**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 towards those who are affected by COVID-19 along with family members have been rampant. The review discusses on the effect of COVID on different stages of life span.

**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 dreadful infection which shook humanity, making the individuals distance from each other, brought life of people to halt all over the world is none other than the COVID-19 infection. A new strain of coronavirus caused the disease COVID-19, (CO-corona, VI for the virus, D for disease, and 19 as in the year 2019 when it was identified in Wuhan city of China) linked to the same family of viruses as SARS (severe acute respiratory syndrome1. WHO has labeled COVID 19 a pandemic as it is seen as a significant and ongoing person-to-person spread in multiple countries around the world at the same time2. India reported the first case of COVID-19 on 30 January 2020 among three Indian medical students in Kerala who had returned from Wuhan3. With 43,030,925 reported cases of COVID-19 infection by April 6, 2022, India ranked second after the USA. For COVID-19 deaths India ranked third after USA and Brazil with 521,487 deaths4. Disease symptoms may range from mild to severe with large portions of the population found to be asymptomatic carriers5. The commonly reported symptoms are fever, cough, and shortness of breath. The gastrointestinal symptoms include vomiting, diarrhea, and abdominal pain6. Decrease lymphocytes, eosinophil counts, lower median hemoglobin values, increase in WBC count serum levels of CRP (C -reactive protein test) which is an independent predictor for the development of COVID19 infection7.Though the main target of the infection is the lungs, it also affects, the cardiovascular, gastrointestinal, kidney, liver, and central nervous systems8. Elevation of D dimer levels associated with severity of COVID-199.The disease has a high rate of effective transmission and infectivity through a droplet and aerosol transmission10. Therefore, individuals could be infected if they come into contact with infected surfaces and touch their eyes, mouth, and nose11.

India responded to the actively spreading infection by measures like the Janata curfew, the first phase of lockdown for 21days, and the second phase of lockdown extended till 31st May 2020. Wearing a mask, maintaining social distancing, quarantine period, and home isolation for people with travel history. Checking body temperature and hand sanitization in all public places become new normal. All these hit all the sectors of the population from migratory workers to petty business to software companies and education.

**The objective of the study:**

The Covid-19 pandemic is an example of a global “macro” environmental event that challenge the health of birth cohorts, or subgroups of those cohorts, across their lives. Health can be affected by exposure and susceptibility to the virus and any immediate or delayed responses to infection; government responses to control the virus; local, regional, and national health systems.

There are two distinct aspects to parse: (1) having Covid-19, or being attached to someone who does, and (2) being affected by the social, economic, cultural, and psychological consequences of Covid-19. In other words, there is an important difference between being infected and being affected.  It is this behavioral remedy that has immediately and significantly altered every domain of life – through restricted mobility and social interaction, voluntary or involuntary quarantines, lockdowns for whole populations, remote working and learning, or loss of work altogether. Physical distancing measures arise from a widely recognized need and political will to manage the virus, as political decisions and specific policies are guided by varying interpretations of the causes of the virus’s spread, what should be done, and who is responsible for controlling it. The present study is revisiting the COVID-19 period to understand and analyze people’s lives within a structural, social, and cultural context.

**Methodology**

Prior to searching the literature, a list of key search terms was developed. The search items included were COVID 19, SOCIAL STIGMA, MASS MEDIA, ELDERLY CHILDREN OBESITY, PHYSICAL ACTIVITY, SCREEN TIME, BEHAVIOUR, ONLINE EDUCATION, WORK FROM HOME, FAMILY VIOLENCE, PSYCHOLOGICAL STRESS IN WOMEN. 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 1,543 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. It gains social acceptance amidst the chaos of the unknown. Institutional segregation of those who are affected by a disease, at present COVID-19. Stigmatization is practiced as an adaptation 12 following a principle of discriminate sociality 13 in the perception of danger, threat, or challenges to one's social living, and attempts are made henceforth to safeguard oneself from various such foreseen or unforeseen impediments such as getting prone to infectious diseases, being advocated the values contrary to their own, and having an intimidating out-group, etc.

Air India crew members who brought hundreds of stranded Indians back home experienced being stigmatized by their neighbors when their homes were stamped “quarantined.”14 Similar experiences have been reported by home-quarantined individuals when the Delhi Government decided to put up notices outside their homes.14

Incidents of social stigmatization toward those who are affected by COVID-19, including their family members, have been rampant. Individuals who have succumbed to the illness have been denied their last 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 the humiliating taunts, and fingers pointed against them and their families; their lane of residence has been named “corona wali gali” (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 ostracism.18

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. The government, the general public, healthcare professionals, and religious leaders played important roles in the efforts to reduce social stigma issues.19Minimization of social communications, losing friends, being unfriended on various social media platforms, being verbally abused, being called by names, and being critically commented were reported by the COVID-19 survivors.20

Beliefs related to fear of disclosure: encapsulate varying opinions on the preservation of the identity of COVID-19 diagnosed individuals. An example narrative of the belief ‘COVID-19 reporting to hospitals is stigmatized’ (*‘But villagers are hiding their fever because of fear that they will be quarantined. The stigma attached to the novel coronavirus also contributes to their reluctance to consult doctors,’ said the MLA*, *The Telegraph*, [2020](https://journals.sagepub.com/doi/full/10.1177/0011392121990023))

Beliefs related to traditional/existing prejudice: reinforce the existing norms of discrimination in society at the time of the pandemic. For example, a social activist from Punjab said:

*(There are over a hundred Gujjar families living in this area . . . A few days ago, some people made announcements from the gurdwaras and temples asking people not to buy milk from Gujjars claiming they spread the deadly virus*. (*The New Indian Express*, [2020a](https://journals.sagepub.com/doi/full/10.1177/0011392121990023))

This belief affirms the viewpoint of the villagers in Punjab, that ‘Muslims spread COVID-19 infection’. During the lockdown in India, social media contributed to perceived positives’ shaming, circulating the contact information of suspected or quarantined people, vilifying them as a ‘super-spreader’ in video streams and false messages. Such stigmatizing behavior was also observed locally in state authorities’ use of ‘stickers’ on gates to mark confirmed COVID-19 cases. Some people who resisted the use of these stickers or removed them from their gates were penalized under the Epidemic Diseases Act 1897,[7](javascript:popRef('fn7-0011392121990023')) which empowers state governments to ‘take special measures and prescribe regulations as to dangerous epidemic disease’ (*The Hindu Online*, [2020](https://journals.sagepub.com/doi/full/10.1177/0011392121990023)).

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. The ignorance and religious conservatism of *Tablighi Jamaats*, who is also staunchly criticized by other Muslims, were conflated with conspiracy. As a result, the entire community was accused of plotting against the nation. As the media continued stressing that the Tablighis comprised 30% of the cases at that level, the entire focus was shifted to criminalizing potentially sick persons22.

Stigma along with the trust deficit in the public health due to unavailability of vaccination and increasing mortality rate puts people in bewildered condition. Therefore, due to higher out-of-pocket expenditure for the treatment and the absence of any effective therapy, the pandemic has generated a profound sense of public alarm. It seems to threaten the very survival of the societies in which it has emerged. Hence people are using stigma as a means to avoid these contagious diseases that have a positive aspect in terms of protecting oneself. But, on the other hand, those who are stigmatized are facing many challenges.

**Role of Mass Media during Covid-19**

The role of the mass media and social networks has always been fundamental in the management of health-related information. During this current pandemic, people have been continually searching for information regarding the coronavirus infection. In many cases, people have unfortunately found themselves overwhelmed with news containing fake reports and misinformation, which, for those without the right skills, can be complicated to digest. This situation has generated confusion within the population and has also influenced some statements by public figures and politicians, which have in turn led to further repercussions on public opinion. The general population has, in good faith, taken the information, including fake news, most relevant to their own personal situation and has used it to formulate their own interpretation of the pandemic. People were so overwhelmed by this flood of information that they did not have time to understand it correctly. The massive presence in the mass media of doctors who expressed their opinions, sometimes not supported by scientific evidence, could be interpreted as a desire to appear rather than the need to provide the correct indications. The alarming tone of some experts has caused in some cases a rush to purchase personal protective equipment (PPE) and alcoholic detergents; this fact partially contributed to the lack of PPE in the clinical sector and to a disproportionate increase in the prices of these products. Misleading information about treatment for COVID-19 has resulted in an increasing number of vitamin D abuse and even mass poisoning from methanol intake. After the lockdown, in countries where social distancing and the use of face masks were mandated, news of a correlation between cancer and mask coverings appeared on social networks23

The major impact of mass media has been reflected in the psychological domain of quality of life of all the individuals. The analysis revealed a significant positive correlation of between hours spent on mass media for COVID-19 news with nervousness and anxiety.24The positive emotions of the participants were significantly higher for those who were exposed to news having positive content about the COVID-19 pandemic than those who were exposed to news having negative content about the same. It was also found that negative emotions were significantly higher for the group exposed to negative and pessimistic news than the group exposed to neutral non-COVID-19 news. So, it can be ascertained that negative news resulted in elevated negative emotions and positive news resulted in increased positive emotions. The excessive use of fear-inducing words and frightening language is quite prevalent and news exposure has a significant effect on increasing negative emotions and also triggering anxiety in people25

**COVID 19 and Elderly**

Seniors are considered high risk under COVID-19 due to their effete immune system and are often associated with chronic underlying diseases which are more severe after infection, so deaths are more common among the seniors. Therefore, this factor can accumulate stress and fear among the elderly.

The geriatric age-group already has unique physical, psycho-social and environmental vulnerabilities, owing to the frailty, which is conceptualized as a sum-total susceptibility to the physiological and psycho-social attributes associated with age. During the first wave of the outbreak, majority of deaths were above 60 years of age

The uncertainty and fear of the pandemic can have increased effect on the minds of the aged, as they are aware of their vulnerability. The fear of death stays lost in the existential fear of losing their loved ones and guilt of possibly being the carriers of the infection. This can lead to significant 'what after me' issues and self-neglect, which can in turn lead to non-compliance to the prescribed standards of precautions. Due to generation limitations and sensory and cognitive deficits, they may be unaware of the updates related to the COVID-19 situation making them easy targets of misinformation and inadequate precautionary measures are followed. The bulk of 'information overload' that has essentially converted COVID-19 into a digital 'infodemic' can be extremely counter-productive, especially for those staying alone, increasing health-anxiety, somatization, apprehension and fear. The effects of the quarantine can be paramount leading to loneliness, physical distancing from their loved ones, grief, anxiety and chronic stress that can have long-standing psychological effects. Preliminary research so far has shown increased incidence of depressive disorders, complex post-traumatic stress (PTSD) and adjustment reactions in the elderly. Furthermore, increased suicidal ideations and attempts consequent to stress, on the background of the already existing suicidality risk in the elderly, is an added concern. Any form of stress is associated with decrease in immunity, that can compound the already weakened physiological defence-systems in the elderly Also, under-reporting of the psychiatric symptoms has also been observed during the COVID-19 pandemic in a recent study done in elderly. This leads to under-detection of symptoms, faulty treatment and increased prevalence of them being asymptomatic carriers. All these factors can have an overall detrimental effect on public health, as the neglected elderly can serve as vulnerable 'hidden pockets' of viral load that can contribute to increased infection spread. Many of the seniors are living alone, where basic living amenities are a regular problem due to lack of travel options and scarce domestic help during the lockdown. Loneliness is a potent risk factor for depression and cognitive disorders, especially when chronic and associated with lack of physical activity. Many elderlies might not be well-versed with technology leading to increased emotional distancing in absence of even digital contact with the families. Added to that, is the social stigma of ageism magnified by this outbreak that can lead to marginalization, segregation, abuse and increased institutionalization. This can hamper the autonomy and self-dignity that are important in resilience for any age group. Our preliminary experience in our tertiary mental health center, shows increased reports of abuse and polarization of the senior citizens. This involves both acts of omission and commission, and are often unintentional in an attempt to preserve their well-being. This however restricts their mobility, independence and has negative effects on their autonomy and mental state.

Non-essential healthcare services involving direct patient interactions, including deprescribing, has been on hiatus to reduce spread. Barriers to deprescribing before the pandemic include patient and system related factors, such as resistance to change, patient's knowledge deficit about deprescribing, lack of alternatives for treatment of disease, uncoordinated delivery of health services, prescriber's attitudes and/or experience, limited availability of guidelines for deprescribing, and lack of evidence on preventative therapy.

Compared with non-severe COVID-19 patients, severe COVID-19 patients were older, had a higher proportion of males and a higher BMI, and more frequently had hypertension, a history of stroke, coronary heart disease, and COPD. Severe COVID-19 patients had comparable frequencies of diabetes mellitus and hyperlipidaemia with controls. Compared with non-severe patients, severe cases had higher education levels. Moreover, severe cases had higher frequencies of ICU admission, receiving mechanical ventilation, high flow oxygen therapy and incidences of delirium during hospitalization than non-severe cases27At 6 months after discharge, the cognitive decline of COVID-19 patients and their non-infected spouses In univariate logistical regression analyses, age, severe COVID-19, ICU admission, delirium, stroke history, coronary heart disease and COPD were associated with cognitive impairment. 27

**COVID and children**

**Obesity**

According to several studies, during the COVID-19 era, children and adolescents have increased their food intake and gained weight due to an increase in consumption of fried foods, sweets, sugar-added drinks and dairy products during the lockdown. An increase in BMI was associated with a reduction in vegetable, fruit and legume intake, leading to weight gain. The COVID-19 pandemic has caused changes in everyday life, including dietary behaviors. During the lockdown, the number of meals has increased, with potato, meat and sugary drinks being consumed more often.The restrictions imposed by lockdown include not only social distancing but also reducing movements out of the house. Thus, physical activity was limited to what was absolutely necessary. Parents reported that children’s physical activity (PA) decreased, whereas sedentary behavior (SB) increased . The percentage of children who participated in sports, practiced activity lessons and followed gym influencers through remote or streaming services, either inside the house or in the garage/garden  was found to very negligible.28

### **Screen and media time**

During lockdown, children tend to spend more time online and watching television. Concerns exist regarding the influence of repeated exposure to aggressive advertising by food manufactures on TV, the internet and through video games. The practice of promoting unhealthy food choices directly to children has recently intensified. Recognition of this trend, in 2020, led the UK government to place a ban on TV advertising before 9 p.m. of foods high in fat, sugar, and salt.

### **Physical inactivity**

Lockdown has had substantial effects of levels of childhood physical activity. The forms of routine physical exercise that are ordinarily practiced by children, such as walking to and from school, have been lost and the closure of parks and other leisure facilities has made exercise difficult. Outside activity is believed by some to increase the risk of infection; therefore, children have been rendered housebound. Anxiety related to perceived risk, and low motivation are cited as reasons for reduced play activity. All age groups have been affected, including pre-school, for whom interaction with peer group friends is vital.29

**Panic Purchase**

Additionally, as households stock up on shelf-stable foods they appear to be purchasing ultraprocessed, calorie-dense comfort foods. Experiences in supermarkets show that along with the shelves that held flour, rice and beans, the shelves that held crackers, chips, Maggie noodles, soda, sugary cereals, and processed ready to eat meals are quite empty. While stocking up on shelf stable food items is clearly a preparedness necessity and helps minimize trips outside of the home, anticipate that many children will experience higher calorie diets during the pandemic response.

**Exploitation**

Increased risk of child exploitation UNESCO has suggested that the COVID-19 pandemic will have a devastating impact on children in low socioeconomic communities, especially females. Widespread job losses and greater economic insecurity could lead to particular problems in poor areas of the world. These could include increases in child exploitation, such as child labour, domestic violence, early child marriages and sexual exploitation. Children could also lose family members and be orphaned.

**Aggressive Behavioural changes**

Isolation, physical distance and loneliness are challenging situations for every human being. Children are bound to miss interacting with their own peer groups, and being deprived of their company for any length of time will lead to drastic behavioural changes.

**Summary of the impacts of COVID-19 on children30**

**Positive impacts** Childhood development

* Learning new educational skills
* Getting indulged into indoor physical activities
* Personality development
* Self-confidence build up
* Greater awareness Awareness about an unknown disease and health
* Developing inner strength to face such challenges in future
* Developing relationships and empathy
* Coming more closer to family Forming a bond of love and affection
* Developing selfless devotion towards humankind
* Dwelling virtues of humanity and empathy at early stage of life
* Developing new horizons beyond home and schools
* Learning nature's value
* Start valuing and caring nature

**Negative impacts**

Effects on education

* Loss of quality
* Deprival of education
* Inadequate learning
* Lack of digital access
* Fall in educational outputs
* Wide learning gap between low and high socioeconomic group
* Anxiety about the future
* Delay in examinations
* Late beginning of new session
* Development of anxiety and frustration about future
* Health issues
* Lack of outdoor physical activities
* Prone to various health disorders
* Nutritional deficiency
* Lack of immunisation
* Aggressive behavioural changes
* Social isolation Frustration, anger, anxiety, irritation
* Lack of competitive zone
* Disconnection from schools
* Loss of enthusiasm and interest to compete
* Addiction to social media and the Internet
* Cyberbullying Sexual exploitation
* Addiction to harmful substances
* Increased risks of child exploitation
* Domestic violation
* Child abuse
* Child labour

**Online education**

The instructional media teachers most often used were learning videos, either downloaded from YouTube or learning videos teachers had created before the COVID-19 Pandemic. Besides video, WhatsApp, Google Forms, Worksheets, YouTube, and Zoom also served as media in delivering learning material. Teachers sent lesson material using WhatsApp, Google Forms, and Worksheets to students' parents, which was subsequently given to the students. Teachers carried out the Q&A method and discussion using Zoom, Google Classroom, and PowToon. Teachers also used the lecture method due to time constraints and other problems such as poor Internet signals, and the condition of virtual classrooms that are less conducive to learning. SFH forces teachers to use quick and easy instructional methods. Factors that create these barriers may be divided into internal and external factors. Internal factors are difficulties arising from the student's home environment, such as interference from family members (younger and older siblings). These factors cause students who are learning not to be focused on learning. One factor is a less conducive home learning environment in which the activities of family members students cause distractions that reduce the concentration necessary to understand the subject matter. External factors that arise are the disturbances from other students when implementing learning using an online application in a virtual classroom. Students talk to other students with topics that are unrelated to the subject matter being studied. As a result, virtual classes become crowded and less conducive.33

The problems existed in teachers, parents, and mainly students. Most teachers faced problems in creating interactive education materials and conducting an evaluation. Parents had hard times in assisting their children due to their busy activities and low pedagogical competence. Children had hard times due to limited resources for online learning.

Online learning leads to financial problems for parents. It requires an internet [service subscription](https://www.sciencedirect.com/topics/computer-science/subscription-service), which means parents need to allocate more of their finance for it. Therefore, it is likely that low-income families cannot engage in learning activities during the Covid-19 pandemic. Not all teachers, students, and parents have the tools needed for distance learning (online learning) activities such as smartphones, computers, and internet access. Teachers find it difficult to deliver education due to their lack of technological mastery. They also have limited options of teaching methods, limited capability in creating learning contents, and difficulties in developing communication with parents31 Majority of parents were educating their child at home due to COVID-19. Most reported use of online tools for at-home education, including educational apps, social media, and school-provided electronic resources. More than one-third of parents said their child’s behavior had changed since the pandemic, including being sad, depressed, and lonely. Most parents were spending more time involved in daily caregiving of their children since COVID-19. Parenting stress was also positively associated with higher child anxiety. parents’ mental health may be an important factor linked to at-home education and child wellbeing during the pandemic.32

**Work from Home**

Before the pandemic, the idea of WFH was a fantasy to many people, but such practice was considered not practicable for heavily populated cities. This is principally because home working requires a quiet and dedicated space to perform work duties, which can be a real challenge for those living in tiny homes. WFH has beneficial effects for both employers and employees. The advantages, include and are not limited to reduced commuting time, avoiding office politics, using less office space, increased motivation, improved gender diversity, healthier workforces with less absenteeism and turnover, higher talent retention, job satisfaction, and better productivity

WFH could support employees in terms of flexible time to complete the work and save money for commuting to work. Conversely, the drawbacks of WFH, include the blurred line between work and family, distractions, social isolation, employees bearing the costs related to WFH. There are certain drawbacks of WFH, such as employees working at home have to pay for electricity and the internet costs themselves, workers were isolated from their coworkers, and managers concerned about reductions in productivity while working from home. Moreover, the relationship between coworkers could also be harmed. Employees might be distracted by the presence of young children or family members while working at home along with blurred boundaries between work and family life lead to overwork and WFH relates to the inability of remote workers to disengage from work.34

**Family violence**

The public health benefits of social distancing, isolation, and quarantines are well-established and essential for reducing risk of transmitting the coronavirus disease (COVID-19), there are also likely consequences for these practices when considering the impact of violence in the home. Reports of increased domestic violence after quarantine orders. These kinds of dysregulated emotions and substance use can increase violent behavior, especially within the family. Children’s exposure to intimate partner violence, whether directly witnessed or overheard, is harmful and may lead to posttraumatic stress disorder and other serious emotional and behavioral problems. Furthermore, intimate partner violence and child abuse often co-occur and it is likely that children will experience increased risk for maltreatment when isolated at home. The risks are compounded by added pressures that many parents continue to work full-time during these periods. If parents must leave their home to work, children face an increased risk for supervisory neglect (ie, not having adequate supervision to keep children from harm). If working from home, parents with young children are forced to try to meet work demands while simultaneously caring for young children. Changes in routine are upsetting, confusing, and difficult for young children. Increased oppositional behavior and limit testing are expected, and these behaviors are most likely to elicit harsh responses from parents. Coupled with parental anxiety and stress about financial, logistic, and existential concerns, these interactions are likely a recipe for temper outbursts and verbal and physical abuse.35

Tweets about family violence and COVID-19 during the lockdown mentioned a range of risk factors associated with family violence during pandemics, such as drug abuse, alcohol abuse, financial constraints, guns, and trafficking that main pathways that connect the COVID-19 pandemic and violence against women and children (ie, economic insecurity and poverty-related stress; quarantines and social isolation; disaster- and conflict-related unrest and instability; and inability to temporarily take shelter from abusive partners). For example, public discussions indicate that alcohol abuse continues to be a risk factor for family violence during stressful events financial constraints (eg, financial ruin, lost jobs, economic collapse) due to COVID-19 contributed to increased family violence and stress. Specific COVID-19–related risk factors (eg, quarantines, social isolation) limit contact between victims of family violence and the outside world, trapping them at home with their abusers; these factors were indicated by the frequent use of words like “people stuck,” “unsafe home,” “people locked,” and “abuse quarantine” on Twitter.36

The confinement measures imposed because of the COVID-19 pandemic have put women at a much greater risk of family violence . COVID-19 restrictions, which overlap with the strategies employed by abusers in abusive relationships, women and children are locked away at home, isolated from their usual supports systems such as family and friends, unable to escape the family situation, and with little access to services designed to assist in times of crisis. Abusers may use the restriction requirements to exercise power and control over their partners to further reduce access to services and psychosocial support from both formal and informal networks, and in some cases, worsening violence against women, children, and other at-risk populations

**Psychological stress of Women**

Grief for those directly affected by the pandemic, or anticipatory grief caused by fear, loss and uncertainly are fundamentally connected to the range of psychological distress suffered by people in times of COVID-19. In India, and around the world, women are responsible for the majority of caring responsibilities and a study in India found that greater levels of stress, anxiety and depression were present in women, as opposed to men, which was attributed to the greater demands placed on them with family members ever present in the home. This culmination of greater responsibilities, increased level of fear and grief and further psychological distress can contribute to a volatile home situation that perpetuates domestic abuse. Multitasking leads to less efficiency and quality in each role and takes time away from self-care. Hence, mental health concerns among women, in particular, have been on the rise. Research shows that women’s mental health problems increased during the lockdown. Women experienced tension, stress, restlessness, sleep disturbances, headaches, loneliness, aggressiveness, and irritation. Unpaid labor in the house had increased exponentially in many cases this had led to stress, worries about food, work, and health care. Women were also almost twice as likely to report that accessing quality healthcare services that they needed had been harder during the pandemic.

**Conclusion**

The Covid-19 pandemic has reminded people and societies today of a world they forgot, a time when long and relatively healthy lives – even life itself – could not be taken for granted. meant that family members could at least be counted on to co-survive for long stretches of time, and that major vulnerabilities and encounters with illness and death would come in old age. Covid-19 is fundamentally shaking these views of the life course. Life-course perspective can make important contributions to understanding the effects of the Covid-19 pandemic on individuals, families, and populations. This is not just about predictability but about the pandemic’s implications for the organization and experience of transitions and trajectories within and across life’s central domains. Life courses are analyzed with a dual emphasis on social structure and human agency: On one hand, a variety of social contexts play powerful roles in shaping the life course and creating both inequalities and shared experiences; on the other hand, human beings can take actions and make decisions, individually and collectively, that affect their life pathways and outcomes. Finally, it is interdependencies across multiple levels of analysis (from inner-individual to macro levels), multiple life domains (e.g., education, work, family), and multiple interrelated people (the “linked lives” 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"](https://www.business-standard.com/article/current-affairs/india-s-first-coronavirus-case-kerala-student-in-wuhan-tested-positive-120013001782_1.html). *Business Standard India*. [Archived](https://web.archive.org/web/20200311040438/https:/www.business-standard.com/article/current-affairs/india-s-first-coronavirus-case-kerala-student-in-wuhan-tested-positive-120013001782_1.html) 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](https://en.wikipedia.org/wiki/Max_Roser" \o "Max Roser) (2020–2021). ["Coronavirus Pandemic (COVID-19)"](https://ourworldindata.org/coronavirus). [*Our World in Data*](https://en.wikipedia.org/wiki/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]](https://www.tandfonline.com/servlet/linkout?suffix=CIT0016&dbid=16&doi=10.1080%2F10408363.2020.1783198&key=10.1093%2Fcid%2Fciaa674), [[Google Scholar]](http://scholar.google.com/scholar_lookup?hl=en&publication_year=2020&author=A+Bhargava&author=EA+Fukushima&author=M+Levine&title=Predictors+for+severe+COVID-19+infection&doi=10.1093%2Fcid%2Fciaa674)
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. Thromb Haemost. 2020;120(05):876–878. [[Crossref]](https://www.tandfonline.com/servlet/linkout?suffix=CIT0022&dbid=16&doi=10.1080%2F10408363.2020.1783198&key=10.1055%2Fs-0040-1709650), [[PubMed]](https://www.tandfonline.com/servlet/linkout?suffix=CIT0022&dbid=8&doi=10.1080%2F10408363.2020.1783198&key=32246450), [[Google Scholar]](http://scholar.google.com/scholar_lookup?hl=en&volume=120&publication_year=2020&pages=876-878&issue=05&author=G+Lippi&author=EJ.+Favaloro&title=D-dimer+is+associated+with+severity+of+coronavirus+disease+2019%3A+a+pooled+analysis)
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]](https://www.tandfonline.com/servlet/linkout?suffix=CIT0029&dbid=16&doi=10.1080%2F10408363.2020.1783198&key=10.1111%2Firv.12735), [[PubMed]](https://www.tandfonline.com/servlet/linkout?suffix=CIT0029&dbid=8&doi=10.1080%2F10408363.2020.1783198&key=32129925), [[Web of Science ®]](https://www.tandfonline.com/servlet/linkout?suffix=CIT0029&dbid=128&doi=10.1080%2F10408363.2020.1783198&key=000548051500014), [[Google Scholar]](http://scholar.google.com/scholar_lookup?hl=en&volume=14&publication_year=2020&pages=470-471&issue=4&author=Q+Han&author=Q+Lin&author=Z+Ni&title=Uncertainties+about+the+transmission+routes+of+2019+novel+coronavirus)
10. Barreto M. Experiencing and coping with social stigma. In M. Mikulincerand 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. SharmaP, Gupta S,Kushwaha P et.al. Impact of mass media onquality of life during COVID-19 pandemicamong Indian population. International Journalof 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 Prabaharan, 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.