

COVID-19 EFFECTS ON HIGHER EDUCATION AND HEALTH

Dr.Ajeya Abbar

Assistant Professor of Political Science

S K College of Arts, Commerce and Science

(Rani Channamma University, Belagavi), Talikoti- 586214. Dist: Vijayapura Karnataka

Abstract

The rural health care system in India is not adequate or prepared to contain COVID-19 transmission, especially in many densely populated northern Indian States because of the shortage of doctors, hospital beds, and equipment. The COVID-19 pandemic creates a special challenge due to the paucity of testing services, weak surveillance system and above all poor medical care. The current pandemic is not only seen affecting the health of the citizens in the country but is also seen hindering various industries and shaking them to their roots. The national lockdown and the ascending health crisis were striking the education of the students as well, with their universities being shut and their syllabi stranded, until the industry decided to initiate a revolution instead.

Keywords: COVID-19, Public health, Education, Pandemic,

Introduction:

Corona Virus Disease 2019(COVID-19) is an infectious disease caused by severe acute respiratory system (SARS-COV-2). This disease was first identified in December 2019 in Wuhan, the capital of China's Hubei province, and has since spread globally. Its common symptoms include fever, cough, and shortness of breath. Other symptoms may include fatigue, muscle pain, diarrhea, sore throat and abdominal pain. The time of exposure to onset of symptoms is typically around five days but may range from two to fourteen days. The COVID-19 has had a major impact on education both negative and positive. The world today is facing the biggest public health risk which is leading to closure of over 90 percent of all schools, college and universities across the world.

In India the Government as a part of nation wide lockdown has closed all educational institutions, as consequence of which, students of school to postgraduates are effected. UNESCO is supporting countries in their efforts to mitigate the immediate impact of educational institutions closure and to facilitate the continuity of education for all through remote learning. The UNESCO report estimates that the corona virus pandemic has adversely impacted over 290million students across 22 countries. The UNESCO estimates that about 32 crores students are affected in India, including those in schools and colleges.

The current global pandemic of COVID-19 necessitates a public health strategy with more emphasis on epidemiology, especially with regards to understanding the causes as well as identifying appropriate population-based behavioral and educational programs. It is important to realize that the pandemic of COVID-19 has initially happened in well-developed countries that have achieved the so-called health transition. However, the virus does not differentiate between rich-poor or rural-urban dichotomies. It is particularly a threat to a country like India, where 65–68% of the population live in rural areas that also have the highest overall burden of disease globally

The Indian rural health care system is a three-tier system comprising Sub-Centres, Primary Health Centres (PHC), and Community Health Centres (CHC). There is currently a shortfall in health facilities: 18% at the Sub-Centre level, 22% at the PHC level and 30% at the CHC level (as of March 2018). Although the number of facilities has increased over the years, the workforce availability is substantially below the recommended levels as suggested by the World Health Organization. Rural India has 3.2 government hospital beds per 10,000 people. Many states have a significantly lower number of rural beds than the national average. The state of Uttar Pradesh has 2.5 beds per 10,000 people in rural areas, whilst Rajasthan and Jharkhand have 2.4 and 2.3, respectively. Maharashtra, which has seen the largest number of COVID-19 cases, has 2.0 beds per 10,000 population and Bihar has 0.6 beds per 10,000. Overall, there is a shortage of specialists working at the CHC level (81.9%). This includes a shortage of surgeons (84.6%), obstetricians & gynaecologists (74.7%), physicians (85.7%) and paediatricians (82.6%).

Objectives of the Study:

- ❖ To study the impact of pandemic on education and health sector of the country.
- ❖ To highlight the challenges faced by the higher educational sector in India.
- ❖ To evaluate the impact of Corona virus on health workers.

Research Methodology:

The present paper is based on secondary data collected from the published and unpublished records, reports released from various national and international organisations, institutions across the world. Specifically, the secondary sources include reports from World Health Organisation, Centers for Disease Control and Prevention, UNESCO and websites.

The Effects of Corona Virus on Educational System

Students across the education sector have been impacted by the spread of the corona virus, from travel restrictions and closure of buses, cabs and other transporting means, social distancing isolation measures, quarantines, campus closures and broader closures. Universities and other educational institutions have been forced to close campuses and switch to online learning and use of digital technology in the wake of corona virus. Many are struggling to navigate this crisis while maintaining consistent course delivery and for establishing clear communication between teachers and students.

The UNESCO estimates that the corona virus pandemic will adversely impact over 290 million across 22 countries. The UNESCO estimates that about 32 crores students are affected in India, including those in schools and colleges. Therefore, the Government has come up with e-learning program. Many educational institutions are managing the situation by providing free online courses.

Higher education in India and the world has seen a shift in teaching methods with regard to this pandemic. While computer based education has been introduced in most colleges, it needs availability of certain fundamental equipments such as laptop, PC, android phones and strong internet connectivity. Digital education seems to be convenient to students during this time as they are easily affordable at their places. A massive open online course (MOOC) is introduced which enables unlimited participation and access to the study materials and classes of their courses.

Impact of COVID-19 on Educational Sectors

Passive learning by students

The sudden shift to online learning without any planning especially in countries like India where the teachers and students were not ready and the curriculum was not designed for such a format has created a risk of passive learning among students and they seem losing interest due to low level of attention and concentration.

Poor internet connectivity

Large proportion of students in under developing country like India are left untouched due to poor internet connectivity and lack of technology knowledge among the rural area students.

Unprepared teachers for online education

Teachers were not ready for this sudden transition from face to face conventional method of learning to online teaching. Most of the teachers are conducting online classes using apps like ZOOM, Google classroom, Googlemeet and others which are not effective in countries like India where the teachers are not able to keep the students attentive in those online apps.

Cross-Border movement of students

In countries like India many parents will avoid sending their children's abroad for higher education due to this high risk of pandemic. This will lead to major financial risk to universities in those countries where students enrolment from India is more. This leads to decline in demand for international higher education.

Uncertainty over Exam cycle

The lockdown has generated uncertainty over exam cycle. All major examinations are postponed including engineering, medical, law, agriculture, etc.,

Impact on Health Sector

COVID-19 Pandemic has stretched healthcare sector of even most developed countries and is expected to cause economic recession. On March 11,2020 the World Health Organisation announced that the COVID-19 virus was officially a pandemic after being affected and spread to over 114 countries in three months and infecting over 1,18,000 people across the world.COVID-19 is caused by novel corona virus a new strain that was not previously found in humans. Symptoms include cough, fever, respiratory problems and in severe cases it may lead to pneumonia and death. Like SARS, it spreads through droplets from sneezes and by direct or indirect contact with the infected person. It is said that first case of corona virus was reported in China on November 17,2019 in the Hubei Province and which went unrecognised. Eight more cases appeared in December. In the next three months the virus kept spreading by direct and indirect contact to many people in Hubei.

The impacts of this pandemic, especially the lockdown strategy in the social sphere is multi-dimensional. What could be important from a public health point of view is its impact on employment of millions of people in the rural areas who are migrant workers in many cities and educational opportunities. The emotional impacts of the strategies may add to this. The people are walking back to their villages in groups covering 500–1000 km after losing their jobs in the cities which is alarming and may exacerbate the problem as the chance of

community transmission widens further. Apart from the economic suffering of the already famished society, this could disseminate or spread the disease in rural areas. We do not know about their exposure and status of infection of these population. It is a serious concern because if even one percent of them are infected, we will not be able to control the spread of the epidemic due to the resource limitations, poor health services in rural areas and other factors mentioned above.

It is a wakeup call and what is important at this moment is to use the lessons of this pandemic in the rural areas of many Indian states where the health care systems have to be improved considering the huge population in rural areas, untrained staff in caring and handling of patients during an outbreak of infectious diseases, and a huge shortage of beds, and equipment. Despite these challenges, the government can take a three-pronged approach to stop the epidemic. These are to invest and prepare healthcare providers in rural areas for the epidemic; massive education programme to educate people; and to create a strong surveillance system that can help in reducing the spread and fatality. Besides, many health care providers in rural areas are unregistered and untrained and do not know what to do in such an emergency. Hence providing clinical guidelines, training and handholding may help.

India's response to COVID-19 pandemic with regard to Health Sector

India's response to COVID-19 pandemic is one of the most stringent in the world, based on data from 73 countries. India has scored 100 on the "Oxford COVID-19 Government Responses Tracker (OxCGRT)". At the very initial level the Indian government quickly activated health management system and issues relating to travel. Screening of all travellers coming to India from affected countries was initiated as early as January 2020. India suspended all travel domestic as well as international by March 20. On March 24, India announced a total lockdown for three weeks. Action plans like airport checking, activation of health laboratories, quick establishment of quarantine facilities across the country.

Department of Health Research(DHR) and Indian Council for Medical Research (ICMR) has recommended the use of hydroxychloroquine in treatment of corona virus infection for high risk population including all healthcare workers involved in the care of suspected and confirmed cases of COVID-19.

Nearly 5.11 lakh PPEs have been supplied to various States/Central Hospitals by Central Government, which have been added to the initial stock of 2.75 lakhs available with states. The Ministry has also supplied 30.32 lakhs of N95 masks to States. A high level of multi-disciplinary team has been deputed to assist States in Cluster containment plan and ICU and ventilator management. The Ministry released that timely payment for frontlines workers such as ASHAs and service providers including from those outside of government sector.

Online training and webinars for Physicians and Nursing personnel is being conducted by AIIMS, Delhi on management of patients with COVID-19 and Sepsis Shock, ventilation strategy, management of aerosol generating medical procedures, infection and prevention control practices, psychological care of patients, etc.,. State Governments and institutions are also being encouraged to conduct required training by mobilising necessary resources.

Life Insurance Cover:

Under the Pradhan Mantri Gareeb Kalyan Package, the Government has announced an Accidental insurance cover of Rs.50 lakhs for 22.12 lakhs health workers who may be drafted for services for COVID-19 patients. The scheme covers loss of life due to COVID-19 and accidental death on account of COVID-19 related duty. The scheme has been sanctioned and premium paid to the insurance company. Under this scheme, claimate of any person providing services for COVID-19 can chain compensation if the service provider sustains loss of life due to COVID-19 related duty. The insurance is free for the beneficiaries and the premium has been paid by the Government.

Suggestions

Restructuring of schools and colleges in terms of adopting online teaching and learning environment which includes teaching and assessment. Measures to be taken to mitigate the effects of pandemic on internship programs , research projects and job offers for students. Digital learning platforms needs to be explored and provide support for digitalization to teachers and students. Measures to be taken to maintain cleanliness and sanitisation of premises. The educational reform in India in the COVID-19 era seems to be a live example of how need truly is the mother of invention or reinvention, in this scenario. Allowing educational institutions to adopt online learning and infuse a virtual study culture, the pandemic is already steering the sector forward with technological innovation and advancements. Although it is impossible to transform its primary health care in a day or a week or a month, the right steps in this direction will definitely help in the future. The coming weeks and months is challenging for India and it needs to take strong actions to meet this emergency and its after effects. The authors argue for the need to take immediate steps to control the spread and its after effects and to use this opportunity to strengthen and improve its primary health care system in rural India.

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