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SOCIAL WORK RESEARCH DURING COVID-19 PANDEMIC: UNDERSTANDING THE ISSUES AND CHALLENGES OF THE CORONA WARRIORS

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<p>Special Issue Editors ¹Norvy Paul ²Johnson Mavole ³Arya Chandran</p> <p>¹The Catholic University of Eastern Africa, Nairobi ²St. Augustine University of Tanzania, Mwanza City ³Bharathamatha School of Social Work, Kochin, India</p> <p>Chief Editor Web: www.ijscd.org Email: info@ijscd.org</p> <p>Editing Oversight Impericals Consultants International Limited</p>	<p><i>Abstract: The COVID-19 pandemic, also known as the coronavirus pandemic, is an ongoing pandemic caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The outbreak was first identified in Wuhan, China, in December 2019. The World Health Organization declared the outbreak a public health emergency of international concern on 30 January and a pandemic on 11 March. As of 28 May 2020, more than 5.69 million cases of COVID-19 have been reported in more than 188 countries and territories, resulting in more than 355,000 deaths. More than 2.34 million people have recovered from the virus. To fight the dreaded disease from spreading its tentacles in the society, various workers in different capacities are engaged day in and day out and serving the society. The Doctors, paramedics, policemen, sanitation workers and others engaged in different duties in the fight against the COVID-19 are called "corona warriors. However, it is important to understand their state of mind and the various issues and challenges they face during these difficult crisis times. They are staying away from their families, undergoing the risk of contracting the virus and many more. Thus, by employing the secondary social work research methods, a study can be made by accounting/documenting the views, opinions and perceptions of the corona warriors during this ongoing pandemic. The narratives can help in future policy-level changes for the frontline workers to make them even more resilient for facing the mammoth challenges.</i></p> <p>Keywords: Corona, Warriors, Challenges, Pandemic, Social isolation</p>
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Introduction and Setting the Context

The coronavirus pandemic, also known as the COVID-19 pandemic, is caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Initially identified in Wuhan, China, in December 2019, the World Health Organization declared the outbreak a public health emergency of international concern on 30 January and a pandemic on 11 March. As of the 28 May 2020, more than 5.69 million cases of COVID-19 have been reported in [more than 188 countries and territories](#), resulting in more than 355,000 deaths. More than 2.34 million people have recovered from the virus. The virus primarily spreads between people during close contact very often via small droplets produced by coughing, sneezing, and talking. The droplets usually fall to the ground or onto surfaces rather than drifting through the air over long distances. Less commonly, people may become infected by touching a contaminated surface and then touching their face. During the first three days after the onset of symptoms, it is most communicable through the spreading is likely before symptoms appear, and from people who do not show symptoms. There is no known vaccine or [specific](#) antiviral treatment. The governments of various countries have imposed lockdowns, travel restrictions, hazard controls workplaces, and the closure of various public places across the globe. Additionally, several places have increased the virus testing capacity and tracing the contacts of the infected persons. The coronavirus pandemic has resulted in socio-economic disruption across the globe, and it has also caused the biggest global recession since the Great Depression. ¹

It has led to the postponement or cancellation of sporting, religious, political, and cultural events, widespread supply shortages exacerbated by panic buying, and decreased emissions of pollutants and greenhouse gases.² Schools, universities, and colleges have been closed either on a nationwide or local basis in 177 countries, affecting approximately 98.6 percent of the world's student population. [Misinformation about the virus](#) has spread through [social media](#) and the [mass media](#). There have been reports of xenophobia incidents and

¹ <https://www.worldbank.org/en/news/press-release/2020/06/08/covid-19-to-plunge-global-economy-into-worst-recession-since-world-war-ii>

² https://en.wikipedia.org/wiki/List_of_events_affected_by_the_COVID-19_pandemic

prejudice against Chinese people from high infection rate areas.³

The first case of COVID-19 in India, which originated from China, was reported on 30 January 2020. As of 30 May 2020, the Ministry of Health and Family Welfare has confirmed 173,763 cases, 82,370 recoveries (including one migration), and 4,971 deaths in the country. India currently has the second-largest number of confirmed cases in the world. India's case fatality rate is relatively lower at 3.09%, against the global 6.63% as of 20 May 2020.⁴

To fight the dreaded disease from spreading its tentacles in India, various workers in different capacities are engaged day in and day out and serving society. The Doctors, paramedics, policemen, sanitation workers, and others engaged in various duties in the fight against the COVID-19 are called "corona warriors."⁵ The corona warriors have been applauded and appreciated for their selfless service towards society during this pandemic.

On 22 March 2020, 'Janta Curfew' was observed wherein people across India clapped from their home balconies and expressed their gratitude towards the corona warriors. The armed forces conducted aerial fly-pasts and shower flower petals on several hospitals across the country on 3 May to express gratitude to lakhs of doctors, paramedics, sanitation staff, and other frontline workers engaged in fighting the coronavirus pandemic. The National Geographic Channel produced a documentary film entitled 'Lockdown: India Fights Coronavirus' that documented the inspiring and unique stories and the diligent efforts of the implausible corona warriors in our country. Both governments at the centre and states have announced special packages and insurance coverage for the corona warriors.⁶

Everything said and done; as Social Scientists and Social Work Researchers, it is imperative to look beyond these aforesaid activities. Daily these corona warriors face innumerable challenges, and thus, it is vital to understand their state of mind and the various intricate issues and challenges during these difficult times. These warriors are staying away from their families and undergoing the risk of contracting the virus as well.

³ <https://mediummagazine.nl/fake-news-and-the-coronavirus-how-the-media-verbalize-xenophobia-in-the-new-decade/>

⁴ https://www.ijcmr.com/uploads/7/7/4/6/77464738/ijcmr_3162_v1.pdf

⁵ <https://government.economictimes.indiatimes.com/news/digital-india/government-launches-online-data-of-healthcare-pros/75242888>

⁶ <https://bfsi.economictimes.indiatimes.com/news/insurance/fm-announces-rs-50-lakh-insurance-cover-for-covid-19-frontline-warriors/74831023>

1. Review of Literature

Bürgelt, P. T., Paton, D., & Johnston, D. M. (2009). Factors and processes influencing individual and community preparedness for a pandemic outbreak in New Zealand. GNS Science Report, 2009/09. This report begins by stating that for risk management information to be effective, it is necessary to understand how people interpret information and how individual and environmental factors influence these interpretations. Key findings included: Preparedness takes time; Decision to act or not to act (on advice, warnings) depends on how relevant and immediate people perceive the risk to be; People's level of preparedness depends on their perception of the risk as high or low; Saliency is relevant – is it a 'hot topic?'; General belief that New Zealand agencies will manage a pandemic well and that New Zealand is a relatively safe place during any pandemic. However, there was also a lack of trust in information providers as well doubt that the health system would cope; Economic pressures to stay at work instead of staying at home as recommended as a concern. However, the participants recognised that isolation was a vital response strategy.

Glik, D. C (2007). Risk communication for public health emergencies. *Annual Review of Public Health*, 28, 33-54. In this paper, the work is reviewed from four different disciplines that inform crisis risk communications: environmental risk communication, disaster management, health promotion, media, and communication. Glik distinguishes between risk communication and crisis risk communication and maintains that the latter presumes an emergency and should be timely, relevant, reassuring, and give people hope. Elements of a crisis condition combine unexpectedness, high levels of threat, a stressed population, and media looking for breaking news stories, so the communication needs to contain trust, credibility, honesty, transparency, and accountability. Of particular interest to Glik was the overview of the media's contribution in times of health crises, and the author comments that it appears that the media is an influential factor in how the public responds, often mixing truth with exaggeration. The meaning construction of the press leads people to act on not what is genuinely taking place, but what they think is taking place. Risk is not seen as an objective hazard or threat but as mediated through cultural and social processes. Message framing is also identified as key, meaning that different presentations of the same information can elicit different responses. Glik also credits the media with amplifying the risk perceptions where some relatively lower risk concerns become a focus at the expense of other more serious risks. In other words, the risk communicated may not be an accurate reflection of the

real risks.

Janssen, A. P., Tardif, R. R., Landry, S. R. & Warner, J. E. (2006). "Why tell me now". The public and healthcare providers weigh in on pandemic influenza messages. *Journal of Health Management Practice*, 12 (4), 388-394. This study was carried out in four cities in four United States regions: New York City, Wichita, Portland, and San Francisco. Focus groups and interviews with healthcare providers provided the basis for research on what types of messages about pandemic flu was most well understood and used by the public and healthcare providers. The analysis showed that participants and healthcare workers had a low awareness of pandemic influenza and very little sense of urgency among healthcare workers. Google was listed as a primary source of information. In public, the risk information was described as 'scary', and there was an intense yearning to know about how to protect themselves and their families during the influenza pandemic. Being able to act (once the pandemic had hit) provided a sense of relief that they could do something; however, when a pandemic was neither present nor imminent, there was less interest in preventative action. A notable finding was that participants who received little or no information about protective actions they could take expressed helplessness and frustration.

Tay, J., Ng, Y. F., Cutter, J. & James, L. (2010). Influenza A (H1N1-2009) Pandemic in Singapore – Public Health Control Measures Implemented and Lessons Learnt. *Annual Academic Medical Singapore*, 39, 313-324. This paper examines Singapore's public health measures to control the spread of H1N1 and lessen its social effects. Singapore's public health control measures were broadly divided into two phases: containment that included triage, admission, and isolation of confirmed cases and after sustained community transmission, mitigation. It was done where the only cases admitted to the hospital were the clinically confirmed cases, and the mild cases were handled in the community. The lessons learned were: Be prepared but retain flexibility; Surveillance is crucial combined with better scientific information and operational research; An integrated systems-level response is essential; Effective handling of human resources surges requires creative strategies; Communication must be concise, timely, strategic and precise.

2. Research Methodology and Study Rationale

Social work research is applying research methods to solve problems that social workers

confront in social work practice.⁷ It provides information that can be taken into consideration by social workers before making decisions that affect their clients, agencies, or programmes, such as employing alternative intervention methods or change or modification of objectives. Social work research concerns itself with the problems faced by social workers. It constitutes the queries stumbled upon in social work practices or the planning or administering the social work services that can be resolved through research and suitable for investigation under social work patronage. Social work research utilises the same scientific methods and techniques as does social research. No doubt, when some (research designs) procedures of social research are not appropriate for social work research, it would be necessary to develop the tools which would be appropriate to social work research. Therefore, in the present research paper, an analogy has been drawn between the corona warriors and the social worker as the current pandemic is eventually becoming a social disease involving social distancing, isolation and alienation. Issues such as discrimination, stigma, and social rejection are becoming quite perceptible during this pandemic, much comparable to HIV/AIDS cases. Thus, at this point, the researcher thought of conducting a study to understand the various issues and challenges affecting the Corona Warriors. Issues affect the patients too, but once they get cured, the issues might subside with time, but with the warriors, the challenges remain as long as the virus is entirely eradicated from the country (this scenario looks remote as of now). The study's rationale is to highlight the corona warriors' problems as these would lead to creating literature for frontline workers engaged during the pandemic scenarios. Frontline workers face a substantially higher risk of infection and death due to excessive COVID-19 exposure.

Studies have identified the following risk factors for COVID-19-related health impact: working in a high-risk department, diagnosed family member, inadequate hand hygiene, suboptimal hand hygiene before and after contact with patients, improper PPE use, close contact with patients (≥ 12 times/day), long daily contact hours (≥ 15 h), and unprotected exposure. The most common symptoms identified amongst HCWs were fever (85%), cough (70%), and weakness (70%). Prolonged PPE usage led to cutaneous manifestations and skin damage (97%), with the nasal bridge (83%) most commonly affected site. HCWs experienced high levels of depression, anxiety, insomnia, and

⁷ <https://www.scribd.com/doc/46696769/Meaning-of-Social-Work-Research>

distress. Female HCWs and nurses were disproportionately affected. The frontline workers are at risk of physical and mental consequences directly due to providing care to patients with COVID-19. Even though there are few intervention studies, early data suggest implementation strategies to reduce the chances of infections, shorter shift lengths, and mechanisms for mental health support could reduce the morbidity and mortality amongst the frontline workers. Therefore, the researcher selected to study the challenges faced by the corona warriors instead.

The present paper is exclusively based on secondary social work research methods by accounting/documenting the corona warriors' views, opinions, and perceptions during this ongoing pandemic. The researcher has studied the various newspaper articles, media reports, news channels debates and discussions, and the opinions of the heads of various institutes dealing directly with the Corona pandemic. The narratives can help future policy-level changes for the frontline workers to make them even more resilient for facing the mammoth challenges.

3. Findings and Discussion

3.1 Health Care Professionals

The pandemic has tested the resilience of healthcare systems, including hospitals, which were largely found unprepared. There is a need for every hospital, nursing home and medical college to put their shoulder to the wheel and tackle the Covid-19 crisis. The doctor-population ratio in India is 1:1456 against the WHO recommendation of 1:1000⁸. The doctors in India were already grappling with excessive patients' influx suffering from chronic diseases. With the explosive rate of Corona patients' incursion, the scenario looks grim with an acute doctor shortage and extra burden on the existing doctor population. This needs to be looked at from a policy level lens wherein the need to create an optimum doctor population is in-evident to face a pandemic situation like the present one. The virus spread has overwhelmed many hospitals, already struggling with a shortage of beds and doctors, diverting attention from non-virus patients and those with chronic illness. Reports have suggested that in many medical institutes/hospitals, even like AIIMS, the doctors and nurses have contracted the virus, indicating that despite using protective gears, these frontline corona warriors are at the most significant risk and thus are their

⁸<https://www.deccanherald.com/business/budget-2020/the-doctor-population-ratio-in-india-is-11456-against-who-recommendation-800034.html>

families. The medical and paramedical staff are not going home in fear of spreading the virus to their family members, including their elderly parents with co-morbid health conditions. Though the governments have announced insurance coverage for the medical staff who have laid down their lives while discharging their duties during the pandemic, anxiety, fear, and stress need to be looked at and well addressed.

Many doctors are increasingly going online to consult with patients suffering less critical or chronic diseases. In addition to regular telephone calls, many doctors turn to video calls and WhatsApp chats for treating the patients suffering from illnesses such as diabetes or kidney conditions. This has curtailed the rush at the clinic and thus, preventing the spreading of infection. "There is a lockdown, patients cannot come, but the disease will not wait," said Sushila Kataria, the internal medicine director at Medanta Hospital in Gurugram near New Delhi⁹. Kataria said she had started treating nearly 80% of patients online, with physical check-ups limited only to urgent cases. The doctors across the country are treating corona patients in much distress situations. The doctor-patient gap was already wider, and with this additional burden of corona pandemic, the gap seems to be widening even more. This widening holds the potential to cripple the medical care infrastructure further.¹⁰

3.2 Stigma and Discrimination

The corona pandemic has spawned a lot of stigma and discrimination towards individuals involved in providing essential services. There is a stigma associated with those working in the health sector, such as doctors, paramedical staff, people working in the medical shops, and sanitation workers. This disease caused by the coronavirus has created such fear among the people that an accidental cough or a sneeze at a public place invites derisive looks and rejection. Though coronavirus does not discriminate between people, people have found new ways to stigmatise the disease and the people who are in some or other way associated with the disease. Fear and the peculiarity of the coronavirus are driving stigma and discrimination. This trend is universal and not just confined to any specific state but across India. "The only way to get out of this is to spread awareness, educate people and try to change their opinion about the disease. It may take time, but ultimately it will work the way it did with HIV/AIDS," says Dr S R R Y Srinivas, Head,

⁹ <https://www.reuters.com/article/uk-health-coronavirus-india-doctors-idUKKBN2350SP>

¹⁰ <https://docmode.org/indias-doctor-patient-ratio-gravely-affects-healthcare-system/>

Department of Psychiatry, Government Medical College, Warangal.¹¹ In the context of health, the UNICEF¹² describes social stigma as a negative association between a person or a group of people who share certain characteristics and a specific disease. In an outbreak, this means people are labelled, discriminated against and experience loss of status because of a perceived link with the disease. Such treatment negatively impacts those with the disease and their caregivers, family, friends and communities. For instance, people who do not have Covid-19 but share other characteristics with the group may also suffer from stigma. "The Genesis of stigma is fear, which is causing such behaviour among the general public during the Covid-19 outbreak. It is our responsibility to educate people that more than 80 per cent are getting cured within days. We can also educate people by saying that Covid-19 is a virulent form of flu and there will be no residual effect from the disease," suggests Dr D Keshav Rao, President, Indian Psychiatric Society (IPS), Telangana chapter.¹³

Reasons for Stigma Against Covid-19	Impact of Stigma Against Covid-19	Solutions to Overcome Stigma
Unknown Disease	Drives the public to hide illness to avoid discrimination	People in-home quarantine should not be hurt or harassed or stigmatised
Anxiety and Confusion among people	Prevents people from seeking immediate healthcare	Anxiety should be faced with facts and not myths
Fuelling of Rumours and Creation of Stereotypes	Discourages people to adopt healthy behaviour	Spread positivity and take care of mental health

It is important to remember that the coronavirus may get eradicated someday, but the mental trauma and stigma would remain attached to people for several years to come. In many cases, doctors and other medical staff, staying as tenants, are being driven out by their owners¹⁴. The owners are scared of the contracting virus from them. Such kind of apathy towards the corona warriors is detrimental to a healthy ecosystem in the society. At this juncture, it is crucial to educate and sensitise people and spread awareness for social acceptance and non-stigmatisation of the

¹¹ <https://telanganatoday.com/stigma-a-challenge-for-covid-warriors-survivors>

¹² <https://www.unicef.org/documents/social-stigma-associated-coronavirus-disease-covid-19>

¹³ <https://telanganatoday.com/stigma-a-challenge-for-covid-warriors-survivors>

¹⁴ <https://timesofindia.indiatimes.com/city/kolkata/frontline-healthcare-workers-face-ostracization-from-landlords/articleshow/74801408.cms>

corona warriors.

- **Policing Challenges and Maintaining Law and Order in Society:** The fatigue caused by the Coronavirus pandemic has taken its toll. The police have faced physical violence, many of them have tested positive for the coronavirus, and many have martyred themselves.¹⁵ Professor Karl Roberts, a health security consultant, policing for the WHO and law enforcement, inspected the several roles police may have during a pandemic, "In addition to core policing activities, there are various other activities that could fall within the policing responsibility during a pandemic, including policing curfews and protecting medical supplies and medical staff."¹⁶ These activities add an extra load on the already existing mammoth responsibilities. They also expose police staff to a more significant risk of infection and must be considered in the light of other pressing demands upon police time. Policing curfews is a particular challenge. It is important to realise that the task of policing curfews is likely to get increasingly more difficult over time as people become cynical of a curfew's value and frustrated or bored with their curtailed freedom. Draconian or militaristic policing curfews can result in significant reputation damage to police and eventual loss of public trust. As the emergency service of last resort, the police might also become involved in transporting very sick individuals to the hospitals in case the ambulance services become overburdened. Again, this presents increased exposure, particularly as those requiring transportation are likely to be seriously ill patients. Police may also be required to transport medical equipment, supplies and swab samples. Knowing how to transport these safely is important, and failing to do these correctly might increase infection risk. Police may be required to support public health staff in contact tracing and enforcement of orders such as obtaining access to premises or forced vaccination. The police force is majorly concerned with controlling crime and maintaining law and order in the society, and they might need clarification of role in support of public health for safe conduction of work and clarification of relevant legislation.

Additionally, contact tracing may also pose other challenges, especially in hard to reach populations. Thus, it proves that performing these very challenging roles tirelessly, from one lockdown to the other, might add to their existing responsibilities. It is hence important to understand the state of mind (psychological) issues of the police. India's ratio of

¹⁵ <https://www.bbc.com/news/world-asia-india-52586896>

¹⁶ <https://www.aipm.gov.au/policing-pandemics-karl-roberts>

138 police personnel per lakh of the population is the 5th lowest among 71 countries,¹⁷ implying the amount of burden and stress on the police to control any violence or tension in the society. In addition to controlling crimes, now the police force is also responsible for maintaining social distancing of the public, social order and peace in these anxious and disturbing times. Undoubtedly, the police's efforts would continue to look heroic so long as they are pitched against the pandemic. That is because augmenting society's sense of security in uncertain times would still be a core issue. The key is to come out with norms to restrain ambiguity and instil transparency, in the absence of which the spectrum around the pandemic will be misled as an extension of the regular police functions. By far the best-performing state police force, Kerala police have rightly come out with a set of specific Covid-19 SOPs to guide their personnel battling on the untested front. Loknath Behera, the state police chief, has also devised a system to rest 50 percent of the police force on a weekly rotational basis.¹⁸

- **Sanitation Workers' Challenges:** About 40 lakh waste pickers in the informal sector and garbage collectors in India are at direct risk of getting infected with coronavirus as they handle the unmarked medico-contaminated waste.¹⁹ Garbage contaminated with bodily fluids from the hospitals, quarantine centres and home quarantine for suspected Covid-19 patients poses an intimidating challenge for waste management authorities, sanitation workers and waste pickers. All will end up as hazardous waste that should be disposed of in Common Bio-Medical Waste Treatment Facilities (CBWTF). In this regard, the Central Pollution Control Board (CPCB) had issued guidelines in March, and then a revised one in April, for handling, treatment, and safe disposal of waste generated during treatment, diagnosis and quarantine of confirmed or suspected Covid-19 patients.²⁰ Even though India already has a Bio-Medical Waste Management Rules (BMW), 2016, the updated guidelines were explicitly issued to ensure that the waste generated

¹⁷Data from the United Nations Office on Drugs and Crime (UNODC)

¹⁸ <https://www.thehindu.com/news/national/kerala/behera-orders-police-officers-above-50-off-the-field/article32248671.ece>

¹⁹ <https://indianexpress.com/article/india/india-sanitation-workers-waste-pickers-coronavirus-pandemic-6414446/>

²⁰ <https://indianexpress.com/article/india/india-sanitation-workers-waste-pickers-coronavirus-pandemic-6414446/>

during testing and treatment of coronavirus patients is scientifically disposed of, given the contagious nature of the virus.²¹ As per the guidelines, for households and quarantine camps, the waste generated should be collected separately in yellow colour bags and handed over to authorised waste collectors engaged by ULBs. To ensure strict compliance with waste management guidelines, the National Green Tribunal (NGT) had directed the Centre and CPCB to supervise handling and scientific disposal of Covid-19 waste. The tribunal said that while the Biomedical Waste Rules deal with waste generated in dealing with infectious diseases, the coronavirus pandemic has presented more challenge in terms of capacity to scientific disposal of the waste that has been generated. In its observation, the green tribunal noted that the "disposal of Covid-19 waste in general bins to be part of municipal waste or unscientific handling sewage and other liquid waste without safeguards could also be hazardous".²²

*Increment in hazardous waste during a pandemic*²³: But managing this waste is not that simple, as general waste – wet or dry- can be declared hazardous if it comes in contact with Covid-19 patients and urgently requires scientific disposal. There is another aspect to it, i.e. coronavirus can remain on certain surfaces for more than three days. According to a paper published in the New England Journal of Medicine, even after waste is disposed of, the novel coronavirus can survive on surfaces such as cardboard for 24 hours and more than three days on plastic and metallic surfaces. "All waste, including food, if it comes into contact with the corona virus-infected waste becomes hazardous. Hazardous waste generation has increased from households in containment zones and quarantine centres during the pandemic, said Varsha Joshi, Commissioner, North Delhi Municipal Corporation. "In the last 41 days of lockdown, an additional 11.4 tonnes of hazardous wastes were generated from the households. To minimise chances of infection, all waste, including food, from hospitals, quarantine centres, isolation wards, home care of suspected Covid-19 patients is being treated as hazardous waste," she said. Dr Kishore agreed that biomedical waste generation had increased sharply since the start of the pandemic. He said bigger hospitals are taking all precautions, but the ones outside cities and periphery areas have poor waste compliance. A campsite for migrant workers in Delhi's Sharan Vihar area that the Indian Express visited had rows

²¹ <https://indianexpress.com/article/india/india-sanitation-workers-waste-pickers-coronavirus-pandemic-6414446/>

²² <https://indianexpress.com/article/india/india-sanitation-workers-waste-pickers-coronavirus-pandemic-6414446/>

²³ <https://indianexpress.com/article/india/india-sanitation-workers-waste-pickers-coronavirus-pandemic-6414446/>

of medical waste such as surgical masks, gloves, syringes, tunics, gowns and empty tablet packets, among other items, stuffed inside blue bags. Many people working as medical waste collectors collect garbage from hospitals and bring them back to the campsite for further segregation. This has an increased risk of spreading infection for themselves and the residents living in the nearby vicinity.

Waste generated from households a cause of worry: The government notification to manage waste during the pandemic has not trickled down to Resident Welfare Associations (RWAs). There is negligence in segregating waste in major cities like Delhi, Gurugram and Bengaluru (mostly used masks, napkins) by the residents²⁴. Swati Singh Sambyal, a Delhi-based waste management expert, said:

"We see many masks carelessly thrown away on the roads, footpaths, and even into water bodies and stormwater drains in the locality. This issue can be resolved by stopping it right at the source – with the government banning the use of non-cotton masks in households.²⁵ People need to understand that proper separation and disposal of safety gear is vital during Covid-19. It can save waste pickers and staff from getting infected by the virus. Additionally, the waste collected from the migrant camps and households under quarantine is also proving to be major challenges considering segregation at source of garbage collection is lax. How do you ensure the contaminated waste, PPEs, masks, gloves, is given separately to waste pickers?"

The waste management system in India is not prepared to handle the pandemic, leaving the vulnerable most exposed as they will frequently encounter contaminated waste, and non-segregation of waste has been one of the accidental consequences of the pandemic.

Many sanitation workers are apprehensive about manually touching the garbage. The lockdown has severely curtailed social mobility and threatened the livelihoods of many sanitation workers and waste collectors, who are also migrants²⁶. The above discussions establish the fact that coronavirus is not only a health crisis but also poses a significant sustainability challenge. When the Covid-19 virus spread, we were expecting *safari sathis* to work but did not think about their survival during the lockdown. If they are starving, how can they carry on with

²⁴ <https://indianexpress.com/article/india/india-sanitation-workers-waste-pickers-coronavirus-pandemic-6414446/>

²⁵ <https://indianexpress.com/article/india/india-sanitation-workers-waste-pickers-coronavirus-pandemic-6414446/>

²⁶ <https://indianexpress.com/article/india/india-sanitation-workers-waste-pickers-coronavirus-pandemic-6414446/>

their work?" said Shoko Noda, resident representative, UNDP India²⁷. Global lockdowns have dismantled the informal workforce and disturbed the plastic recycling markets, making joblessness a stark reality for waste pickers who survive daily by selling discarded plastic. As per the International Labour Organisation (ILO)²⁸, 1.6 billion workers in the informal economy stand in immediate danger of having their livelihoods destroyed due to the pandemic. "There has been a complete breakdown of the waste management value chain. Waste pickers could not step out in lockdown. Even those who had collected the trash could not sell it as the waste value chain was closed," said Shekhar Prabhakar, founder of Hasiru Dala, a Bengaluru-based not-for-profit organisation working with waste pickers. Many sanitation workers also have underlying health conditions and occupational stresses such as musculoskeletal issues and respiratory problems that make them even more vulnerable to the current pandemic situation, he said.²⁹

• **Unsung Corona Warriors - Farm Producers:** The novel coronavirus pandemic and the ensuing lockdown have had a far broader, nationwide impact. However, they have not produced severe food deprivation, soaring prices and hoarding that defined the previous great calamities. There have been reports of stranded migrant workers not getting enough cooked food or dry rations³⁰. However, these are mostly localised administrative neglect stories³¹ and not comparable to the general lack of access to food seen in past catastrophes. This time, not only is there no food crisis; the problem has been more about demand than supply. Panic buying of milk, atta, dal, sugar or cooking oil in the initial period of lockdown has given way to demand destruction from the closure of hotels, restaurants, tea stalls, caterers, sweetmeat shops and other business consumers. As a result, producers are the ones suffering. Even with all the supply chain disruptions, there are not too many cases of food not being available in markets or at ration shops, community kitchens and relief camps. The credit for this not-small transformation

²⁷ <https://indianexpress.com/article/india/india-sanitation-workers-waste-pickers-coronavirus-pandemic-6414446/>

²⁸ https://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_743036/lang--en/index.htm

²⁹ https://www.who.int/water_sanitation_health/publications/health-safety-dignity-of-sanitation-workers.pdf

³⁰ <https://www.thehindu.com/data/data-96-migrant-workers-did-not-get-rations-from-the-government-90-did-not-receive-wages-during-lockdown-survey/article31384413.ece>

³¹ <https://indianexpress.com/article/opinion/columns/farmers-supply-chains-food-unsung-corona-warriors-6376464/>

goes partly to the much-derided government foodgrain procurement and distribution system.³² India entered the lockdown with roughly 77 million tonnes (mt) of rice and wheat, plus another 2.25 mt of pulses, in public godowns. Nevertheless, the unsung heroes — without whom all this grain, now being distributed or cooked in food camps,³³ would not have been produced at all — are the country's farmers. These women and men have kept supplies going, even without being designated Frontline Corona Warriors.

The abundance of produce that farmers have delivered comes despite the many "coronas"³⁴ faced by them in recent times — from droughts in 2014 and 2015, growing stray cattle menace, an anti-producer inflation-targeting policy and the demonetisation induced crash. Each time, they have risen, phoenix-like, from the ashes. They weathered the Demonetisation storm by simply replacing cash with deferred payments for farm inputs. Currently, wheat and sugarcane are being harvested with whatever labour is available. Many farm and non-farm workers have been rendered jobless by the lockdown. Theirs is a tale of resilience and human endurance. Farmers do not need our thalis and taalis (beating of plates or clapping of hands). They have filled our stomachs even in this hour of crisis. The least we can do is return the favour. As mentioned earlier, the problem now is not supply but demand. With private trade practically non-existent and nobody apart from households buying, the onus to guarantee a market for farm produce lies on the state. Though the government agencies have begun procuring the rabi crop, in the name of maintaining social distancing, only a few farmers are being allowed to come to the *mandis* every day.³⁵ They are issued coupons or SMSs to bring quantities as low as 5-10 quintals, similar to women Jan Dhan bank account-holders having to queue up for hours to withdraw a measly Rs 500. Why not open

³² The Indian food security system was established by the Government of India under the Ministry of Consumer Affairs, Food and Public Distribution to distribute food and non-food items to India's poor at subsidised rates. Major commodities distributed include staple food grains, such as wheat, rice, sugar and essential fuels like kerosene, through a network of fair price shops (also known as ration shops) established in several states across the country. Food Corporation of India, a Government-owned corporation, procures and maintains the **public distribution system** (PDS).

³³ <https://indianexpress.com/article/opinion/columns/farmers-supply-chains-food-unsung-corona-warriors-6376464/>

³⁴ <https://indianexpress.com/article/opinion/columns/farmers-supply-chains-food-unsung-corona-warriors-6376464/>

³⁵ <https://indianexpress.com/article/opinion/columns/farmers-supply-chains-food-unsung-corona-warriors-6376464/>

purchase centres at rice and dal mills or even schools, colleges, panchayat offices, cooperative societies, district courts and other public places shut during the lockdown? Wheat just has to be unloaded, cleaned, weighed, bagged and reloaded for dispatch to Food Corporation of India warehouses. If overcrowding needs to be avoided, the best way is to spread out buying beyond the *mandis*. Today, the farmer needs the government.

Conclusion

It is evident from the fact of the above discussion that Corona pandemic has created havoc and has created a disturbing scenario across the world. In Indian, various sectors, including finance, travel and tourism, hospitality etc. have been affected. In fighting and keeping corona from spreading, the corona warriors have been relentlessly serving humanity. As already mentioned in the critical discussions, the corona warriors have been applauded by the government on various occasions and capacities. However, apart from all the appreciation and applause, it is essential to understand various underlying issues and challenges that threaten the corona warrior regiment in our country. There is a noticeable gap between the serving warriors and the existing population. Apart from the monetary incentives as provision, it is crucial to understand the several other issues that act as a restraint to these warriors. The social settings (that vary from state to state) need to be evaluated while forming any policy, thus, customising as per the existing issues. The lack of an empathetic attitude makes it difficult to cater to the needs that are issue-based and the governmental provisions. Also, the warriors need psychological counselling to deal with anxiety, stress, depression and frustration issues ³⁶(if any). The warriors need to be in a proper state of mind to provide uninterrupted services. Also, there needs to be a spreading of awareness and sensitivity among the general population to accept and feel inclusion towards the corona warriors. In nonexistence of these, a new form of social exclusion, isolation and alienation will seep into society. Social distancing will lead to social isolation, which is highly detrimental to social interrelations and interaction. (my own words) Hence, at this crucial juncture, the social work researchers must define the issues and challenges the corona warriors face both on and off the field. The governmental intervention in formulating a robust and formidable policy for the 'corona warriors' would provide a positive blueprint for confronting future pandemics with a resilient, healthier, and well-equipped corona warrior taskforce.

³⁶ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7415074/>

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