**COVID-19 -Through the lens of a life course perspective**

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**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.

**Key words:**

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

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. WHO has classified COVID-19 as a pandemic due to significant and sustained person-to-person spread in multiple countries around the world at the same time2. 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 disease 9(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.

**The objective of the study:**

The COVID-19 pandemic is an example of a global 'macro-environmental event that poses a lifelong threat to the health of the birth population or subpopulations. Health can be affected by exposure and susceptibility to viruses, and immediate or delayed reactions to infection. Government measures for virus containment. Local and national 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.

**Methodology**

Prior to the literature search, a list of the most important search terms was created. Search terms included COVID-19, social stigma, mass media, older children, obesity, physical activity, screen time, behavior, online education, telecommuting, family violence, and psychological stress among women. was included. Next a systematic search protocol was followed using both superordinate and subordinate search terms. Multiple searches were run across the major academic databases to identify all possible national and international articles that were available through search engines commonly used. The following databases were used to conduct the search: Elsevier ERIC Google Scholar Taylor & Francis SRCD and PubMed. The search was limited to journals published in English that were available through these search engines. The searches returned 1543 unique citations published in English-language journals

**Process of identifying studies for review**

Studies screened at abstract level

N= 341

Relevant articles identified from literature

N= 1543

Duplicates removed=582

Not relevant n=620

Excluded (N=278)

Articles on corona symptoms=76

Articles on prevention =32

Articles on vaccination n=68

Articles on medical treatment n=30

Articles on virus structure n=82

Final studies for inclusion

N=33

**COVID 19 and Social Stigma**

Social stigma towards the segregated appears to be normal behavior to the common mass. In the confusion of the unknown, it is socially acceptable. Institutional isolation of people currently affected by COVID-19. Stigma is practiced as an adaptation12 according to the principle of discriminatory sociability13 against perceptions of dangers, threats or challenges to social life, and to protect oneself from various foreseeable or unanticipated obstacles such as susceptibility to infectious diseases. Attempts to protect will be made in the future.

Air India crew who brought hundreds of stranded Indians home was stigmatized by neighbors when their home was stamped 'quarantine’. Similar experiences during home quarantine have also been reported by The Delhi government has decided to put up posters outside their homes14

Widespread societal stigma against people affected by COVID-19, including their families. Those who died of this disease were denied the final rites. In many cases the families have refused to accept the bodies and the state governments have performed the cremations instead. Infected people are reportedly being treated as untouchables receiving humiliating taunts and fingers pointed against them and their families; their lane of residence has been named “corona waligali” (corona street) and the associated burden is strong enough that it has even compelled them to sell their own house 16 Even the doctors were not spared from being titled as the “carriers” of coronavirus 17 Under the grip of the global pandemic fear and anxiety many cases of doctors nurses and other health care professionals on the frontline of the battle reported being shunned by others for fear of being infected. This includes the threat of being evicted from their own apartments and general ostracism18.

Individuals who recovered from COVID-19 and their families experienced stigma including labeling isolation and being blamed for contracting the disease. Fear and lack of public understanding of the COVID-19 disease were the key factors for non-disclosure. Nevertheless some recovered patients were willing to share their experiences as a way to increase public awareness of the negative impacts of stigmatization and thereby helping to reduce stigma. Governments lay health workers, and religious leaders have played important roles in efforts to reduce the problem 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).

The traditional or existing prejudices in society based on religion ethnicity and sexuality played a role in promoting stigma-based discrimination in India. Racial discrimination against the people from northeastern India was observed due to their perceived East Asian features particularly closer to the Chinese population by identifying them as virus spreaders. Due to suspicion of the presence of virus in mortal remains a number of media reports highlighted objections raised by locals against the cremation of the dead. In some cases local administrations and health officials had to intervene and sometimes get involved in facilitating the last rites of the deceased leading to public outrage and hostility towards them. In another case due to a suspicion of infection, a pregnant woman’s dead body was denied entry by the local community into a village in Odisha 21.

The negligence of a small group of Muslims who came together for a religious congregation at New Delhi’s Markaz during the last week of February 2020 was misconstrued as a conspiracy theory. They have been accused of ‘Corona-jihad’ and as such were reprimanded for spreading the highly contagious disease among the Indians. Tablighi Jamaat's ignorance and religious conservatism have been harshly criticized by other Muslims, who equate him with conspiracy. As a result, entire communities were accused of conspiring against the state. As the media continued to emphasize that Tablighi accounted for 30% of cases at this level, the whole focus shifted to criminalizing potentially sick individuals 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.

**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 were widely present in the media, often expressing ideas that were not supported by scientific facts out of a want to be seen rather than a need to give the right advice. Personal safety equipment (PPE) shortages and disproportionate price increases for these products were partially caused by the alarmist tone of some experts, which in some circumstances prompted a rush to buy PPE and alcoholic detergents. Inaccurate information on COVID-19 treatment has led to an increase in vitamin D misuse and potentially widespread methanol poisoning. News of a connection emerged following the lockdown in nations where wearing a face mask and avoiding social contact were required.

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.

**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.

 The elderly age group already has unique physical, psychosocial, and environmental vulnerabilities resulting from frailty that is considered a general vulnerability to age-related physiological and psychosocial characteristics. During the first wave of the epidemic, most of the dead were over 60 years old

 Uncertainty and fear about the pandemic may further affect the minds of the elderly as they are aware of their vulnerability. The fear of death remains the existential fear of losing a loved one and the guilt of a possible infection. This can lead to serious problems of "what next for me" and self-neglect, which in turn can lead to failure to follow precautions. Due to generational limitations and sensory and cognitive deficits, they may not be aware of updates on the COVID-19 situation, leaving them vulnerable to misinformation and inadequate precautions. Much of the "information overload" that has made COVID-19 essentially a digital "infodemic" can be extremely damaging, especially for those who are alone, increasing healthy anxiety, somatization, fear and horror. The effects of quarantine can be overwhelming, causing loneliness, physical distance from loved ones, grief, anxiety and chronic stress, which can have long-term psychological effects. Previous studies to date have shown an increased incidence of depressive disorders, complex post-traumatic stress disorder (PTSD), and adjustment disorders in the elderly. In addition, the increased suicidal thoughts and the resulting attempts to emphasize the already existing suicide risk of the elderly are of concern. Any stress is associated with a weakening of the immune system, which can worsen the already weakened physiological defense system of the elderly. Reporting of psychiatric symptoms was also observed in a recent study of the elderly during the COVID-19 pandemic. . This leads to underrecognition of symptoms, incorrect treatment and an increased prevalence of asymptomatic carriers. All these factors can have an overall adverse effect on public health, as neglected elderly people can act as vulnerable "hidden pockets" of viral load that can contribute to the spread of infections. Many elderly people live alone, where basic housing services are a common problem due to a lack of travel options and a lack of domestic help. Loneliness is a strong risk factor for depression and cognitive impairment, especially when it is chronic and associated with low physical activity. Many seniors may not be very tech savvy, which leads to an increase in emotional distance, even though they don't even have a digital relationship with their family. In addition, this epidemic reinforces the social stigma of aging, which can lead to marginalization, segregation, abuse and institutionalization. This can hinder independence and self-esteem, which are important for resilience in all age groups. Our initial experience at our tertiary mental health center shows increased reports of elder abuse and polarization. This includes both omissions and commissions, and these are often involuntary in order to preserve their welfare. However, this limits their mobility, independence and negatively affects their autonomy and mental state. Non-essential health services involving direct patient contact, including antidepressants, were halted to reduce the spread. Barriers to pre-pandemic depression include patient and system-related factors such as resistance to change, patient ignorance about depression, lack of treatment options for the disease, lack of coordination of health services, physician attitudes and/or experience. , limited availability of instructions. depression and lack of evidence of preventive care.

 Compared with non-severe COVID-19 patients, severe COVID-19 patients were older, had a higher proportion of males and higher BMI, and had higher rates of hypertension, stroke, coronary artery disease, and COPD. In severe patients with COVID-19, the incidence of diabetes and hyperlipidemia was comparable to control patients. Compared to non-severe patients, the educational level of severe cases was higher. In addition, severe cases had higher rates of intensive care, mechanical ventilation, high-flow oxygen therapy and delirium during hospitalization than non-severe cases27 6 months after discharge, cognitive decline in patients with COVID-19 and their non-infected spouses. In univariate logistic regression analyses, age, severe COVID-19, intensive care unit admission, delirium, history of stroke, coronary artery disease, and COPD were associated with cognitive decline. 27

**COVID and children**

**Obesity**

### According to several studies, children and young people have increased their food intake and gained weight in the era of COVID-19 due to increased consumption of fried foods, sweets, sugary drinks and dairy products during the lockdown period. An increase in BMI was associated with a decrease in the consumption of vegetables, fruits and legumes, which led to weight gain. The COVID-19 pandemic has led to changes in daily life, including dietary behavior. During the confinement, the number of meals increased and potatoes, meat and sugary drinks were consumed more often. Lockdown restrictions include not only social distancing, but also reducing people leaving the home. Thus, physical activity was inevitably limited to what was necessary. Parents reported that children's physical activity (PA) decreased, while sedentary behavior (SB) increased. The proportion of children participating in sports, taking physical education classes and observing gym influencers via remote or streaming services, either indoors or in the garage/garden, was very low.28

### **Screen and media time**

During lockdown, children spend more time online and watching TV. The repeated exposure of food manufacturers to aggressive advertising on television, the Internet and video games is a cause for concern. Recently, the practice of promoting unhealthy food choices directly to children has increased. Recognizing this trend, the British government introduced a ban on TV advertising before 9pm in 2020. of foods high in fat, sugar and salt.

 **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 believe that being outside increases the risk of infection; therefore children are tied to the home. Anxiety related to perceived risk and low motivation are cited as the reasons for the decline in gaming activity. All age groups were affected, including preschool children, for whom peer interaction with friends is crucial.29

 **Panic shopping**

 Additionally, when households purchase shelf-stable foods, they appear to be purchasing highly processed, high-calorie convenience foods. Supermarket experience shows that along with the shelves of flour, rice and beans, the shelves of cookies, chips, Maggie noodles, soda, sugary cereals and convenience foods are also quite empty. While stocking up on shelf-stable foods is clearly necessary and will help minimize trips away from home, many children are expected to experience a higher calorie diet during the pandemic response. exploitation

 Increased risk of child abuse UNESCO has stated that the COVID-19 pandemic is having a devastating impact on children from low socio-economic communities, especially women. Widespread job losses and increased economic insecurity can create particular problems in poorer regions of the world. These may include increases in child abuse such as child labour, domestic violence, early child marriage and sexual abuse. Children can also lose family members and become orphans.

**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**

Media teachers mostly used instructional videos that were either downloaded from YouTube or created by teachers before the COVID-19 pandemic. In addition to video, WhatsApp, Google Forms, Worksheets, YouTube and Zoom are also media for delivering learning materials. Teachers sent educational materials to students' parents via WhatsApp, Google Forms and Worksheets, which were then given to students. Teachers implemented the Q and A method and discussion using Zoom, Google Classroom and PowToon. Teachers also used the lecture method due to time constraints and other issues such as weak internet signals and virtual classroom conditions that are less conducive to learning. SFH forces teachers to use quick and easy teaching methods. The factors causing these obstacles can be divided into internal and external factors. Internal factors include difficulties arising from the student's home environment, such as interference from family members (younger and older siblings). These factors make students who are studying not to focus on their studies. One factor is the less favorable home learning environment, where the activities of students' family members cause distractions that reduce the concentration needed to understand the subject. External factors include interruptions caused by other students while learning through an online application in a virtual classroom. Students discuss with other students about topics that are not related to the subject they are studying. As a result, virtual classes become crowded and less favorable.33

 The problems were with teachers, parents and mainly students. Most of the teachers had problems with creating and evaluating interactive learning materials. Parents had difficulties helping their children due to their busy schedule and weak pedagogical skills. Children found online learning difficult due to limited resources. Online education causes financial problems for parents. It requires a subscription to an online service, which means parents have to spend more money on it. Therefore, it is likely that poor families will not be able to participate in educational activities during the Covid-19 pandemic. Not all teachers, students and parents have the necessary tools for distance learning (online learning), such as smartphones, computers and internet connection. It is difficult for teachers to provide training because they lack technical mastery. They also have a limited choice of teaching methods, a limited ability to create learning content and difficulties in developing communication with parents31 Most parents have educated their children at home due to COVID-19. Most reported using online tools for homeschooling, including educational apps, social media, and school-provided electronic resources. More than a third of parents said their child's behavior had changed since the pandemic, including feelings of sadness, depression and loneliness. Most parents spent more time on daily care of their children after COVID-19. Parenting stress was also positively related to increased child anxiety. Parental mental health can be an important factor in homeschooling and children's well-being during a pandemic.

**Work from Home**

Before the pandemic, the idea of ​​WFH was in the imagination of many people, but such a practice was not considered feasible in densely populated cities. This is mainly because working from home requires a quiet and dedicated space to complete tasks, which can be a real challenge for people living in small homes. WFH has a positive impact on both employers and employees. Benefits include reduced commute time, avoidance of office politics, reduced office space, increased motivation, better gender diversity, healthier workforce, less absenteeism and turnover, increased talent retention, job satisfaction and improved productivity.

 WFH could support employees flexibly when they leave work and save on commuting. On the other hand, the disadvantages of WFH include a blurred line between work and family, distraction, social isolation, and employees bearing the costs associated with WFH. WFH has some disadvantages, such as home-based workers having to pay their own electricity and internet costs, workers being isolated from co-workers, and managers concerned about reduced productivity when working from home. In addition, relationships between colleagues can be damaged. Workers may be disturbed by the presence of small children or family members while working at home, as well as blurred boundaries between work and family life, which lead to overtime, and WFH is associated with telecommuters' inability to take time off from work.34

**Family violence**

The public health benefits of social distancing, isolation and quarantine are well established and necessary to reduce the risk of contracting the coronavirus disease (COVID-19). These practices also have likely consequences when considering the impact of violence in the home. Reports of increased domestic violence after quarantine orders. Such dysregulated emotions and drug use can increase violent behavior, especially within the family. Children's exposure to intimate partner violence, whether witnessed or heard, is harmful and can lead to post-traumatic stress disorder and other serious emotional and behavioral problems. In addition, intimate partner violence and child abuse occur frequently, and it is likely that children experience a greater risk of abuse when isolated at home. The risks are compounded by the added pressure that many parents continue to work full-time during this time. When parents have to leave the home for work, children are at greater risk of being neglected (ie not having enough supervision to protect the children). While working at home, parents of young children must try to meet the demands of work and care for young children at the same time. Changes in routines are shocking, confusing and difficult for young children. Expect increased confrontational behavior and boundary testing, and these behaviors are most likely to elicit harsh responses from parents. Combined with parental anxiety and the stress of financial, logistical and existential issues, these interactions are likely to be a recipe for tantrums and verbal and physical abuse.35

Tweets about domestic violence and COVID-19 during the lockdown cited several risk factors for domestic violence during the pandemic, such as drug addiction, alcoholism, financial constraints, weapons and human trafficking, linking the COVID-19 pandemic and human trafficking. human trafficking violence against women and children (ie economic insecurity and poverty-related stress; quarantines and social isolation; unrest and instability related to disasters and conflicts; inability to obtain temporary protection from violent partners). For example, public debates show that excessive alcohol consumption during stressful events is still a risk factor for 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 restrictive measures imposed by the COVID-19 pandemic have put women at a much greater risk of domestic violence. The restrictions of COVID-19, which coincide with the strategies used by abusers in violent relationships, women and children are locked in their homes, isolated from their usual support systems such as family and friends, unable to escape the family situation and have little access. to services intended to help. in crisis situations. Abusers may use restraint to exert power and control over their partners, further reducing access to services and psychosocial support from both formal and informal networks, and in some cases exacerbating violence against women, children and other at-risk groups.

**Psychological stress of Women**

The grief of people directly affected by the pandemic, or the expected grief of fear, loss and uncertainty, is mainly related to the psychological stress of people during the COVID-19 situation. In India and around the world, women are responsible for most of the caregiving responsibilities, and a study conducted in India found that women experienced more stress, anxiety and depression compared to men due to higher demands. those whose family members are always at home. This culmination of increased responsibilities, increased fear and grief, and psychological distress can contribute to an unstable home situation that perpetuates domestic violence. Multitasking reduces efficiency and quality in any role and takes time away from self-care. Therefore, women's mental health problems in particular have increased. Research shows that women's mental health problems have increased during the lockdown. Women experienced tension, stress, restlessness, sleep disorders, headaches, loneliness, aggression and anger. Unpaid work in the house in many cases has exploded, causing stress, worries about food, work and health care. Women were also almost twice as likely to report that accessing the quality health care they needed was more difficult during the pandemic.

**Conclusion**

The Covid-19 pandemic has reminded people and societies today of a world they have forgotten, an era when long and relatively healthy lives - even life itself - could not be taken for granted. This meant that family members could at least be trusted to live together for a long time, and that great vulnerabilities and encounters with illness and death would come in old age. Covid-19 fundamentally shakes these views about the course of life. A life course perspective can significantly contribute to understanding the impact of the Covid-19 pandemic on individuals, families and populations. This is not only about predictability, but also about the impact of the pandemic on the organization and experience of transitions and trajectories within and between important domains of life. Life courses are analyzed with an emphasis on the dual social structure and human activity: On the one hand, several social contexts play an important role in shaping the life course and creating both inequality and common experiences; on the other hand, people, both individually and collectively, can make actions and decisions that affect their life paths and outcomes. Finally, it is an interdependence between multiple levels of analysis (intra-individual to macro level), multiple domains of life (eg education, work, family) and multiple interrelated people (the "connected life" of family, friends and acquaintances). ).

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