Upliftment of Societal Lockdown by Indian Government amid CoVID-19 crisis: Boon for some and Bane for others

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June 21, 2021

Abstract

Developing nations were greatly hit due to the spread of coronavirus as majority of their population belong to the lower-income groups. It was primarily due to the lack of proper medical and healthcare facilities available for the public. To restrict the rapid spread of the disease, most of the nations had declared an emergency lockdown of their respective countries. Due to the economic constraints leading to the lack of food and uncontrollable spread of disease faced by several economically backward people, governments decided to reopen the markets in a planned manner. Many nations faced two faced wars- the pandemic on one hand and global hunger on the other. India too announced the unlocking of the nation on 1st June 2020. Soon after the unlocking was done to some extent, the number of active cases of coronavirus began rising. India had 0.007% of its people under the influence of the virus when the unlocking was done but soon within a month, the active cases rose to 0.016% of the total population of India which marked the rise of 57.35% cases. Similar cases were seen in many developing countries around the world. In this paper, a comparison on the CoVID-19 situation, post-upliftment of the lockdown has been provided with a few of the selected countries.

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Abstract

Developing nations were greatly hit due to the spread of coronavirus as majority of their population belong to the lower-income groups. It was primarily due to the lack of proper medical and healthcare facilities available for the public. To restrict the rapid spread of the disease, most of the nations had declared an emergency lockdown of their respective countries. Due to the economic constraints leading to the lack of food and uncontrollable spread of disease faced by several economically backward people, governments decided to reopen the markets in a planned manner. Many nations faced two faced wars- the pandemic on one hand and global hunger on the other. India too announced the unlocking of the nation on 1st June 2020. Soon after the unlocking was done to some extent, the number of active cases of coronavirus began rising. India had 0.007% of its people under the influence of the virus when the unlocking was done but soon within a month, the active cases rose to 0.016% of the total population of India which marked the rise of 57.35% cases. Similar cases were seen in many developing countries around the world. In this paper, a comparison on the CoVID-19 situation, post-upliftment of the lockdown has been provided with a few of the selected countries.
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**Keywords:** CoVID-19, Coronavirus, Lockdown, Partial-Lockdown, Unlock

**Introduction**

The human-to-human transmission of the CoVID-19 infections were not known earlier, and in general, it was principally called a respiratory disease. Respiratory diseases are known to spread by droplet scattering (via coughing and sneezing from an infected person) and if a person is exposed to these droplets be in air or surface contact, might become vulnerable. Hence the governments encouraged the public usage of surgical masks to restrict the spread of body fluids from the nose and mouth originating from the respiratory tract. The citizens were also encouraged to maintain social distancing among two people when in public space as the hygiene rules and social distancing were the prime factors which could slow down the spread of CoVID-19 infections (Nakada & Urban, 2020; Saadat et al., 2020). People who experienced CoVID-19 symptoms were encouraged to take leave and proper tests before coming into contact with the outside world. Thermal screening was mandatory upon the entry at public areas to ensure no infected person is stroll into crowded spaces like the railway platforms, airports, work places and markets. Despite such measures, the cases of CoVID-19 infections increased uncontrollably and the countries around the world decided to implement lockdowns to ensure no potential carriers venture out in public. The governments closed educational institutions, promoted work from home, restricted travels during the complete lockdown phases. Lockdown days differed for different countries and were dependent on the CoVID-19 spread. The CoVID-19 outbreak spread very fast and already more than 200 countries/region have reported confirmed cases of CoVID-19 (Chakraborty & Maity, 2020). Clinically approved vaccine for the masses were made available after a prolonged period as the governments were not ready to cope with the sudden onset of the deadly pandemic worldwide. Scientists and medical practitioners throughout the world finally achieved a breakthrough in producing vaccines fit for use and after rapid clinical trials, the vaccines were available in the market after almost one year of the first reported case of CoVID-19 infection.

India too announced nationwide lockdown to restrict CoVID-19 infections for three weeks on midnight of March 24th, 2020 by Government of India (Pulla, 2020) and further extended the lockdown to May 31st, 2020 in several phases as suggested by the National Disaster Management (Das & Dutta, 2021; Vadrevu et al., 2020) (see Table 1). The areas with high CoVID-19 infections were designated as containment zones with additional restrictions and the lockdown at those areas were extended till June 30th, 2020.

<table>
<thead>
<tr>
<th>Lockdown Phases</th>
<th>From</th>
<th>To</th>
<th>Duration</th>
<th>Restrictions and relaxations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase 1</td>
<td>25th March 2020</td>
<td>14th April 2020</td>
<td>21 days</td>
<td>Complete lockdown with relaxations to healthcare workers only.</td>
</tr>
<tr>
<td>Phase 2</td>
<td>15th April 2020</td>
<td>3rd May 2020</td>
<td>19 days</td>
<td>Complete lockdown with relaxations limited to &quot;green-zones&quot; only.</td>
</tr>
<tr>
<td>Phase 3</td>
<td>4th May 2020</td>
<td>17th May 2020</td>
<td>14 days</td>
<td>Complete lockdown and relaxations to &quot;green-zones&quot; only.</td>
</tr>
<tr>
<td>Phase 4</td>
<td>18th May 2020</td>
<td>31st May 2020</td>
<td>14 days</td>
<td>Lockdown for red zones only (where there were active cases).</td>
</tr>
</tbody>
</table>

Several daily wage earners were forced to leave their places of residence due to non-availability of work which subsequently led to shortage of food and eventually hunger. Due the such emergencies faced by migrant workers; a sudden spike of mobility was observed during the initial phases of lockdown. They were greatly hit financially as well as mentally due to adverse situations which arose due to the implementation of strict lockdown rules. Such people were forced to flee from their place of residence to their respective natives for survival. Due to the unavailability of public transports during the lockdown, people were compelled to travel hundreds of miles on foot. Many such people died while undertaking such journey to their natives. Study published by Saha et al. (2020) showed that the mobility (retail, recreation, groceries, pharmacies, etc.)
parks, transit stations, workplaces, and residential) during lockdown compared with pre and post lockdown behavior had helped in curbing the spread of CoVID-19.

India faced a two-front war- one with the ongoing pandemic and the other was poverty and hunger. Due to such miseries faced by the economically weaker section of people, the Government finally decided to reopen the market places by uplifting the lockdown on 1st June, 2020 (Advani et al., 2020). The Governments' decision to uplift the lockdown period was criticized by many as they feared the rapid increase in CoVID-19 fatalities throughout India. The current research aims to analyze whether the decision of uplifting the lockdown phase in India was taken in a hurry and was inappropriate or was a well though calculated move by comparing it with a few countries.

Methodology

2.1 Study Design and Period

Apart from India, a total of 11 countries spanning different continents are taken into account of which 3 countries are from Asia, 4 from Europe, 1 each from Europe and Africa. 2 transcontinental nations of Russia and Turkey too are included in this study. For the present study, data is used from the [www.worldometers.info/coronavirus](http://www.worldometers.info/coronavirus) for day-to-day tracking of number of confirmed cases and daily new cases. The data was recorded every 5 days starting from 25th February 2020 till 1st July 2020. Apart from India, the data was collected for other 11 such countries where nationwide lockdown was implemented, and the unlocking of the respective countries were done before 29th June 2020. The data collected was then compared with Indian data for total confirmed cases and daily new cases. The total number of active cases were also recorded for the above listed 11 countries when the nationwide unlocking of the respective countries was announced and as on 1st July 2020.

![Figure 1: List of countries under study](image)

2.2 Study and coverage

As discussed above, the 11 countries that are considered for the study are compared with India, implemented nationwide lockdown on different dates.

Table 2: Countries with dates of lock-down and unlock with total period of nationwide lockdown implemented

<table>
<thead>
<tr>
<th>Country</th>
<th>Total Population</th>
<th>Population Density (persons per km²)</th>
<th>Date of nationwide lockdown being implemented</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>164882758</td>
<td>1265</td>
<td>26 March 2020</td>
</tr>
<tr>
<td>Belgium</td>
<td>11595701</td>
<td>383</td>
<td>18 March 2020</td>
</tr>
<tr>
<td>France</td>
<td>65273511</td>
<td>119</td>
<td>17 March 2020</td>
</tr>
<tr>
<td>Germany</td>
<td>83816370</td>
<td>240</td>
<td>23 March 2020</td>
</tr>
<tr>
<td>Iran</td>
<td>83992949</td>
<td>52</td>
<td>14 March 2020</td>
</tr>
</tbody>
</table>
Among these, the first country to impose lockdown was Italy which announced national lockdown on 10th March 2020 while Turkey was the last of these countries to implement nationwide lockdown on 23rd April 2020. The total period of lockdown too differed among these countries. Russia had the longest duration of the lockdown being implemented that lasted for 73 days, followed by Mexico (70 days) and India (68 days). The nationwide lockdown implemented by Turkey was for the shortest duration which lasted just for 4 days.

2.3 Limitations of the study
Unfortunately, the CoVID-19 pandemic is still ongoing and hence a conclusion will be early but predictions could be made. Due to the economic imbalance of the countries, conflicting data regarding lockdown are available. For example, countries where CoVID-19 spread uncontrollably during the initial phases, could be due to no or lethargic lockdown practices, people with weak immune system.

Results and Discussions
It is evident that lockdown had immensely helped in containing the spread of CoVID-19 cases all over the world. In addition, other factors like demographic population spread, density of population, weather, economy, infrastructure of healthcare systems may be considered for an overall picture of the scenario.

India, a home of over 1.38 billion people and a population density of 464 people per sq. km, decided to unlock the country after a period of 68 days (25th March 2020 to 1st June 2020). During the lockdown, almost all the citizens of the nation remained inside their homes for majority of the period. The government decided to unlock the country to take the country back to normalcy. People returned to their workplaces although, some restrictions were still in place. Educational institutes, large chunk of transport facilities, movie halls, gyms remained suspended for the time being to contain the increase in the number of cases in India. Many sectors allowed their employees to work from home. At the time of unlock (1st June 2020), nearly 0.01% of its total population were actively infected by the virus. The decision of unlock raised several eyebrows as some people believed that it would put a greater number of people at risk from getting affected by the virus. Speculations were made that cases will grow to an extent when it will get out of control. Although, the number of daily new cases dropped after reopening of market for a while, but it again increased at a much higher rate.

Table 3: Active cases and % of total population with active cases on the days of lockdown being announced, on the day of unlock and on 1 July 2020

<table>
<thead>
<tr>
<th>Country</th>
<th>Active cases (as on the day of lockdown announced)</th>
<th>% of total population with Active cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>44</td>
<td>0.00003%</td>
</tr>
<tr>
<td>Belgium</td>
<td>1441</td>
<td>0.01%</td>
</tr>
<tr>
<td>France</td>
<td>6953</td>
<td>0.01%</td>
</tr>
<tr>
<td>Germany</td>
<td>28480</td>
<td>0.03%</td>
</tr>
<tr>
<td>Iran</td>
<td>7779</td>
<td>0.01%</td>
</tr>
<tr>
<td>Italy</td>
<td>8518</td>
<td>0.01%</td>
</tr>
<tr>
<td>Mexico</td>
<td>309</td>
<td>0.0002%</td>
</tr>
</tbody>
</table>
To understand the risks that followed by the decision of reopening of markets by the government of India, it is important to compare it with the cases of other countries. Bangladesh, one of our neighbours in the east with a population density thrice of that of ours had 0.01% of its population affected with the novel coronavirus when they decided to reopen the country after a brief lockdown on 16th May 2020. Similarly, Mexico, a country located on the far west on the continent of North America too decided to reopen the country on 1st June 2020, same as that of India, when their 0.01% of citizens were affected by CoVID-19. Both these countries, like India, decided to reopen when the number of confirmed cases were at 0.01% of the total population. Mexico even showed similar trends as the number of daily new cases dropped after the unlock but increased again. Although Mexico again saw sharp decline in the number of cases towards the end of June 2020, unlike India. The number of cases from Bangladesh too increased post unlock. As of 1st July 2020, Bangladesh, and Mexico both had a total of 0.05% of its population affected from the pandemic while India just had 0.02% of its population affected by the virus. It is interesting to note that the population density of Mexico is far lower than that of India, still had such a large chunk of its population affected.

<table>
<thead>
<tr>
<th>Country</th>
<th>Active cases (as on the day of lockdown announced)</th>
<th>% of total population with Active cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Russia</td>
<td>1211</td>
<td>0.001%</td>
</tr>
<tr>
<td>Saudi Arabia</td>
<td>738</td>
<td>0.002%</td>
</tr>
<tr>
<td>South Africa</td>
<td>915</td>
<td>0.002%</td>
</tr>
<tr>
<td>Turkey</td>
<td>80808</td>
<td>0.10%</td>
</tr>
<tr>
<td>India</td>
<td>602</td>
<td>0.00004%</td>
</tr>
</tbody>
</table>

Figure 2: Comparison of total confirmed and daily new cases for Bangladesh and Mexico with India

European countries like Belgium, France, Germany, and Italy had suffered huge losses due to the pandemic and were one of the first countries to declare high level emergencies in their respective countries which led to nationwide lockdowns. If we compare the cases of European countries with that of India, Belgium had 0.25% of its total population being affected by the virus during the time of unlock. France, Germany, and Italy had active cases of 0.09%, 0.06% and 0.17% of their total population affected from the CoVID-19 respectively at
the time of unlock. All these countries have lower population density as compared to India and have very advanced medical facilities (Deo, 2013; PERROTT & HOLLAND, 2005; Tandon Et Al., 2020). As on 1st July 2020 Belgium, France, Germany, and Italy have 0.30%, 0.09%, 0.01% and 0.03% of its total population being affected by the coronavirus, compared to India with 0.02%.

![Figure 3: Comparison of total confirmed and daily new cases for European nations with India](image)

The other Asian nations for the comparison with India, we have considered the nations of Iran, Russia, and Saudi Arabia. These Asian nations have decided to unlock their respective countries after a nationwide lockdown was implemented. Iran reopened its country on 20th April 2020 when the active cases were 0.02% of its total population, while Russia and Saudi Arabia went for unlock on 09th June 2020 and 28th May 2020, respectively. Both these nations have one of the least population densities around the world. Russia had 0.16% of its people with active cases when the country was announced to unlock while Saudi Arabia had 0.23% of its population actively infected by the virus. Iran, Russia, and Saudi Arabia had 0.03%, 0.15% and 0.17% of its total population suffering with active coronavirus cases as on 1st July 2020.
Turkey, one of the trans-continental country had announced to unlock (27th April 2020) the country for bringing in the normalcy back, it recorded a total of 0.09% of its population with active cases of CoVID-19 infections while the African country of South Africa when unlocked its internal territories for its citizens had a total of 0.03% of its population suffering from the virus. Both these countries have population densities lower than that of India. As on 1st July, Turkey and South Africa had 0.02% and 0.14% of total population with active CoVID-19 cases (see Figure 5). Bangladesh, South Africa, and Mexico too suffered an increase of 80.57%, 79.69% and 74.10% in the number of active cases on 1st July as compared to their active cases as on the unlocking dates.
Figure 5: Comparison of total confirmed and daily new cases for Turkey and South Africa with India

All the countries discussed above had higher or equal number of active cases as compared to India on the day the unlock of the respective countries were announced. Hence the decision of unlocking the country after a period of 68 days of nationwide lockdown might had based on a calculated move and it was estimated that the active cases in India might recover, however the move backfired as the number of cases began rising post unlocking of the nation. India suffered an increase of 57.35% in total active coronavirus cases on 1st July as compared to its unlocking date.
On the other hand, the European nations of Germany and Italy have recovered at a greater level with a drop of 579.39% and 560.16% respectively based on the number of active cases as on 1st July 2020 as compared to the number of active cases as on the day of unlocking. Turkey too recovered at a greater rate by a drop of 268.17% as on 1st July from the total number of cases on the day of its unlocking.

Conclusion:

The prolonged lockdown in India comprising of multiple phases was both a remarkable and essential advance for containing the rapid spread of the pandemic. The public authorities undertook numerous initiatives to safeguard the citizens against the CoVID-19 infections. The present article attempted an investigation to evaluate India’s situation in handling the pandemic. This investigation primarily focused on India’s Strengths on the CoVID front and intended proposals that helped fight the emergency.

- Schools, railway coaches, hotels, offices, etc., were converted as isolation wards to contain the rapid spread of the infection. Few military bases were also used for tackling the situation and provide oxygen supplies to the patient.
- Rapid measures like travel restrictions for general public were executed and country-wide lockdown was implemented. Only the medical practitioners and essential item delivery persons were allowed for travel which enabled India to balance its supply and demand.
- Small contaminant zones were formed where the cases surged rapidly. Movements to and from such locations were restricted and were monitored.
- All domestic/international travelers and offices were mandated to undergo a compulsory RT-PCR/Rapid Antigen checking.
- The economically weaker sections were distributed free food grains and essentials for their survival by the central and state governments and few other personnel and charity group partners.

Acknowledgements:

Authors gratefully acknowledge the Ministry of Health and Family Welfare (MoHFW) for the total counts...
of CoVID-19 cases being reported officially from the website, https://www.mygov.in/corona-data/covid19-statewise-status/. Authors also acknowledge Worldometer website for daily updated CoVID-19 cases counts around the world through their website https://www.worldometers.info/.

Author Contributions:
SL had collected the data, analyzed them and drafted the manuscript. PG, SM, VD and AKM conceptualized the idea, provided overall guidance in planning and had contributed in shaping manuscript into the final format.

Declaration of Competing Interests:
The authors declare that they have no competing interests.

Funding support:
Authors declare that they have not received any funding for the present work.

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