These elements cause students to lose concentration when studying. One contributing element is the unfavorable home learning environment, when family members' activities create distractions that impair the focus required to comprehend the material. One example of an external factor in a virtual classroom setting is other students' disruptions while using an online application. Pupils engage in discussions with one another on subjects unrelated to their studies. Virtual classes consequently became crowded and less beneficial.³³ The biggest culprits were the children, parents, and teachers. When it came to developing and assessing interactive lesson plans, the majority of teachers encountered difficulties. Moms and dads struggled to assist their kids because of their hectic schedules and inadequate teaching abilities. The lack of materials made online learning challenging for kids. For parents, online schooling leads to financial difficulties. Parents must pay extra money for it because it requires an online service membership. Thus, it is possible that during the Covid-19 pandemic, low-income families won't be able to engage in educational activities. Not all educators, learners, and parents have access to the computers, internet connections, and cellphones needed for online or distant learning. Teachers find it challenging to instruct because they are not technically proficient. Additionally, they struggle to establish relationship with parents, have a restricted selection of instructional strategies, and limited capacity to provide educational materials³¹. The majority of parents have taught their kids at home because of COVID-19. The majority said they homeschooled utilizing social media, educational applications, and electronic resources from the school. More than one-third of parents reported that since the epidemic, their child's behavior has altered, exhibiting signs of melancholy, unhappiness, and loneliness. After COVID-19, the majority of parents dedicated more time to their children's everyday care. Anxiety in children was positively correlated with parenting stress as well. The mental health of parents can play a significant role in both the wellbeing of children during a pandemic and homeschooling.

XII. WORK FROM HOME

Prior to the pandemic, the concept of working from home (WFH) was a distant aspiration for many individuals, but it was not deemed viable, particularly in densely populated urban areas. The primary reason for this was that WFH necessitates a peaceful and designated workspace for task completion, which can prove to be quite challenging for individuals residing in compact living quarters. WFH has brought about favorable outcomes for both employers and employees alike. These advantages encompass a decrease in commuting time, avoidance of workplace conflicts, reduction in office space requirements, heightened motivation, enhanced gender diversity, a healthier workforce, diminished absenteeism and turnover rates, increased talent retention, amplified job satisfaction, and improved overall productivity.

WFH could support employees flexibly when they leave work and save on commuting. Conversely, the drawbacks of work from home (WFH) include a blurred boundary between work and family, distraction, social isolation, and employee cost-sharing. There are certain drawbacks to working from home (WFH), including the fact that employees

must cover their own expenses for internet and energy, that they are isolated from their coworkers, and that bosses worry about lower productivity. In addition, relationships between colleagues can be damaged. The presence of young children or family members may cause workers to become distracted when working from home. Additionally, the blurring of work and family life borders can result in overtime, and working from home is linked to telecommuters' incapacity to take time off from work.³⁴

XIII. FAMILY VIOLENCE

The established public health advantages of implementing measures like social distancing, isolation, and quarantine are indispensable in mitigating the risk of contracting COVID-19. However, these practices can also give rise to notable repercussions, particularly in relation to domestic violence. There have been reports of increased instances of domestic violence following quarantine orders. The disruption of regular routines, heightened emotional turmoil, and potential substance misuse can contribute to elevated levels of violent behavior, particularly within familial settings. The exposure of children to intimate partner violence, whether witnessed or heard, carries detrimental effects, potentially leading to post-traumatic stress disorder and other serious emotional and behavioral issues. Moreover, intimate partner violence and child abuse are pervasive, and it is probable that children face an elevated risk of abuse while isolated at home. This risk is compounded by the additional burden on parents who continue to work full-time during this period. When parents must leave home for work, it heightens the risk of neglect, wherein children may lack adequate supervision for their protection. Simultaneously, parents working from home with young children must navigate the demands of their job alongside childcare responsibilities. The abrupt changes in routines can be disorienting and challenging for young children, potentially resulting in increased confrontational behavior and boundary testing. These behaviors are more likely to provoke harsh responses from parents. When coupled with parental anxiety and the stress stemming from financial, logistical, and existential concerns, these interactions can become a breeding ground for tantrums and instances of verbal and physical abuse.³⁵

During the lockdown, tweets about COVID-19 and domestic violence linked the two diseases by mentioning a number of risk factors for domestic violence during the pandemic, including drug and alcohol abuse, financial hardship, people trafficking, and firearms. Human trafficking violence against women and children, including but not limited to social isolation and quarantines, economic insecurity and poverty-related stress, unrest and instability associated with natural disasters and conflicts, and the inability to secure temporary protection from violent relationships. Public discussions reveal, for instance, that consuming large amounts of alcohol under stressful situations still increases the likelihood of domestic violence. Economic constraints caused by COVID-19 (eg, financial crash, job loss, economic crash) have increased domestic violence and stress. Specific risk factors associated with COVID-19 (eg, quarantine, social isolation) limit domestic violence victims' contact with the outside world and keep them trapped at home with their abusers. These factors expressed frequently used words on Twitter such as "stuffed people", "unsafe home", "locked people" and "abusive quarantine"³⁶.

The COVID-19 pandemic's restrictive measures have substantially increased the vulnerability of women to domestic violence. These restrictions, coinciding with tactics

commonly employed by abusers in abusive relationships, result in women and children being confined to their homes, cut off from their typical support networks, including family and friends, and facing limited opportunities to escape from their family circumstances or access crisis intervention services. Abusers may employ confinement as a means to assert dominance and control over their partners, further restricting access to services and psychosocial support offered by both formal and informal networks. In some instances, these circumstances exacerbate violence against women, children, and other high-risk individuals.

XIV. PSYCHOLOGICAL STRESS OF WOMEN

The grief experienced by individuals directly impacted by the pandemic, as well as the anticipated grief stemming from fear, loss, and uncertainty, is primarily associated with the psychological strain induced by the COVID-19 situation. Across India and globally, women predominantly shoulder caregiving responsibilities, and a study conducted in India revealed that women encounter higher levels of stress, anxiety, and depression compared to men, largely due to increased demands, particularly among those with family members constantly at home. This confluence of heightened responsibilities, escalating fear and grief, and psychological distress can contribute to an unstable domestic environment that perpetuates instances of domestic violence. Juggling multiple tasks diminishes efficiency and the quality of one's roles, diverting time away from self-care. Consequently, women, in particular, have experienced exacerbated mental health challenges. Research demonstrates an upsurge in mental health issues among women during lockdowns, characterized by tension, stress, restlessness, sleep disturbances, headaches, loneliness, aggression, and anger. The surge in unpaid household labor in many instances has induced stress and concerns related to food, employment, and healthcare. Moreover, women were nearly twice as likely to report encountering difficulties in accessing the quality healthcare they required during the pandemic.

XV. CONCLUSION

The Covid-19 pandemic has served as a stark reminder to individuals and societies of a world they had previously taken for granted—an era characterized by long and relatively healthy lives. During this time, the assurance of longevity and coexistence with family members for extended periods was the norm, with vulnerabilities and encounters with illness and death typically occurring in old age. However, Covid-19 has profoundly disrupted these conventional perceptions of the life course. A life course perspective offers valuable insights into comprehending the pandemic's impact on individuals, families, and populations. This perspective extends beyond mere predictability, encompassing the pandemic's influence on the organization and experiences of transitions and trajectories across significant life domains. The analysis of life courses places emphasis on the dual interplay of social structures and human activities: various social contexts significantly shape life paths, engendering both inequality and shared experiences, while individuals, both individually and collectively, can make decisions and take actions that shape their life journeys and outcomes. Ultimately, this approach underscores the interconnectedness across multiple levels of analysis, various life domains (e.g., education, work, family), and interrelated individuals (the "connected life" of family, friends, and acquaintances).

BIBLIOGRAPHY

- [1] <https://www.unicef.org/india/coronavirus/covid-19>
- [2] Cucinotta D, Vanelli M. WHO Declares COVID-19 a Pandemic. *Acta Biomed.* 2020 Mar 19;91(1):157-160. doi: 10.23750/abm.v91i1.9397. PMID: 32191675; PMCID: PMC7569573.
- [3] Narasimhan, T. E. (30 January 2020). "India's first coronavirus case: Kerala student in Wuhan tested positive". *Business Standard India*. Archived from the original on 11 March 2020. Retrieved 7 March 2020.
- [4] Ritchie, Hannah; Mathieu, Edouard; Rodés-Guirao, Lucas; Appel, Cameron; Giattino, Charlie; Ortiz-Ospina, Esteban; Hasell, Joe; Macdonald, Bobbie; Beltekian, Diana; Dattani, Saloni; Roser, Max (2020–2021). "Coronavirus Pandemic (COVID-19)". *Our World in Data*. Retrieved 6 April 2022.
- [5] Wang D, Hu B, Hu C, et al. Clinical characteristics of 138 hospitalized patients with 2019 novel coronavirus-infected pneumonia in Wuhan, China. *JAMA.* 2020;323(11):1061.
- [6] Bhargava A, Fukushima EA, Levine M, et al. Predictors for severe COVID-19 infection. *Clin Infect Dis.* 2020. DOI:10.1093/cid/ciaa674 [Crossref], [Google Scholar]
- [7] enu K, Prasanna PL, Valsala Gopalakrishnan A. Coronaviruses pathogenesis, comorbidities and multi-organ damage - a review. *Life Sci.* 2020;255:117839.
- [8] Lippi G, Favaloro EJ. D-dimer is associated with severity of coronavirus disease 2019: a pooled analysis. *ThrombHaemost.* 2020;120(05):876–878. [Crossref], [PubMed], [Google Scholar]
- [9] Han Q, Lin Q, Ni Z, et al. Uncertainties about the transmission routes of 2019 novel coronavirus. *Influenza Other Respir Viruses.* 2020;14(4):470–471. [Crossref], [PubMed], [Web of Science ®], [Google Scholar]
- [10] Barreto M. Experiencing and coping with social stigma. In M. Mikulincer and P. R. Shaver, editors. *APA Handbook of Personality and Social Psychology: Group Processes*, Vol. 2. American Psychological Association. (2015). p. 473–506.
- [11] Link BG, Cullen FT. Reconsidering the social rejection of ex mental patients: levels of attitudinal response. *Am J Commun Psychol.* (1983) 11:261–73. doi: 10.1007/BF0089336
- [12] Krishnatray, P. COVID-19 is leading to a new wave of social stigma. *The Wire* [Internet]. May 12, 2020 [cited May 17, 2020]. <https://thewire.in/society/covid-19-social-stigma>
- [13] Bharat, S. A systematic review of HIV/AIDS-related stigma and discrimination in India: Current understanding and future needs. *SAHARA J* 2011; 8(3): 138–149.
- [14] Bloomberg India's Chaotic Cities Turn Eerily Silent as Virus Fears Grow. *The Economic Times.* (2020). Available online at: <https://economictimes.indiatimes.com/news/politics-and-nation/indias-chaotic-cities-turn-eerily-silent-as-virus-fears-grow/articleshow/74857937.cms?from=mdr> (accessed March 28, 2020).
- [15] Singh M. Labelled as Covid 'carrier', doctor forced to leave housing complex in Dwarka. *India Today.* (2020). Available online at: <https://www.indiatoday.in/mail-today/story/labelled-as-covid-carrier-doctor-forced-to-leave-housing-complex-in-dwarka-1676946-2020-05-12>
- [16] <https://qz.com/india/1824866/indian-doctors-fighting-coronavirus-now-face-social-stigma/>
- [17] Chew, CC., Lim, XJ., Chang, CT. et al. Experiences of social stigma among patients tested positive for COVID-19 and their family members: a qualitative study. *BMC Public Health* **21**, 1623 (2021). <https://doi.org/10.1186/s12889-021-11679-8>
- [18] Dar SA, Khurshid SQ, Wani ZA, Khanam A, Haq I, et al. (2020) Correction: Stigma in coronavirus disease-19 survivors in Kashmir, India: A cross-sectional exploratory study. *PLOS ONE* 15(12): e0244715.
- [19] Joshi B, Swarnakar P. Staying away, staying alive: Exploring risk and stigma of COVID-19 in the context of beliefs, actors and hierarchies in India. *Current Sociology.* 2021;69(4):492-511.
- [20] Biswas, D., Chatterjee, S. & Sultana, P. Stigma and fear during COVID-19: essentializing religion in an Indian context. *Humanit Soc Sci Commun* **8**, 130 (2021). <https://doi.org/10.1057/s41599-021-00808-8>
- [21] Tagliabue, F., Galassi, L. & Mariani, P. The “Pandemic” of Disinformation in COVID-19. *SN Compr. Clin. Med.* **2**, 1287–1289 (2020). <https://doi.org/10.1007/s42399-020-00439-1>
- [22] Sharma P, Gupta S, Kushwaha P et al. Impact of mass media on quality of life during COVID-19 pandemic among Indian population. *International Journal of Science & Healthcare Research.* 2020; 5(3):260-267
- [23] Shakshi Priya Giri, Abhishek Kumar Maurya, 2021A neglected reality of mass media during COVID-19: Effect of pandemic news on individual's positive and negative emotion and psychological resilience, *Personality and Individual Differences*, Volume 180

- [24] Ali Elbeddini, Thulasika Prabakaran, Sarah Almasalkhi, Cindy Tran, Yueyang Zhou, Barriers to conducting deprescribing in the elderly population amid the COVID-19 pandemic, *Research in Social and Administrative Pharmacy*, Volume 17, Issue 1, 2021, Pages 1942-1945,
- [25] Liu, YH., Wang, YR., Wang, QH. et al. Post-infection cognitive impairments in a cohort of elderly patients with COVID-19. *Mol Neurodegeneration* **16**, 48 (2021). <https://doi.org/10.1186/s13024-021-00469-w>
- [26] Stavridou, Androniki, Evangelia Kapsali, Eleni Panagouli, Athanasios Thirios, Konstantinos Polychronis, Flora Bacopoulou, Theodora Psaltopoulou, Maria Tsolia, Theodoros N. Sergentanis, and Artemis Tsitsika. 2021. "Obesity in Children and Adolescents during COVID-19 Pandemic" *Children* 8, no. 2: 135. <https://doi.org/10.3390/children8020135>
- [27] Aido Tsenoli, Jane Elizabeth Moverley Smith, Moien AB Khan, A community perspective of COVID-19 and obesity in children: Causes and consequences, *Obesity Medicine*, Volume 22, 2021,
- [28] Gupta, S., & Jawanda, M. K. (2020). The impacts of COVID-19 on children. *Acta Paediatr*, 109(11), 2181-2183.
- [29] Erni Munastiwi, Sri Puryono, Unprepared management decreases education performance in kindergartens during Covid-19 pandemic, *Heliyon*, Volume 7, Issue 5,
- [30] Shawna J. Lee, Kaitlin P. Ward, Olivia D. Chang, Kasey M. Downing, Parenting activities and the transition to home-based education during the COVID-19 pandemic, *Children and Youth Services Review*, Volume 122, 2021,
- [31] Aliyyah, Rusi Rusmiati, Reza Rachmadtullah, Achmad Samsudin, Ernawulan Syaodih, Muhammad Nurtanto, and Anna Riana Suryanti Tambunan. "The perceptions of primary school teachers of online learning during the COVID-19 pandemic period: A case study in Indonesia." *Journal of Ethnic and Cultural Studies* 7, no. 2 (2020): 90-109.
- [32] Vyas, Lina, and Nantapong Butakhieo. "The impact of working from home during COVID-19 on work and life domains: an exploratory study on Hong Kong." *Policy design and practice* 4, no. 1 (2021): 59-76.
- [33] Humphreys, Kathryn L., Myo Thwin Myint, and Charles H. Zeanah. "Increased risk for family violence during the COVID-19 pandemic." *Pediatrics* 146, no. 1 (2020).
- [34] Xue, Jia, Junxiang Chen, Chen Chen, Ran Hu, and Tingshao Zhu. "The hidden pandemic of family violence during COVID-19: unsupervised learning of tweets." *Journal of medical Internet research* 22, no. 11 (2020): e24361.
- [35] Usher, K., Bradbury Jones, C., Bhullar, N., Durkin, D.J., Gyamfi, N., Fatema, S.R. and Jackson, D., 2021. COVID-19 and family violence: Is this a perfect storm?. *International journal of mental health nursing*, 30(4), pp.1022-1032.