

COVID 19 PANDEMIC: REVIEWING THE SOCIAL, ECONOMIC, POLITICAL AND COMMUNICATION IMPACTS

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ABSTRACT

The COVID-19 pandemic has impacted the world in more significant ways than one can imagine. The impact has been felt globally on all fronts including social, economic, political, cultural and communication. Disparities in social determinants such as economic class, gender and race have been magnified by the pandemic. The economic impact has been equally severe with steep drop in current and projected GDPs for many countries, especially the top 10 countries in terms of GDP. Small businesses such as restaurants, bars, salons and mom-and-pop retail stores have experienced unprecedented closures and unrecoverable losses. Misinformation through social media has created an infodemic of epic proportions resulting in public anxiety, fear and chaos. The lack of collaboration and streamlined communication by governments, public health authorities, scientists and doctors has exacerbated public mayhem and worsened the situation. Political parties differed in their approaches for dealing with the pandemic resulting in confused messaging and siloed efforts to stem the pandemic. This paper attempts to review recent articles and journal publications that highlight the impact of the pandemic at social, political, economic and communication levels. Based on reviewed literature, key findings have been summarized and recommendations for efficiently dealing with the current and future pandemics have been made.

INTRODUCTION

The COVID-19 pandemic has revived the wounds of the great 1918 “Spanish flu” pandemic that ravaged the world. Owing to globalization and hence higher levels of interconnectivity in the 21st century, one can naturally expect a global pandemic to affect the entire world in all walks of life: - social, economic, political, communication and culture. Carl et al. [1] research the impact of the COVID-19 pandemic on school going children and teachers. Don Bambino et al. [2] analyze the disproportionate impact of the pandemic on racial and ethnic minorities while Titan et al. [3] reveal the significant impact of the pandemic on women and long-term implications on gender stereotypes due to the pandemic. Victoria et al. [4] and Mark et al. [5] report the psychological consequences of social distancing on the mental health of lesser privileged families while Michael et al. [6] cite the economic benefits accrued via moderate levels of social distancing. Richard et al. [8] and Abdul et al. [9] discuss in detail the macroeconomic effects of the pandemic and its’ impact on the world GDP, global supply chain and financial institutions and outline potential remedies for the same. Ajay et al. [10] outline financial solutions to deal with current and future pandemics that will ensure minimal impact at microeconomic as well as macroeconomic level. Robert et al. [11] discuss the economic impact of the pandemic on small business owners belonging to racial and ethnic minorities. Jon et al. [12], Eric et al. [13] and Lea et al. [14] analyze political partisanship and its’ influence on people beliefs and behavior as fall out of the pandemic and the deep-rooted nexus between governmental public policy and political affiliations. Scott et al. [15] and Nour et al. [16] emphasize the need for a robust health

communication strategy in the wake of extensive disinformation on social media during the pandemic. A detailed review of the above cited literature follows.

SOCIAL IMPACT

The social impact of COVID-19 has been extensively researched and documented in recent times. Carl et al. [1] provides a detailed impact on school shutdown due to COVID19. The statistics clearly indicate that students from working class homes were less likely to study online as compared to those from middle class and affluent homes. The disparity between students accessing online lessons in private schools and state schools was quite significant. Such an outcome can be expected as students in private schools hail from well to do and affluent families and hence have better facilities for online education such as computers/laptops, good network connection, educated parents and higher family income as compared to those in state schools. Carl et al. [1] cites survey data that indicates that students belonging to working class families were more likely to fall behind as compared to those from middle class and affluent families owing to a lack of proper home learning environment thereby exaggerating the existing socio-economic inequalities across US households. Apart from school children, teachers have also been affected by the pandemic. Teachers in private and advantaged state schools were more engaged than their counterparts in least advantaged and most deprived state schools. The COVID 19 pandemic has increased emphasis of education through digital means which has served to enhance the gap between the working class and affluent families. While attempts are being made by schools, teachers and government to reduce the socioeconomic inequity gap, we can expect this gap to increase in the short term.

Don Bambino et al. [2] elaborate on the disproportionate impact of the COVID19 impact on racial and ethnic minority groups. They cite CDC data that reveal 21.8% and 33.8% of COVID-19 cases were African Americans and LatinX although these groups only comprise 13% and 18% of the US population respectively. This disproportionate data was also reflected in COVID-19 patients who underwent hospitalization and exhibited higher mortality rates. While the higher mortality rates could be attributed to underlying poor health conditions such as diabetes, obesity, hypertension etc., these could be very much a fall out of lack of access to proper health care, consumption of non-healthy food and non-healthy working conditions. Only 20% of African Americans had the privilege of working from home while a whopping 40% of African Americans make up for NY transit workforce. African Americans were more likely to use public transportation and live-in high-density households thereby exposing themselves to significantly higher occupational and living hazards. Prior to the pandemic, the poverty rates in the United States were 24% for Native Americans, 22% for African Americans and 19% for Hispanics as compared to 9% for whites suggesting that racial minority and ethnic groups possess less financial capacity to make healthful decisions. As per Carl et al. [1] research findings, the school going children of the minority and ethnic groups were also likely to fall behind in their education as compared to those from the privileged sections thus compounding the underlying social inequalities. The COVID-10 pandemic has underscored the import of social determinants that cause disproportionate impact amongst racial and ethnic minority groups.

Titan et al. [3] emphasize the gender inequality that has been exposed in the wake of the global pandemic. While in recent recessions such as the one in 2008, job losses were higher for men as compared to women, the COVID-19 pandemic has had a disproportionate impact on working women. Owing to the closure of schools, day care facilities, restaurants, tourism and hospitality industries wherein women constitute a significant percentage of the workforce, working women have borne the brunt of the pandemic as compared to men. Additionally, schools have switched to online education which demands women to spend more time with their children. Specifically, single mothers were likely to be the worst affected owing to their minimal financial capacities. Just as every cloud has a silver lining, corporate America and businesses are becoming increasingly aware of the childcare needs of their employees and providing flexible working conditions which will empower women to combine their childcare duties and career successfully. Women constitute a significant portion of the workforce within healthcare (nurses and doctors), retail and pharmacy industries. While their men may work from home or lose employment, they are likely to be more engaged in childcare duties. Thus, the COVID-19 pandemic can be expected to simultaneously emphasize gender stereotypes amongst certain families and deemphasize gender stereotypes in others and the impact is likely to have a long-lasting effect on society.

Victoria et al. [4] studied the impact of social distancing norms during COVID-19 on household conflicts and cohesions. Their findings indicate that social distancing has created high levels of psychological strain in high-risk populations. The pandemic has significantly impacted mental health and emotional climate within families belonging to racial and ethnic minorities and with a poor socioeconomic stature. These findings corroborate well with those of Carl et al. [1] and Don Bambino et al. [2] who have highlighted the disproportionate impact on minority groups. Mark et al. [5] conducted a survey for adults in the US to study impact of the pandemic on mental health conditions, substance use and suicidal ideation amongst families. The study revealed 300% to 400% increase in anxiety and depressive disorders as compared to the pre pandemic times. Post pandemic suicidal ideation had doubled and one in ten adults had resorted to increased substance use. The mental health of Hispanics, blacks, essential workers, unpaid caregivers for adults and those undergoing psychiatric treatments was significantly impacted. Marked deterioration of mental and behavioral health owing to the pandemic highlight the need to redress health inequity, an issue emphasized by Don Bambino et al.[2]. Michael et al. [6] analyzed the economic benefits of social distancing by leveraging the simulation model developed by Ferguson et al. [7]. Their analysis indicates that about 1.7 million lives could be saved and mortality benefits of approximately \$ 8 trillion or \$ 60,000 per household can be realized by adopting moderate levels of social distancing between March 2019 and October 2019. As per their assumptions, 90% of the monetized benefits would be accrued to people aged 50 or older. However, the simulation model proposed by Ferguson et al. [7] is based on assumptions which may not be entirely valid and hence the computed economic benefits from moderate levels of social distancing may only be partially realized. Moreover, the accrued economic benefits would be realized at the cost of poor mental health and emotional climate as indicated by Victoria et al. [4].

ECONOMIC IMPACT

Richard et al. [8] discusses in detail about the current and potential macroeconomic effects on the global economy due to the pandemic. While previous pandemics have hit nations that were not economically dominant, COVID-19 has impacted the ten largest economies of the world that account for more than 60% of the world GDP, 65% of manufacturing and 40% of manufacturing exports. The global supply chain has been disrupted owing to the demand shocks incited by the pandemic. China, Japan and Korea have been the hardest hit nations and these nations form the hub for global supply chains for many manufacturing goods. Nations worldwide have suffered both demand as well as supply-based shocks. Uncertainty around the duration of these demand-supply shocks has added to the woes. Banks, financial institutions, commodity prices, travel and migration restrictions, exchange rates and capital flows have been impacted significantly. Japan has been hit the hardest in terms of GDP loss (10%) followed by Germany and US (8%). They also outline targeted fiscal measures for banking firms and financial institutions, such as increased spend on health sector and stimulus packages and stress the import of a worldwide collaborative effort. Abdul et al. [9] analyzed the impact of the pandemic on Asian countries and the global GDP at large. The impact on global GDP for the best- and worst-case scenarios were \$77 billion (best case scenario) and \$347 billion (worst case scenario) respectively. This analysis ties in well with the analysis of Richard et al. [8], who cite the massive impact of the pandemic on global GDP. Ajay et al. [10] in a world bank report have recommended solutions to address current and future pandemics by prioritizing public spending, enhancing health system capacity, establishing robust public health financing systems, enhancing spending and flexibility, expanding coverage of health insurance, implementing an optimal health taxation system, enabling a holistic and collaborative approach between health and finance ministries and addressing inequities in access to healthcare via pro-poor health policies. COVID-19 has vividly exposed the need for a detailed macro and micro economic financial crisis plan to deal with current and future pandemics at local as well and global levels.

Robert et al. [11] discuss the impact on small businesses during the early stages of the pandemic when social distancing restrictions were enforced in the US. They surveyed small business owners who reported immediate and large negative effects due to the pandemic. The number of working business owners decreased from 15 million in February 2020 to 11.7 million in April 2020, a massive drop of 22%. The drop in small businesses that were open 2 to 4 days a week was even more staggering with a decrease of 28% - 31%. Working hours for small businesses also decreased significantly during this period. Robert et al. [11] also indicates that African-Americans, Latinx business owners and immigrant and female business owners experienced higher levels of losses which conforms with the findings of Don Bambina et al. [2] and Titan et al. [3]. Construction, restaurants, hotels, transportation and personal/laundry services faced extensive decline in number of active business owners.

Additionally, 15%-20% of businesses had barely enough cash to cover 3 months of operational costs. While the US government has launched a \$ 650 billion Paycheck Protection Program (PPP) to help small businesses and MNCs such as Google and PayPal have bootstrapped

financial initiatives for supporting small business owners, the author raises a pertinent question as to whether all these efforts would be sufficient for businesses to overcome financial setbacks in the long term.

POLITICAL AND COMMUNICATION IMPACT

Jon et al. [12] researched the communication sent to the public by the political establishment in the US during the COVID-19 pandemic. The democrats communicated 70% more than republicans on COVID-19 on Twitter platform and were sending out stronger signals during the earlier days of the pandemic. Political polarization was clearly visible and gradually increased during the pandemic. The lack of a political consensus affected the ability to effectively respond to the pandemic. Hence, the pandemic has stressed the need for a bipartisan consensus in collaboration with public health guidelines to formulate and implement an effective response to the pandemic. Eric et al. [13] corroborate the impact of politically polarizing ideologies on public behavior during COVID-19. In their findings they suggest that US citizens who are aligned with democratic party were more likely to have faith in mainstream findings than those leaning towards republicans. This political polarization was evident during the pandemic wherein democratic states were in favor of strict lockdowns and following the recommendations of the public health authorities strictly. Their survey also indicated that the efforts made by the US government did not have the desired influence on public behavior and political norms and beliefs played a key role in shaping public behavior during the pandemic. Lea et al. [14] identified the key drivers for COVID-19 stay-at-home orders as epidemiologic, economic and political. Survey data revealed that democratic states were quick to enforce stay-at-home orders for a longer duration as compared to their republican counterparts. The length of stay-at-home orders were also impacted by economic factors such as state level GDP and state's dependence on manufacturing. However political considerations played a key role in the initial stages during the stay-at-home order while economic factors became a key concern when the stay-at-home orders were lifted while epidemiologic factors did seem to be statistically significant. The COVID-19 pandemic has exposed as to how political considerations play a key role in shaping public policy of state governments.

Scott et al. [15] highlight the large amount of misinformation on social media as the root cause for public distrust when it comes to vaccination. They recommend improvements in overall health communication within the US by proactively competing for attention, establish trusted leadership within government and foster active collaboration with CDC (Centre for Disease Control), eliminate false information on social media and plan for uncertainties with a people focus. Establishing shared goals and coordinated response in conjunction with a sound communication strategy and implementation are key drivers that would assist governments in efficiently dealing with the pandemic. Nour et al. [16] discuss the implications of COVID-19 infodemic and the need for a robust communication strategy. The infodemic involved reporting incorrect number of cases, inaccurate guidelines and advertising unapproved treatments and remedies as antiviral cures. False messages about the upcoming economic collapse, conspiracy theories propagating COVID-19 as a bioweapon and link between 5G telecommunications network and COVID-19 flourished on the social media ushering in panic, anxiety, fear and chaos

amongst the public in the US. The authors recommend strategies for improving health communication such as providing more airtime for medical professionals, scientists and public health personnel to disseminate authentic and useful information for the public, promoting public health organizations on search engines, monitoring social media closely, adopt an empathetic mode of communication, share personal experiences to combat misinformation on social media and encouraging direct communication with minority groups. The pandemic has revealed the need for efficient health communication strategies and a collaborative effort between governments and public health sectors.

KEY FINDINGS

The COVID-19 pandemic has stressed the existing social inequity and associated debilitating consequences on the education of school going children and teachers in poorly funded schools as cited by Carl et al. [1]. The pandemic has increased the social disparity and it behooves on government, schools and teachers to provide financial and moral assistance to school going children hailing from low income families and working classes. Don Bambino et al. [2] cite CDC data that indicates that a significantly large percentage of people affected by COVID-19 are from racial and ethnic minority groups and consequently they experience higher mortality rates owing to poor financial capacity, non-healthy working conditions and inability to access quality healthcare. Women in workforce within certain industries such as healthcare, retail and pharmaceuticals have been significantly affected and the pandemic could play a key role in simultaneously escalating and deescalating gender stereotypes in certain social situations [Titan et al. [3]]. Victoria et al.[4] and Mark et al. [5] substantiate the negative impact of social distancing norms on mental health of families belonging to a poor socioeconomic stature and racial and minority ethnic groups. These families also exhibited higher levels of suicide ideation and increased substance abuse. The economic benefits of social distancing have been computed by Michael et al. [6] but whether that would outweigh the costs associated with poor mental health (due to social distancing) as researched by Victoria et al. [4] and Mark et al. [5] is debatable. GDP impact on the top 10 largest economies of the world due to the pandemic has been studied by Richard et al. [8] and Abdul et al. [9]. They have estimated the losses in GDP due to disruption of global supply chains and outlined potential remedies to deal with the current and future pandemics. The recent world bank report [Ajay et al.[10]] has also documented a series of targeted measures that would alleviate pandemic induced financial crisis at macro as well as micro levels. The pandemic has created severe repercussions for small business owners and Robert et al.[11] throws light on the disproportionate impact experienced by those belonging to racial and ethnic minorities. Jon et al. [12], Eric et al. [13] and Lea et al. [14] study the impact of political polarization on public beliefs and behavior and extol the need for a unified vision and active collaboration between political parties and public health organizations. The pandemic ushered in a barrage of misinformation on social media (infodemic) and revealed the need for a streamlined health communication enabled by active collaboration between the governments, social media and CDC [Scott et al.[15], Nour et al. [16]].

RECOMMENDATIONS

Carl et al. [1] recommends active collaborative effort between teachers, governments and schools so that school going students from socially and economically disadvantaged families are provided the appropriate financial and moral support. Strategic and consistent public spends by governments should be focused on eliminating the existing social, economic and health inequities amongst the marginalized sections of the society. This will ensure members of the disadvantaged sections of the society do not suffer from excessive psychological trauma and poor mental health in the wake of a pandemic. Women have borne the brunt of the pandemic disproportionately and Titan et al. [3] cites the existing gender inequity and stereotypes as the root cause. Government sponsored workshops with an exclusive focus on eliminating gender stereotypes would be the way to go. Additionally, the government can provide incentives to companies to encourage flexible “work from home” policies that will assist women in balancing their professional and childcare duties. Richard et al. [8] recommends a unified worldwide collaborative effort and higher spend on health sector backed by stimulus packages that will blunt the macroeconomic effects by the pandemic. The world bank report [Ajay et al. [10]] recommends prioritizing public spending, fostering health capacity, improving public health financing systems, increasing health insurance coverage, implementing pro-poor health policies and synergizing approach between health and finance ministry portfolios to ensure better macro and micro financial crisis management at local and global levels. Scott et al. [15] and Nour et al. [16] recommend active collaboration between public health bodies, corporate, governments, doctors and scientists to eliminate misinformation on social media and enable an effective and coordinated response to the pandemic. Direct communication with minority groups should be encouraged in order to minimize their sufferings during the pandemic. In conclusion, it is imperative that the governments of the world, doctors, scientists, public health officials, corporate, media and financial and social experts collaboratively design and implement a holistic, strategic and effective response to pandemics.

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