

# Impact of COVID-19 Pandemic in the Urban People of Kathmandu Valley

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## Abstract

COVID-19 is a pandemic of an acute respiratory syndrome that emerging in Wuhan, China in December 2019 spread and affected to the various parts of the world in short period of time. This study explores the social, economic and social psychological impact of COVID-19 in people from different professions and family backgrounds of various categories of urban people. Similarly, I used exploratory research design by taking 5 respondents from different backgrounds and occupations purposively for case study. I found that COVID-19 pandemic has made a huge loss to all economic sectors, employer as well as employee. It creates fear, tension, anxiety and depression in the people. Likewise, this pandemic has also brought changes in the sanitary behavior of the urban people. Moreover, people used to maintain social relationship through cell phone, messenger call and telephone rather than direct meeting and gathering. The nature and degree of impact of COVID-19 was different in the sampled respondents except similar changes in sanitary habit.

*Key Words:* COVID-19, pandemic, urban people, socio-economic impact

## Introduction

COVID-19 is a pandemic of an acute respiratory syndrome that emerged in December 2019 in Wuhan China and quickly spread to the various parts of the world. This pandemic created multiple crises throughout the world. It had created a massive psychological problem in the people compelling them to change in behavior and social adjustment. In all sectors, it has generated uncertainty and problems. It can transfer easily from infected to healthy people through sneezing, cough, close eye contact, spitting drops comes out while talking, and even by touching mouth and nose by hands after touching or catching infected materials. WHO urges for physical distancing,

wearing masks in public places, giving up the habit of face touching, and to increase the frequency of washing hands (Jay J. et al., 2020).

In Nepal, it was found on 23rd January 2020 in a student as a first case who was migrated from Wuhan, China (Shrestha, et al., 2020). It was not first only for Nepal but the first COVID – 19 case in the South East Asian region (NDTV.com, 21 May 2020). Since then, the Government of Nepal had launched several preventive measures, procurement of required medical items, giving essential training to the medical personals, launching mass awareness program, and developing health infrastructure, to stop the outbreak of COVID – 19 pandemic and to provide medical facilities and psychological support to the infected people. Despite these efforts, the first case of local transmission was found on 4 April in the Kailali District (Kathmandu post, 31 March 2020). Within this period, COVID – 19 was spread in almost every corner of India and the Nepali people migrated from India increased the COVID cases threatening the health condition of Nepal. On March 19, the Nepal government declared the adjournment of all school and university level exams with the close of government and private offices except the essential service-providing sectors. Nepal government imposed the lockdown throughout the nation on 24 March 2020 as a preventive measure of spreading COVID-19 (Kathmandu post, 29 March 2020).

In the urban region, population density is higher. All people are in formal and functional relationships because of higher division of labour. Integration is maintained by functional interdependency between the people (Durkheim, 1893). Diversity in terms of culture, caste, ethnicity, occupation, social status, and ideology is the peculiar characteristic of the urban population. The bigger urban population with higher density accelerates the rate of spread of the diseases.

In the same way, migration of labour nation to nation and within a nation acted as agents for the spread of the disease (Wallace, 2016). COVID-19 pandemic has spread throughout the world emerging in the Wuhan of china as the rate of international migration for tourism, education, business and job has made the world a global village. It was also brought in Nepal as a first COVID case by a student from Wuhan, China. Similarly, other cases were brought by students from Europe, and workers migrated from the India. Likewise, The COVID-19 cases were rapidly increasing in the Kathmandu Valley with the migration of people from the different countries and different regions within the country.

## Statement of the Problem

People's behaviour is guided by social norms. It defines the perception of individuals towards others and often perception of their own in terms of others (Cialdini & Goldstein, 2004). Even though norms guide our behavior, in a new situation it can be inaccurate as it cannot create dynamism to adjust to the new situation. In such a situation, confusion and uncertainty may arise in us often losing trust with others.

Inequality is a peculiar characteristic of urban society. There is no equal access to all with regard to the medical facility, education, food, drinking water, even spacious places for maintaining physical distances as well as getting help package provided by the state (Deitz, & Meehan, 2019). It clears that there are different degree and nature of problems to the people living in the different strata of urban society. The probability of infection was higher to the people working in the front line public service providing sectors like hospitals, road traffics, Banks and groceries. In addition to this, it had made a large population jobless which created a big economic crisis often creating dependency in fulfilling basic survival needs. Almost all business centers, industries, and other economic activities were closed giving a blow to the private and national economy.

Kathmandu valley is the capital of Nepal where there is a higher in and outflow of the domestic population for various purposes. It is also a gateway for foreigners and the Nepalese living abroad for work, education, and visit in the course of returning their local village. It is not only the capital city but also the center for education, tourism, business and finance, health facilities, and even the industrial sector. Almost all caste and ethnic people of Nepal from various regions have been migrated in different proportions in the Kathmandu for the job, business, politics, better education, and better opportunities. COVID-19 pandemic has created a multifarious problem in the people of Kathmandu concerning social, psychological, and economic aspects. COVID-19 influence may vary from person to person and situation to situation. It's influence may be different with different in occupation, different in caste/ethnicity, different in education level, different in class, and culture.

This research e attempts to get the answer to the research question: what is the general impact of COVID-19 Pandemic in the people of the urban region working in the different sectors?

## **Objective of the Study**

The purpose of this research study is to bring out and describe the social, economic and social psychological impact of COVID-19 in people from different professions and family backgrounds. The specific objective is to assess the different degree of impact of COVID-19 in the social, economic and social psychological aspects of various categories of urban people.

## **Research Methods**

The research is qualitative as it applied a case study method to collect information from the respondents. Five persons from different family backgrounds and different occupations were selected through purposive sampling as primary informants in this research. Information was collected through an unstructured interview technique about the impact of COVID-19 in their social, economic and social psychological arena. Researcher collected information for preparing cases by meeting with the respondents and taking interview at offices, at the work place and café. The meeting time and venue was pre-fixed talking in the cell phone. The information was recorded in the cell phone and later put into the computer in its original form. It was interpreted and discussed comparing with the results of the other literatures.

In this research work, secondary sources were also used to widen the horizon of knowledge about COVID-19 pandemic and its influence in the global community for developing research questions and making article more precise.

## **Literature Review**

COVID-19 has created problems in the various social and economic dimensions of urban people producing pressure to change in their behavior and style of living. Its impact is not same in all categories of people often living in the same urban region. The COVID-19 has a great impact in the social, economic and psychological aspects of the urban people but its degree of influence and effect may vary with occupation, family background and position in the society.

## **Socio-economic Impact of COVID-19 in the Urban Area**

There are 16,200,891 Covid-19 infected cases among them 648,445 were death cases (WHO, 2020). The impact of Covid-19 seems to be more dangerous in the cosmopolitan, and industrial areas due to the high chances of super-

spread of mass transmission. The cosmopolitan cities such as New York, London, Paris, Delhi, and Lombardy are the few examples of hot spots of COVID-19. These cosmopolitan cities became the greatest tragic places after the infection of novel corona-virus. The masses of the urban population lost business, lost jobs and lost their regular income after a nationwide lockdown. The exodus of migrants returns their home country after their job loss, homesickness, and absence of a conducive environment for the adjustments.

The urban population around the globe faces economic, social, psychological, and physical challenges that force them to stay with panic, distress, and social discrimination. This global pandemic also increases the family tussle, dispute, suicide, and self-immolation (Gössling, Scott, and Hall, 2020).

The COVID-19 brought devastating consequences in all economic sectors. There was a great loss in tourism sectors because of complete absence of Chinese tourist and globally imposed travel restriction to alleviate the spread of the disease. Similarly, manufacturing sector was facing the crises in raw material supply while there was signal of remarkable fall down in remittance which is the main source of importing foreign currency (Kathmandu post, 24 March 2020). There is also significant fall in local business due to banned on import of Chinese goods. Many development project handled by Chinese contractors were halted as they had not returned after observing their New Year festival (Kathmandu Post, 11 March 2020).

### **Social Problems, Pandemic and COVID-19**

The COVID-19 pandemic brought several social and psychological problems along with the loss of economic problems across the world. The fear of pandemic forces the people to stuck at home, where family members have chances to live together, which increases the domestic violence, and crime i.e. burglary, theft, murder (Cohen & Felson, 1979; Molher et al., 2020; Taub, 2020; Hester, 2020; Thomas & Rajan 2020). These social problems were fostered due to economic fallout throughout the world. The everyday cases of death and infected new cases foster the panic, horror, and fear among urban dweller, whose income and livelihood largely depends on others. "Few cases have been reported around the world where people out of fear of getting COVID-19 infection, social stigma, isolation, depression, anxiety, emotional imbalance, economic shutdown, lack and/or improper knowledge, financial and future insecurities took their lives" (Thakur & Jain 2020, p.1).

There is a severe impact on tourism sectors, for instance, many hotels, restaurants, travel, and tour agencies, which remain closed which creates an economic crisis such as unemployment, crisis on import, and export of the commodities. There would be restrictions of national and international travel and public transportation, cruise services, and mass gathering, and many national and international flights and buses were halted for long-time due to the pandemic (Gossling, et al., 2020). The aftermath of lockdown many countries blocked their international borders, limit transportation, banned travel from one country to another country in the name of social distancing. The tourism and hospitality business crippled and their income turns upside down because of uncertainty to resume their business. Nepal's national economy also paralyze after the outbreak of Covid-19 due to the downfall of remittance, increase the number of unemployment, the shutdown of tourism and industrial sectors that directly impact the GDP of the country.

Covid-19 disruption in social lives increased mental disorder due to the economic crisis, social detachment, and loneliness. In Nepal, after the nation-wide lockdown, 1,647 people were committed suicide, and every day 18 people killing themselves, which increased by 25% in the period of lock-down (Outlook, 2020). The number of death cases by suicide suddenly increased after the lockdown in the country due the psychological distress, panic, and anxiety. Despite the government services there have been several social discrimination and violence in quarantine and public places such as rape, refuse, and restriction to accommodate society. In Nepal, health workers like doctors and nurses badly treated and have been facing regular challenges and discrimination from their household owners, and some health workers themselves detached from the family members due to the fear of transmission.

The social distancing creating the virtual exchange within people that keep them away from the intense face-to-face interaction and social relationship. Covid-19 also impacts the education sectors, many schools, and colleges remain closed after the government announcement of lockdown in every sector, which ultimately fosters the virtual teaching and learning practices. Many schools and universities across the world made certain guidelines for the teachers and students to continue their classes. Covid-19 force them to live with horrifying dream, fear, and terror. Many families in the urban

areas became horrified due to the rumours, misleading news from the internet, television, and social media. The family and parents call back their children who have been living aboard for study and job. Most of the family in the urban areas were worried about the price hike in the market, thus they were found to hoard the grocery items and cooking gas for the 6/7 months in their kitchen.

Educational and public institutions in the cosmopolitan and urban areas conducted their classes, meetings, workshops, and conferences through the different sorts of computer application programs such as zoom, Google meet, Microsoft team, slack, and so on. The virtual classes and distance learning did not contribute much more in the learning process and keep them away from the emotion, empathy, and sympathy from one to another and distract them from peer- share learning. The virtual classes seem to be ineffective in our country due to the problem of the digital divide, inaccessibility of smartphones, computers, and the internet in the remote distance.

### **Government policies**

The governing policies of the state often seen at the forefront in the battle of the pandemic through the implication of policies, resources, and networks to protect their citizens. Different countries brought several social distancing policies to curb mass transmission within the community of people. The government encouraged people to stay at home; discouraged mass gatherings; cancelled or postponed large public events; and closed schools, universities, government offices, libraries, museums, and factories"(Ghebreyesus&Swaminathan, 2020, p. 764).

Many countries across the world considered social distancing as an effective preventive measure to control the SARS-CoV-2 and COVID-19 spread (Bsc. et al., 2020; Joseph & Lo, 2020). They had prepared certain protocols to control mass transmission both in public and private spaces. The state had constructed the quarantine, isolation beds, and corona specific hospitals with facilities of ICU and ventilators. The huge amount of money spent to provide the proper services to the people. Many countries followed the public health policies including lockdown, quarantine, and isolation that separate one another, which reduces mass infections and transmission (Parmet, et al., 2020). This policy cuts down the social contact and keeps

away from a sneeze and cough droplet of the patients. The modelling studies all found that simulated quarantine measures reduce the number of people with the disease by 44% to 81%, and the number of deaths by 31% to 63% (Nussbaumer-Streit, 2020).

South East Asian Countries with low income imposed lockdown as a preventive measure to check the spread of COVID-19 in the community. Nepal also adopted lockdown as an effective measure and imposed on 24 March with the complete restriction of movement of public and private vehicles to stop spreading the diseases. As Nepal was facing such crises first time after several decades, there was no any infrastructure to tackle in case of mass spreading of COVID-19.

These software-based health policies reduce the cost, resources, and socio-psychological burden of family and society. Nepal government also initiated some preventive measure to control Covid-19 infections; for instance, The Ministry of Health and Population (MoHP), followed both preventive and diagnostic services across the country including testing, aware through mass media, 24-hour hotline services, social distancing, contact tracing, mass testing, lockdown the business and education sector, the establishment of quarantine and isolation with the collaboration of central and local government (Sapkota, 2020).

The above reviewed literatures have analysed the multifarious influence of COVID-19 in urban region showing the higher chances of spread because of mass transmission. They said that many migrated workers returned their home country due to the adverse environment created by spread of COVID-19. Many research studies have focused on describing state policies formulated for the control and prevention of COVID-19. All most all the impact studies have focused in the analysis of macro-level impact in the urban setting. There have been several debates and discourses on COVID-19 with emphasis on genetic sequences, symptoms, causes, and consequences of super-spread of virus and vaccines, and services; however, these studies ignored the social and economic dimensions concerning with their everyday life. Researcher have attempted to justify how global pandemic like COVID-19 impacts the lifeway of urban settlers including social, economic, and psychological. Besides this, it would also try to make the analysis of the impact of the global pandemic on different categories of people working in different sectors in urban region.



## Results and Discussions

COVID-19 has created problems in the various social and economic dimensions of urban people producing pressure to change in their behaviour and style of living. Its impact is not same in all categories of people often living in the same urban region. This pandemic has created different degree of effect in social, economic and psychological aspects of life of people engage in different professions and living in different family backgrounds. Those who are working in hospital have higher chances of infection. To the health worker, like nurse, working in COVID-19 hospital are in danger of infection so that they were treated as infected by their community people. They are with fearful psychology of infection in one side and treated negatively by the people on the other side. My first case was B.Sc. nursing staff working in Shukraraj National Tropical hospital, which was known as COVID-19 center hospital of Nepal:

Recalling my initial days of working with covid-19 cases, there was too much of stigma. Those, who knew where I work, used to ignore me. A family living downstairs in same house didn't even show me their faces during the whole three months of lockdown just because of fear. Even the shop keepers nearby used to show the reluctant behavior in taking money from me as if I was infected. Even my friend who was nearby my house once said-"I will meet you once you test for Covid-19 and are tested negative". So, Covid-19 has huge impact on social life. However, with passing days this sort of behavior is decreasing. I have realized that people are becoming more fearless and less discriminating than those of initial days.

Before the pandemics also, we used to work with wearing mask and gloves due to infectious nature of hospital. But, with covid-19 outbreak, for the case management of patient directly, we used the full set of PPEs including N-95 masks, goggles/visor, 2 pairs of gloves, standard disposable gowns, cap and boots. Standard precaution was followed while donning and doffing. Soon after doffing the PPEs, we took hot shower so that risk of infection was minimized. Apart from that frequent hand washing, sanitizing had become the normal routine. With regard to ward cleanliness, ward attendants were instructed to clean the floor twice in a day with sodium hypochlorite solution. Similarly, environment cleanliness was given more priorities

to minimize the risk of infection. Even door knobs, equipment, handles that comes in contact of patients were disinfected routinely with 70% ethyl alcohol solution.

As I have been working regularly in hospital, I didn't have to face economic crises. The more working hours and government incentives to front line health workers had increased my earnings.

The effect of this pandemic was not as risky of infection to the people working in the other sectors, like teaching and banking, as in the health sectors. But the degree of effect in the people often depends on the age and health condition. Pandemic impact in economic condition was higher if the person had bank loan whatever the profession may have been. My next respondent was a professor who has been teaching in the different constituent colleges of Tribhuvan University at bachelor, masters and PhD students for more than thirty years:

I am at the age of sixty teaching actively maintaining my health condition in spite of the diabetes, high blood pressure and problem in heart. So far my knowledge from various social media, COVID-19 virus is extremely dangerous to the patients of cardiac vascular, kidney, diabetes, high blood pressure and cancer. The stories of covid-19 transmission made me so panic that created psychological problem in my everyday life, for instance, I was afraid while touching money, purchasing grocery and vegetables and chatting with friends. Since I knew precaution methods of Covid-19, I used to regularly wash my hands before enter into house, used sanitizer, drinking hot water, wear medical mask, maintain at least two meter distance while chatting with friends. I had also prohibited to eat frozen foods and cold drinks and prefer the organic foods to boost my immunity. In those days, I preferred to talk with friends, students and relatives in phone, mobile and Facebook messenger. This pandemic stocked me at home and created loneliness, which had made my life monotonous and boring. Those days, I used to take my PhD, Master and BBA classes on online. The additional income had been cut off due to lockdown; however, there was no reduction in my household expenditure and bank interest. I used to spend my leisure time at home through watching television, feeding the news in the internet, reading books and spending time in social media.

All the private sectors were heavily damaged by the lockdown and prohibitory order of the federal government of Nepal. This pandemic affected badly not only to the private sector investor but to the workers as well. Many private sectors had not given payment to the workers since the lockdown, some had given partial payment and only a few, especially, of health sector had been given full payment. In the same way, private schools and colleges, depending upon their condition, used to give partial payment to the staff with giving full load of online classes. Students seemed unwilling to take online classes from their home, but teachers had to run classes at any cost as per the pressure of college administration to continue their job. So, private college teachers were in the economic crises, psychological pressure of continuity of job in addition to direct social and psychological problem of COVID-19 pandemic. I have taken a private college teacher as my next respondent:

I have been teaching in private college at higher secondary and bachelor level since last ten years. In the college I have different sort of academic responsibilities such as teaching and evaluating student's performance. Every day, I must have to prepare for the next class under the strict schedule at home. COVID-19 pandemic made my life upside down in terms of income, and social adjustment. COVID-19 had affected the education system across the world. Our college had cut off staff salary by fifty percent, which was also not paid on time. The reduction and late payment had brought the financial crisis, which created problem to feed family and pay the room rent in the expensive Kathmandu. Those days, I was regularly teaching through online classes; however, I found that students were irregular, less attentive, less- interactive and did not submit their assignment timely. But college administration said that it is your responsibility to bring students in online class by creating interest and motivation in them. We had to bear unnecessary burden as it was not the duty of a teacher to bring students in online classes. The long-time lockdown imposed by state had made me more panic and monotonous. In addition, everyday increase of COVID-19 patients and number of deaths had created fear, tension and anxiety. I regularly washed my hands, used sanitizer, used to wear masks and maintain social distance. In order to be free from these tension, I started to practice yoga and meditation and taking the music therapy.

As like the health workers, Nepal police and traffic police are also working in the public dealing sectors. Traffic police duty is also difficult as they have to face numbers of problems created by violating the rules by public in roads. Even after the lockdown imposed by Nepal government to slow or stop the spread of COVID-19 pandemic, traffics had to do their duty on roads regularly in spite of fear of COVID-19 infection. They were working without proper personal protection equipment. This pandemic had also influence badly to this sector as number of traffics had been infected by COVID-19 pandemic. There was no facility to wash hands in the field and even no availability of safe drinking water. Those who lived with aged parents and children may have been higher fear of transmission of disease through them by asymptomatic infection. As the above respondents, next informant is a female traffic who says:

I have been working in Traffic police sectors for nine years. In duty hours, we are in interaction with diversified people for guiding, regulating and also to make people follow traffic rules. Normally, a traffic police has to spend eight hours in the field in two shifts, four hours in each. Since the spread of COVID-19 in the Kathmandu Valley, we were in risk zone of getting infected as we were in frequent contact with heterogeneous people. In the initial days, I used to work with bare hands but after some days globes, mask and cap with plastic visor as well as personal sanitizer were provided to me. To be safe, I used to carry my own water bottle in the field and used to wash hands nearby taps or use sanitizer before drinking water and taking something after the outbreak of corona virus in the valley. We were directed to maintain physical distance while dealing with people in the field and do not check license and bluebook taking in hands. Other materials like Identity card and vehicle pass papers were also asked to see maintaining distance. A large number of traffics had been infected by corona virus while working in the field, which made me more panic. In spite of such precautions, a kind of fear and tension was present in the inner corner of my heart as I lived with small children and aged father-in-law and mother-in-law at home. After reaching home, firstly, I used to change clothes, wash hands, face, and feet than only sit with the other members.

In the beginning of spread of corona virus, government had announced the incentive to the traffic police working in front line but had not

been found yet. My economic life was as usual before the spread of COVID-19. However, the price hiked in the food and vegetable items had increased my regular family expenditure, which was balanced as my children school fee had not to be paid after the lockdown. I kept all the vegetables and food brought from outside in a separate room where only I and spouse entered, to keep my children and parents safe. Before the spread of COVID-19, I frequently visited to the friends and relatives with my kids, which was completely stopped and was limited in mobile and messenger call.

The most badly influence private sector by the lockdown and prohibitory order imposed by the government to stop the spread of COVID-19 pandemic is travel and tourism. Those who were running non-star hotels in the pilgrimage sides as well as in all the other sides like, trekking, national park sides, mountain views and mountaineering, are completely closed after the nationwide lockdown. They were so badly affected many of them have been collapsed as they could not pay bank interest, rent of building owner and staff salary. Those existing are also in worse condition or in the state of economically collapse. My last respondent is a hotel owner, Ram Khadka, who is running hotel in Gaushala, Kathmandu for twelve years. He says:

I am Ram khadka, hotel owner at Gaushala, Kathmandu. I have been running hotel for twelve years, which is the only source of income of my family. By this income, I was paying children college fee, and maintaining the other expenditures. During COVID-19 locked down period there was no income but still had to pay one lakh fifty thousand rupees rent to the building owne. I had made several meetings with building owner to reduce the rent by fifty percent till the environment become conducive. But he did not listen my voice. In addition to this rent, still there were two staffs to whom I had to pay fifty percent salary and need to provide means of livelihood. I was in the stage of complete bankrupt and maintaining family expenditure taking loan from relatives and friends. I was thinking to quite the hotel business to be free from the burden of hotel rent and staff expenditure. I saw no symptoms of re-opening tourism and hotel business before one year. As I didn't have other sources of income, it was become hard to survive in this crises. The daily increase in number of COVID-19 patients and deaths caused by this pandemic had created fearful environment in

my family. My family members were afraid to come out from home even for buying vegetables and milk. We all regularly washed hands, face and feet after coming from outside. This pandemic had cut off my direct relation with friends and often with relatives. After the locked down also there were no guests for the hotel. I left the hotel building and kept all the bed and furniture in a house in Dadhikot, Bhaktapur. I fulfill family's basic needs taking support from the abroad members. I re-started the hotel business from the Mangshir 2 of 2078 BS. The business was very low in the beginning but now it is satisfactory. It will take two years if hotel runs smoothly to the loss during COVID-19 periods.

### **Discussion**

COVID-19 pandemic has altered the social, economic and psychological aspects of human life. It had created problems in all categories of people but the nature and intensity may vary with profession and family environment. The findings of the research showed that the types and intensity of problem was different in different categories of people in spite of similarities in some basic behavioral adjustment processes like using mask, washing hands frequently, especially, after coming from outside, touching money, touching materials outside home, use of sanitizer if there is no availability of water and shop.

Those worker in health sectors were in greater risk of infection as they had to provide direct service to the COVID-19 patients.

The World Health Organization reported that one in ten health workers are infected with corona virus in some countries (WHO, 2020 May13). Nine percent of those affected with COVID-19 were health workers (Gemma, 2020).

In spite of giving service in crises of pandemic, Health workers were treated negatively by the people as they were infected and carrier of the virus.

Healthcare workers are oftentimes are stigmatized as a vector of contagion. Some are physically abused while others are verbally abused (Rising Nepal, 30 August 2020).

This pandemic had created fear, anxiety, tension and insecurities in the people.

The high infectivity and moderate mortality of COVID-19 had caused worldwide psychological impact by causing mass hysteria, fear, tension, depression and economic loss (Rising Nepal, 30 August 2020).

It had made changes in the sanitary behavior of people. This pandemic made them to wash hands frequently, use of sanitizer, distance maintaining while working or talking with the other people and use of masks while going outside for shopping.

The private sectors were heavily influence by the COVID-19 pandemic. They were facing huge economic loss while some had collapsed and some were existing in difficult situation. Especially, travel, tourism and hotel sectors were bitten so heavily by the pandemic that some of them had collapsed and the existing are also struggling for survival.

There was a severe impact on tourism sectors, for instance, many hotels, restaurants, travel, and tour agencies, which remain closed creates an economic crisis such as unemployment, crisis on import, and export of the commodities. There would be restrictions of national and international travel and public transportation, cruise services, and mass gathering, and many national and international flights and buses were halted for long-time due to the pandemic (Gossling, et al., 2020).

It had made more panic to the people suffering from high blood pressure, diabetes, cardio-vascular problem and kidney problem as the death of rate of such people was higher by COVID-19.

Elderly people, people with cardiovascular disease, diabetes, chronic respiratory complications, kidney failure and cancer had higher chances of infection and death (Mayai, 2020).

This pandemic had created uncertainty in the billions of students in the world. In the same way, private school and college owners as well as teachers were also in crises as their source of income had been stopped or cut off significantly.

Many private schools and colleges have been closed and some are running forcefully virtual online classes for their survival (outlook, 2020).

COVID-19 pandemic had hit hardly to all sector of society. It forced people to change their habit to adjust into the environment. Great economic loss

was observed in all business in the world except health sector. Still there is influence and impact of COVID-19 in education sectors, business sectors, travel and tourism, and finance sectors. But its influence and impact was not evenly experience in all categories of people with having different profession and family backgrounds. Some were hit hardly in economic sector, some in psychological and social sectors. In spite of differences, there was also similar changes in sanitary behavior pattern of the people by the effect of COVID-19 pandemic.

### **Conclusion**

COVID-19 is a pandemic of an acute respiratory syndrome that emerged in December 2019 in Wuhan China and quickly spread to the various parts of the world. This pandemic creates multiple crises throughout the world. Appearing in 23<sup>rd</sup> January in a student migrated from China as a first case in Nepal, COVID-19 cases increased in number with the migration of people from India. The nationwide lockdown imposed by the federal government of Nepal to stop the spread of corona virus, created economic crises in almost all sectors along with social and psychological problems. Almost all economic sectors are suffering from huge loss while some have been collapsed already. Among them, travel, tourism, hotel and private schools are highly suffered by this pandemic. It has made people to change their sanitary habit and way of maintaining social relationship. The psychological problems like fear, depression, tension, and anxiety cumulating with economic and social crises made nearly 3000 people commit suicide. It has abruptly increased the population of unemployment as almost economic sectors are closed, which seems to swell up after the return of migrant labor from Arabian countries, India and Malaysia.

Degree of impact and nature of impact of this pandemic seems vary from profession wise and family background. In spite of regular income, health workers providing services in the COVID hospitals are in higher risk of infection, and facing discriminatory as well as abusing behavior from the people in Nepal. Those who are working in public sectors like, police, traffics with children and aged parents in family are suffering from hidden fear of being asymptomatic carrier of corona virus. Similarly, private college teachers are working in fifty percent salary with the risk of uncertainty of job



in the future. Many private hotel owners have been collapsed and existing are also in vulnerable condition. In addition to these, people of all sectors are in fear of get infected, monotonous and boring life.

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