

Covid-19 Pandemic in Mumbai: Economic crisis first, public health crisis second?

While the number of COVID-19 infections and deaths in India has been closely monitored, researchers do not have a comprehensive understanding of how the pandemic has affected the lives of the urban poor in India's megacities. These urban communities are both physically and economically vulnerable to the pandemic. Effective response to the pandemic requires a thorough understanding of their needs and provision of immediate support where possible.

Society for Nutrition, Education and Health Action (SNEHA) has been working in Mumbai's informal settlements for about two decades with the objective of improving health outcomes of vulnerable urban women and children.

[\(Please click here for more information on our work during the pandemic\)](#)

In order to gain insights into the community's knowledge, preventive behaviours, information needs and acceptance of restrictions, SNEHA conducted a phone survey among programme beneficiaries from Mumbai and Thane (project areas of Malvani, Wadala, Kurla, Mankhurd-Govandi and Kalwa were included). The questionnaire was adapted from WHO's 'Survey tool and guidance on rapid, simple, flexible behavioural insights into COVID-19'. The results were intended to inform the pandemic outbreak response. The survey was conducted in the months of May and June 2020, a period when Mumbai was under lockdown and the state of Maharashtra was particularly hard-hit by the pandemic.

Interviews were conducted with 1567 randomly selected respondents (18 years and older) after obtaining informed, verbal consent. Most of the respondents were female (76%) and the average respondent was 33 years old.

Awareness on COVID-19

Most respondents had received information on symptoms of coronavirus infection (92%), ways of transmission (87%), and preventive measures (95%) but fewer respondents had received information on action to be taken if infected (73%) or high-risk groups (69%). Ninety three percent of respondents primarily relied on television to receive information regarding the global health crisis, indicating that local and national cable networks are the most effective media for communication pertaining to the COVID-19 pandemic.

More than 90% of all survey respondents reported that their families were regularly washing their hands with soap and water and wearing masks outdoors to protect themselves from the virus. While 85% of the respondents were following social-distancing guidelines, only 31% reported regularly disinfecting high-touch surfaces and groceries bought from the market.

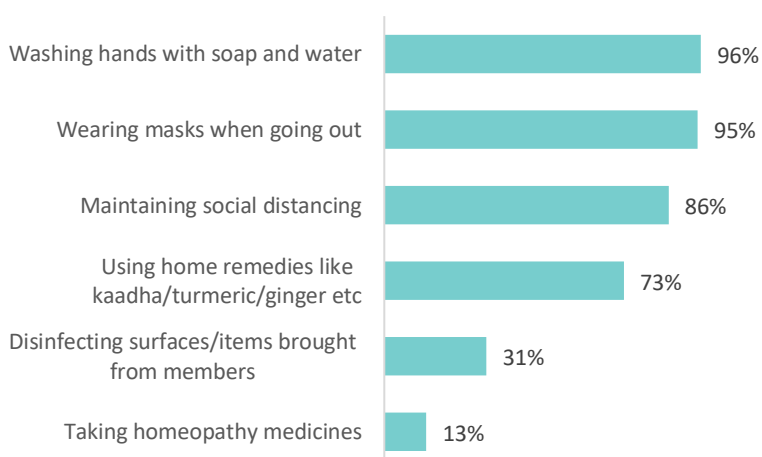


Figure 1: Preventive behaviors practiced by respondents and their families during COVID-19 pandemic in Mumbai and Thane in May-June 2020 (N=1567)

Majority of the respondents (96%) were able to identify symptoms of coronavirus infection like high fever, and dry cough but fewer respondents were aware of newly reported symptoms like headache (22%) and joint or muscle aches (15%).

Direct health impacts of COVID-19 and possible underreporting of symptoms?

The number of infected or suspected cases reported among the respondents and their families was relatively low. Only 72 respondents (4.6%) reported having a family member suspected of infection (who eventually tested negative for the virus) and less than 1% of the respondents reported having someone in the family who had been placed in quarantine facilities. It is possible that the survey saw an under-reporting of symptoms or suspect COVID-19 cases because of uncertainty and perceived social stigma associated with the virus.

About 44% of the respondents were aware of door to door survey activities being carried out by health workers for screening of individuals with symptoms but fewer respondents (<20%) knew about testing and quarantining of suspect cases or screening of elderly population being conducted in their area of residence. This statistic reiterates that many respondents have not had close neighbours or family members tested or quarantined.

Economic impact of the pandemic and needs of the community

Most respondents covered in the survey reported suffering from an economic crisis rather than a health crisis. About 85% of the respondents stated that the primary earning member in their family had incurred significant loss in wages and/or unemployment following the lockdown imposed to control the pandemic. Seventy-two percent of the total respondents worried about loss of wages and potential unemployment because of the pandemic. Despite the low reported infection rate, 51% of the respondents were worried about their family members' health during the crisis. Other major worries included restricted access to food supplies (35%) and restricted freedom of movement due to the lockdown (29%).

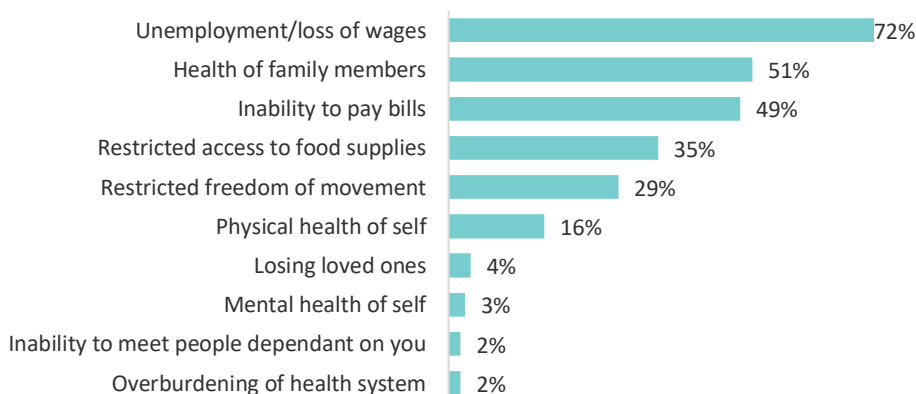


Figure 2: Fears and worries faced by respondents in Mumbai and Thane during COVID-19 pandemic in May-June 2020 (N=1567)

The crisis had rendered many families food-insecure. Fourteen percent of the respondents reported having gone without a meal in the last two months because of lack of resources to secure food. During this period, majority of the respondents had received their ration supply, both free and subsidized (58% and 73% respectively), through India's Public Distribution System and a quarter had relied on NGOs including SNEHA for food support. Only 11 percent of the households surveyed had rations saved up for emergencies that could tide hold them over for a couple of months.

The respondents were also asked about the topics on which they needed further information on, to better prepare themselves for managing the present crisis. About 43% of the respondents said they needed more information on how to best protect their family's health and 15% wanted to know more about the economic impact of the pandemic on their lives. How to best take care of children's education and procurement of food supplies emerged as other information needs.

The government and the community

With respect to management of the present crisis, the survey respondents seemed to hold public systems in high regard as opposed to faith-based institutions. More than 80% of the respondents trusted public hospitals, local public-health authorities like health posts, Anganwadis and frontline workers like ASHA or CHV, and the police to be able to handle the pandemic efficiently. Out of these entities, the police commanded the highest public confidence, with 93% of respondents expressing faith in their abilities. This data about public trust in these government institutions is important with respect to future risk communication and community engagement.

Nearly half the respondents (44%) were aware that police personnel were patrolling their communities to enforce the lockdown. About two-thirds of the participants were aware of government-initiated services in their locality like periodic disinfection of public toilets (61%), and distribution of essentials like medicines and groceries (60%). Only 35% of the respondents were aware of government issued helplines like 1916 or for mental health etc.

The respondents were also surveyed on their acceptance of guidelines and restrictions imposed as a result of the pandemic. It was seen that more than 90% of the respondents agreed that the government should be allowed to admit individuals who had contracted the infection into isolation centres or COVID care hospitals, and that people should be allowed to leave their houses only for work or emergencies. Eighty-three percent of the participants also agreed that the government should be allowed to admit individuals suspected to be exposed to the virus into quarantine centres. However, 46% of those surveyed also thought that the restrictions being imposed were exaggerated and too tough.

Takeaways

The survey found that respondents had received appropriate information on COVID-19 pandemic, were following recommendations to a great extent and had a positive view of the government's ability to handle the present crisis. As the economic effects of the pandemic unfold, communities will need additional information on the resources available to them, particularly to ensure income and food security. Additionally, communities need to be made aware of the various government helplines made available to the public and prepared to create an action-plan for the event of someone in their family contracting the infection. Measures to allay the economic insecurity among vulnerable urban communities are the need of hour.

Note: The survey data were collected through phone interviews of programme beneficiaries whose contact numbers SNEHA had on record. This may have led to a selection bias and an over-representation of women in the survey population. The survey results should be interpreted with these limitations in mind.