

The sociological study of impact of covid-19 on modern social life

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Abstract

The Covid-19 pandemic has affected the way people live interpersonal relationships. The lockdown was characterized of a different organization of daily life, with an incrementation of time at home and a reduction of distance through digital devices. This period was also seen as an evolution in the concept of empathy, producing new perspectives in the study of the phenomenon according to a sociological and neurological points of view. Indeed, empathy—defined as the ability to understand and share the feelings of another—involves several elements, such as: (a) social context and historical period of the individual, (b) neurological mechanisms, and (c) psychological and behavioral responses to feelings of others. The neuro-sociological perspective analyzes the mechanisms involved in the empathic process, focusing on human communication and interpersonal relationships (Singer and Lamm, 2009; Decety and Ickes, 2009). Specifically, in this historical period characterized by an increment in the man–machine relationship, neurosociology could become one of the principal sciences for the study of human relations and technology. “We live increasingly in a human–machine world. Anyone who doesn’t understand this, and who is not struggling to adapt to the new environment—whether they like that environment or not—is already being left behind. Adapting to the new, fast-changing, technologically enhanced context is one of the major challenges of our times. And that certainly goes for education

introduction

A novel coronavirus named severe acute respiratory coronavirus 2 (SARS-CoV-2) was first identified in a seafood market in Wuhan City, Hubei Province in China, at the end of 2019 (Zhu et al., 2020). The contagious respiratory illness caused by this novel coronavirus is called coronavirus disease 2019 or, in short, COVID-19 (Wu et al., 2020). From February, COVID-19 cases soared across most of Europe, the United States, Australasia, Asia and on to Africa. Until now, the novel coronavirus continues to wreak havoc on daily life around the globe, affecting 213 countries, infecting 8,018,963 people and killing 436,138 people (until 15 June 2020; Worldometer, 2020).

On 13 January, a 31-year-old Nepali student of Wuhan University, who had returned home on 5 January, was admitted with mild symptoms (Bastola et al., 2020). He got discharged on 17 January after preliminary tests showed he may not be infected. The public laboratories in Nepal did not have reagents required for testing and there were no suspected cases needing testing. Hence the samples were sent to Hong Kong for testing, which showed positive results for COVID-19 (The Kathmandu Post, 2020d). This was the first ever reported case in South Asia (NDTV, 2020). With no new case reported in February, a second case of COVID-19 was seen on 23 March, a 19-year-old woman who had returned from France on 17 March (The Kathmandu Post, 2020c). With a slow start, the total confirmed cases reached to 57 on 30 April. By the end of May, the total number of confirmed cases nationwide reached 1,567. Until

this article was prepared (21 June), more than 9,026 and overall 74 districts have been tested positive for the novel coronavirus resulting in different physical, socioeconomic and psychological impacts on the Nepalese (Ministry of Health and Population Nepal, 2020). Figure 1 shows the number of COVID-19 infected cases and deaths in Nepal (as per 21 June 2020).

Lockdown is considered to be an effective measure in slowing the spread of coronavirus around the globe (Barkur et al., 2020; Flaxman et al., 2020). To further stop the spread of the virus, many countries are currently in some degree of lockdown. Until then, extreme social distancing is pretty much the only intervention available to keep healthy individuals spaced from each other. Even in the best-case scenario, coronavirus vaccine development is likely to take 12–18 months (The New York Times, 2020).

While the preventive vaccine and treatment option are yet to be developed, the worldwide spread of the novel coronavirus has further led to neuropsychiatric issues such as fear, anxiety, depression, panic attacks, psycho-motor excitement, suicidal deaths and a general decrease in overall wellbeing (Brooks et al., 2020; Xiang et al., 2020). Similarly, patients who are infected with COVID-19 are at a greater risk of developing mental health problems, as they are facing stigma and discrimination from their own family members. Similar situations were faced by the general public as well as many medical practitioners during previous outbreaks such as Severe Acute Respiratory Syndrome (SARS), Middle East Respiratory Syndrome (MERS) and Ebola (Jeong et al., 2016; Leary et al., 2018; Rogers et al., 2020; Rubin & Wessely, 2020; Wing & Leung, 2012). Until now, there is a paucity of information on the socioeconomic and

psychological aspects of the Nepalese community in the face of COVID-19, which is critical for guiding policies and interventions to curb the pandemic. Figure 2 shows the psychosocial relationship among COVID-19, media, government actions and the public.

Covid 19 has a very badly effect whole world on education system, media section, agricultural sector, social life, religion,

Impact on education

The action of the government of Nepal to close all educational institutions, postponing of all national level examinations and prohibiting the gathering of more than 25 people together led to an outflux of more than 300,000 people from Kathmandu in 3 days (Rising Nepal Daily, 2020). Perceiving the village environment as pure, free from germs and contamination, and unlikely to get coronavirus might have led to the surge in the outflux of people. The drastic increase in new infection rates, lesser tests, increased media reporting and death tolls have increased public anxiety. The absence of clear messages and the desire for facts have heightened fear among the public and propelled them to seek information from less reliable portals (Rubin & Wessely, 2020). The current pandemic has imposed multiple restrictions on research as laboratories have been closed, and scientists and researchers have been working from home, limiting recruitment in studies.

According to the World Bank (2020b), the COVID-19 pandemic has caused more than 1.6 billion children and youth in 161 countries to be out of school, which is close to 80% of the world's enrolled students. Parents have experienced increased pressure to work from home, to keep their work running as well as to take care of schooling children at home at the same time, while

caregiver resources including grandparents and the wider family have been restricted (Fegert et al., 2020). With the unprecedented lockdown, most parents have worries about their children's education and future as their school education has been halted until further notice. The Government of Nepal though has decided to introduce a digital education system to continue the teaching learning process, and this has further burdened parents with the load of school fees and online internet fees. It is further stressful for parents with a low income who have to struggle for daily wages and do not have proper internet access, as it compromises the learning needs of their children. While Nepal can boost inexpensive, accessible and familiar resources such as radio networks, television broadcasting and social media for remote learning, it is important to assess the sustainability of its own existing resources, and checking the possibilities before deliberately imposing them on academic institutions and the public.

health

Covid 19 has led to disastrous change in human life worldwide and presents an unprecedented challenge to public health, food systems and the world of work. The economic and social disruption caused by the pandemic is devastating: tens of millions of people are at risk of falling into extreme poverty, while the number of undernourished people, currently estimated at nearly 690 million, could increase by up to 132 million by the end of the year.

According to unicef about 3.4 million globally are losing their livelihood it might be increase within shortest period of time. Without the means to earn an income during lockdowns, many are unable to feed themselves and their families. For most, no

income means no food, or, at best, less food and less nutritious food.

When a person got infected and foremost he goes under quarantine for weeks, therefore he starts to live separately in a single place even in a single room. No a single person even not from his family ready to him. Obviously this is the protocol and not spread more so every avoid to meet this covid positive person.

Social life

Covid -19 has a disastrous impact on social life some are, we must discussed below.

Crowd anxiety and apprehension to pre-pandemic behavior were normalized due to the virus and subsequent lockdowns around the world. Additionally, social upheaval and other stressors have resulted in hesitancy to be comfortable sharing the same physical space with strangers. In February 2021, *Saturday Night Live* poked fun at "post-COVID dating" after a year of isolation imagining the "weird quirks and behaviors we've picked up".

Domestic violence

Main article: Impact of the COVID-19 pandemic on domestic violence. Many countries have reported an increase in domestic violence and intimate partner violence attributed to lockdowns amid the COVID-19 pandemic.^[64] Financial insecurity, stress, and uncertainty have led to increased aggression at home, with abusers able to control large amounts of their victims' daily life.^[65] United Nations Secretary-General António Guterres has called for a domestic violence.

Social behavior

While the number of older persons is relatively and absolutely smaller in developing countries, this coincides with other serious structural risks. Countries with the fewest older persons (such as many of the least developed countries), have the fewest health resources, limited experience caring for older patients (including few geriatric specialists), less institutional care for older persons, and far fewer public or NGO support structures for outreach, screening and community-based care of Older persons living in long-term care facilities, such as nursing homes and rehabilitation centers, are particularly vulnerable to infection and adverse outcomes from COVID-19. Older persons who live alone may face barriers to obtaining accurate information, food, medication, and other essential supplies during quarantine conditions and community outreach is required. Older persons, especially in isolation, those with cognitive decline, and those who are highly care-dependent, need a continuum of practical and emotional support through informal networks (families), health workers, caregivers, and volunteers

Coronaphobia

Researchers have identified coronaphobia as a byproduct of the pandemic, where individuals have an excessive fear of contacting positive person or to visit their homes. Even family members also avoid to keep distance with each other.

Personal gatherings

Before covid19 people always used to make gathering with their loved once to enjoy the fearwell, marriage anniversaries, birthday parties and so on. They meet with each other to relax with

minds to make their life calm and easier. Such gatherings may be replaced by teleconferencing, or in some cases with unconventional attempts to maintain social distancing. Now people didn't see each other in weeks, only telecommunication. Is the only source to keep them with each other.

Psychological effect

Studies of pandemics faced over time, such as SARS, Ebola, H1N1, Equine Flu, and the current COVID-19, show that the psychological effects of contagion and quarantine is not limited on the fear of contracting the virus (Barbisch et al., 2015). There are some elements related to the pandemic that affect more the population, such as separation from loved ones, loss of freedom, uncertainty about the advancement of the disease, and the feeling of helplessness (Li and Wang, 2020; Cao et al., 2020). These aspects might lead to dramatic consequences (Weir, 2020), such as the rise of suicides (Kawohl and Nordt, 2020). Suicidal behaviors are often related to the feeling of anger associated with the stressful condition widely spread among people who lived/live in the most affected areas (Miles, 2014; Suicide Awareness Voices of Education, 2020; Mamun and Griffiths, 2020). In light of these consequences, a carefully evaluation of the potential benefits of the quarantine is needed, taking into account the high psychological costs (Day et al., 2006; Mazza et al., 2020).

Social life and Social Suffering and the Empathic Process

In analyzing the psychological impact of the quarantine, the importance for individuals to feel integral part of the society emerged, an aspect often undervalued in psychological well-being. Experts of public health believe that social distancing is the better solution to prevent the

spread of the virus. However, although it is not possible to predict the duration of the pandemic, we know very well the serious impact of these measures on the society, on relationships and interactions, in particular on the empathic process.

human communication is changing. The formal question “how are you?” at the beginning of a conversation is no longer just a formality, as before the pandemic. For example, the relationship between employee and the manager is different, leading to more responsibilities in listening and understanding feelings expressed during the video call, generating a forced reciprocity. Hence, the aforementioned “forced empathy” may be common in this period because the social distance and the emergency situation make people want to be heard and appreciated, and the simple question “how are you?” becomes an anchor to express fears and emotions.