



Socio-economic Impact of COVID-19 (Novel Coronavirus SARS – CoV-2) in Thailand and India: A Brief Review

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Abstract

COVID-19, scientifically called Novel Coronavirus SARS – CoV-2, which first emerged in a sea-food and live-animal market in Wuhan, Hubei Province, China, at the end of December 2019, has infected above 2,480,000 persons in more than 200 countries worldwide, and the World Health Organization has announced coronavirus outbreak as a pandemic, which has become one of the biggest threats to mankind, with lots of socio-economic impacts globally. The authors present this article by reviewing documents and collecting relevant data from the beginning of the outbreak in January 2020 till July 15, 2021, in Thailand and India, from various kinds of electronic documents available on the daily internet media, social media, news, reports, and opinions related to COVID-19 outbreak. The article aims to find: 1) the socio-economic impact of the COVID-19 outbreak in Thailand and India, and 2) the comparison of its impact in Thailand and India. It is found that coronavirus disease has impacted both Thailand and India's socio-economy through several channels, including impact on the economy, unemployment and poverty, education, health, tourism, and travel, creating chaos, disaster, risk perception, and management, panic, racism, and social stigma. The article is concluded by presenting the comparative socio-economic impact between the two countries, which is considered to be relevant to policymakers of each country, to be prepared for a future pandemic disease outbreak.

Keywords: COVID-19, Socio-economic Impact, Pandemic, Coronavirus, Thailand, India

Introduction

What is COVID-19 (Novel Coronavirus)?

Recently, there is an outbreak of a new contagious disease, affecting more than 200 countries globally. The new disease is called COVID-19, scientifically abbreviated as SARS – CoV-2, caused by coronaviruses, that also caused large-scale epidemics in the past decades, as Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS) (Drosten et al., 2003). Zhou et al. (2020) in their study, identified and characterized the new coronavirus (2019-nCoV) epidemic in humans in Wuhan, China. The pandemic that emerges at the end of December 2019, had caused 189,773,054 confirmed infection cases, with 566,123 new cases, 4,095,252 deaths, 173,132,851 recovered till July 15, 2021, and the death rate was 2.31% on July 15, 2021 (Worldometers, n.d.). COVID-19 was first detected in late 2019, when someone from Huanan seafood market in Wuhan city, Hubei province in China was found to be virus-infected from an animal, from where it infected many others. Doctors in Wuhan, notably an ophthalmologist at Wuhan Central Hospital, Li Wenliang first, noticed the novel coronavirus in December and began exchanging warnings of a SARS looked like a virus on December 30 to fellow medical colleagues through chat group and other internet media. He sent warning messages to his medical fraternities, to be cautious and protect themselves from infection by wearing protective clothing. Chinese government authorities reacted to it as false rumors and forcibly silenced him by making him sign documents admitting that what he said was wrong. At that time, Dr. Li, the whistleblower doctor when working in the hospital, noticed seven SARS looked like cases in patients admitted in his hospital. Dr. Li too had



caught the infection while treating a woman with glaucoma, which he started to show the symptoms as a cough from January 10, then had a fever and after two days was hospitalized (Hegarty, 2020). On January 20, ten days later, China then declared the outbreak an emergency. On February 1, 2020, WHO called the disease COVID-19 and then declared the outbreak a pandemic. There were 1 million infection cases worldwide and on April 20, 2020, Global COVID-19 infected cases crossed 2,483,013, 170,494 death cases, and WHO warned about 'worst days' ahead (Neilson & Woodward, 2020).

Method and Objectives

The analysis of the present article was done by collecting relevant data and information related to COVID-19 from day to day news, available on the internet, TV, news, the World Bank Report, and social media, effective from the beginning of the outbreak in January till July 15, 2021, in Thailand and India. Table 1 presents the pandemic timeline in Thailand and India. Thailand and India are selected only because one of the co-authors has originated from India while the other two are Thai. The article is presented by organizing into parts as Introduction, Methods and Objectives, Socio-economic impact in Thailand and India, Comparison and Conclusion. It aims to find the following objectives:

1. The socio-economic impact of COVID-19 pandemic in Thailand.
2. The socio-economic impact of COVID-19 pandemic in India.
3. Compare the impact in Thailand and India.

Table 1 Coronavirus Pandemic Timeline in Thailand and India (January 13, 2020–December 31, 2020)

			
Date	Details	Date	Details
Jan 13	Identified the first infected case with a Chinese woman, who came from Wuhan (MOPH, 2020).	Jan 30	Confirmed the first case with a Kerala student, who had returned from Wuhan University (Reid, 2020).
Feb 27	Restricted travel (Bangkok Post, 2019).	Mar 3	Restricted travel and suspended all visas.
Mar 18	Suspended all educational, recreational centers, and festivals.	Mar 5	Suspended all educational institutes till March 31 and then extended repeatedly.
Mar 22	599 cases confirmed with an increase of 188 new cases. Interprovincial movement restricted. Suspended all international flights indefinitely (Thai PBS World, 2020).	Mar 12–13	The 1 st death case with 76 years-old, who had returned from Saudi Arabia. Most hospitals did not admit him due to fear of COVID-19 infection (Hindustan Times, 2020; Biswas, 2020).
Mar 24	Emergency decree for 1 month, banned entry to control the spread of the virus (MCOT, 2020).	Mar 24	Announced national lockdown, closed all offices, markets, and public transportations.
Apr 2–3	Deported travelers without special immigration documents (Hutasing & Praprutitum, 2020), curfew from 10.00–16.00 hrs. (The Nation Thailand, 2020a)	Mar 28–30	Confirmed 1,000 cases, countrywide panic, especially, migrant laborers and daily wage earners. All state governments were ordered to effectively seal all borders. (The Wire, 2020)
Apr 4	Chaos and argument in the airport with the arrival of 152 incoming Thai nationals and airport authority as they refused to be quarantined (Techakitteranun, 2020).	Apr 1	New cases increased the Tablighi Jamaat meeting, despite Govt. warning to restrict public gatherings. Total confirmed cases crossed 2,000 and 59 death.



Table 1 (Cont.)

			
Date	Details	Date	Details
Apr 6	Confirmed 2,220 with 51 new cases. Suspended all flights (The Civil Aviation Authority of Thailand (CAAT), 2020).	Apr 7	Confirmed 5,000 with 508 new cases, 22 migrant workers died (The Wire, 2020).
Apr 16–20	Confirmed crossed 2,792 cases and no new infection, but, the economic condition worsens as Thai GDP declined by 6.7% according to IMF (Paweeun, 2020). A Thai taxi driver committed suicide as he was rejected for government aid (Coconuts Bangkok, 2020; The Nation Thailand, 2020b).	Apr 15–20	Migrant workers rushed to their hometowns (Business Insider India, 2020). Social unrest took place in Meghalaya as villagers opposed the cremation of one dr. of Bethany Hospital, due to fear of infection (Rashir, 2020) and in Chennai, of Dr. Simon, a neuro-surgeon (Babushahi Bureau, 2020; Thirumurthy, 2020). Confirmed cases crossed 17,656.
May 17	Thai lifted COVID-19 restrictions, Academia back to work, and business re-opened to improve the staggering economy.	May 17–18	Lockdown extended and on May 18, India had more than 100,000 infected cases, imposed strict quarantine measures, impacting socio-economy.
Jun 15 – Sept 31	Night curfew lifted but international travel was restricted. Predicted that the Thai economy would contract by 8.9% at the end of 2020 (The World Bank, 2020).	Jun 17 – Sept 31	Issued guidelines to open schools. Infected cases were 800,000, 196 doctors succumbed in the fight and so lockdown continued till Sept. 30 (Ministry of Home Affairs, 2020).
Nov 25	Foreign tourists in Thailand decreased by 79.5% (6.69 million) (Sriring, 2020).	Nov 2–30	Restricted all festivals, issued guidelines for re-opening of all sectors, and vaccine distribution.
Dec 21–31	New cases at Samut Sakhon market. Closed all entertainment and educational institutes. Total 6,884 with 194 new cases, 139 th in the global rank (TAT Newsroom, 2020).	Dec 30–31	The total number of cases including death was 10,286,023, ranked 2 nd in the global list. Night curfew has been imposed in Delhi on Dec 31 to restrict New Year celebrations.
April 1– July 15, 2021	A severe 3 rd wave emerged in April 2021. Found 1, 335 new cases on April 14 with a spike of new cases at 2,839 on April 24 in just ten days. To control the infection rate, the authorities re-imposed strict containment measures in Bangkok and 17 provinces, thus affecting domestic economic activity. The daily infected cases soar up from +3,095 cases on May 15 to +9,186 with 98 new deaths on July 15, 2021. Following this, the govt. announced curfew in Bangkok effective from July 12, 2021, for 20.00–04.00 hrs. Total cases were 372,215 with 3,032 deaths till July 15, 2021 (Wikipedia, n.d.b.). About 4.9% (3,398,430) of the population is fully vaccinated, while 15% (10,424,355) received at least one dose till July 15, 2021 (Our World in Data, n.d.).	April 1– July 15, 2021	A severe 2 nd wave emerged in April with a fatal effect that led India to surpass 1million active cases on April 9, 2021. Found 200,739 new cases on April 15, 2021, with 1,038 new deaths. The highest spike in new cases (+414,188) and deaths (+3,915) was on May 6, 2021. Due to this spike in positive cases, and deaths there occurred oxygen, bed, and cremation ground shortage crisis. Families of patients waited outside the hospital standing in queues even for 12 hours to get a bed or oxygen cylinder. The number of new cases declined from 46,617 from July 1 to 41,806 on July 15. Total cases were 30,986,807 with 412,019 deaths till July 15, 2021 (Wikipedia, n.d.a.). About 5.8% (79,227,578) of the population is fully vaccinated, while 23.1% (316,116,189) received at least one dose till July 15, 2021 (Our World in Data, n.d.).



Discussion and Results (Socio-economic Impact)

The outbreak of COVID-19 has become a worldwide crisis, impacting many aspects of human life as it causes panic, disrupt the social and economic structure and impact development in the affected countries, including Thailand and India. Some of the notable socio-economic impacts due to coronavirus outbreaks in Thailand and India are given in the following headlines:

Socio-economic Impact in Thailand

1. Impact on the Economy

Successive waves of COVID-19 have caused a severe impact on the economy of Thailand as it shrinks its GDP by 6.1% in 2020, projected to expand by 2.2% in 2021, and it will take at least 2 years to return to the previous normal economy. The 2nd wave of COVID-19 in late 2020 caused Thailand's economy to contract by -2.6%, in 2021. The 3rd wave of new positive cases that emerged in April 2021 was quite different from the first two waves as the number of cases has increased from 3,000 in April to +10,000 in July. Within a short time, the outbreak has multiplied across the country and this has led the authorities to tighten public health measures in Bangkok and the affected provinces, and consequently, the economic situation has changed from bad to worse. The GDP growth rate of Thailand at constant market declined from 4.2% in 2018, to 2.3% in 2019 and -6.1% in 2020 (The World Bank, 2021b). The lockdown measure has caused large-scale job losses of the population working in the private sector, thus affecting the middle classes and the urban poor. It has been estimated that 8.3 million employees will lose jobs under the impact of the COVID-19 crisis, particularly those working in tourism, travel, entertainment, and other services. Tourism is the main sector that increases Thailand's GDP by 15% to Thailand's economy but COVID-19 has impacted this sector very harshly with the suspension of all international tourist arrivals since March 2020. Due to the limitation of the export process in the global market of Thai goods, and weak global demand the export sector and private investment are estimated to have declined in 2020 by 18.5% and 4.4% respectively (Phongphaew, 2021). Also, due to measures of social distancing, travel and entertainment restriction, and uncertain incomes, household consumption, too, is expected to decline by 1.3% in 2020. So, the number of those living below 180 Baht/day is estimated to double from 4.7 million people in the 1st quarter to 9.7 million people in the 2nd quarter of 2020. The recovery rate of the Thai economy is projected by 4.1% in 2021 and 3.6% in 2022 subjected to weaker global growth, lesser tourism, and disruption of trade, business, and supply chain (The World Bank, 2020). Pre-pandemic economic levels are expected to return in 2022, provided Thailand's vaccination scheme progresses, along with the effectiveness of fiscal support, and re-opening of international tourism. There are also risks from the emergence of a new variant of COVID-19, which may be ineffective for treatment or vaccines (The World Bank, 2021b).

2. Unemployment and Poverty

Under the impact of COVID-19, Thailand's unemployment rate doubled from 1% to 2% in the 2nd quarter of 2020. There were widespread unemployment losses in different sectors due to strict containment measures to control the spread of the virus. The reduction in working hours resulted in a decline of the private sector average monthly wages of 5.4% in the Agriculture sector (Phongphaew, 2021). The harsh economic impact of coronavirus pandemic and lockdown restrictions is felt mostly to the poor daily earners and those working in private sectors, informal jobs, private business, etc., due to the closure of all business and shopping centers, restaurants, food stalls, and so on, comprising about 7,000,000 workers (Languopin, 2020). Many business travelers are forced to self-quarantine in isolation, thus affecting their earnings (Rojanaphruk, 2020). About 8.4 million workers are



affected by unemployment or income. As a result, the number of people having incomes from USD 5.5 per day had been estimated to double from 4.7 million(Q1) to 9.7 million(Q2) in 2020 (The World Bank, 2020). Also, about 1.4 million families in Thailand are single-parent families and most of them have inadequate monthly income and this has been heightened as many of them lose their jobs and income. So, many Thais, about 28 million have applied to get the government's help, which offers 5,000 baht per month for three months (The Nation Thailand, 2020b). Even though the Government has implemented measures to support households and firms in Thailand, it has been estimated that about 1.5 million people were impacted and labeled living in poverty in 2020 (Phongphaew, 2021). Due to this unemployment crisis and poverty, the number of psychologically depressed people increases, resulting in an increase in the proportion of suicide cases during this COVID-19 pandemic. For instance, a mother of two young children in Thailand, who earned money by selling yogurt hanged herself, as she could no longer sell and so could not get any income to buy food for her children. Another two foreigners, one working as an English tutor committed suicide by jumping from the 13th floor balcony while the other jumped from an expressway as they were depressed after their income ceased (Coconuts Bangkok, 2020; Burton, 2020).

3. Tourism and Travel

Another major impact of the pandemic is on tourism industries, especially Thailand, whose economy is mainly dependent on travel and tourism sectors (Deloitte, 2020). Tourism is an important industry for the Thai economy, providing between 15–18% of the country's GDP indirect income and provides one in six jobs. Thailand received 40 million foreign tourists in 2019 and international tourism contributes 11.3% of GDP, while domestic tourists contribute 6.4% of GDP. There were 3,358,592 tourists in Nov 2019, 2,061,990 in Feb, 2020, 814,429 in Mar 2020, and 0 in April 2020. Tourism contributes to Thailand's GDP as 20.1% in 2019, 8.4% in 2020. The decline in GDP contribution from 2019–2020 was –60.8%. Similarly, concerning employment, it contributes 21.4% in 2019 and 18.1% in 2020. The decline in employment contribution from 2019–2020 was –15.1% while the decline in international and domestic visitors was –76.5% and –28% respectively (The World Bank, 2021b). About 6 million people in Thailand out of a total population of 66 million, are considered to lose their jobs in the tourism and travel sector due to the COVID-19 crisis. Airlines in both countries have suspended their flights and services as long as the COVID-19 outbreak is improved. So, airline industries are looking to cut their expenditures, by cutting salaries of employees and reducing the workforce. Many airlines have also faced the burden of refunding sold but unused tickets as a result of massive cancellations which stem from government-imposed travel restrictions (Hutasing & Praprutitum, 2020). As a result, the GDP forecast for Thailand fell from 3.0% to 2.0% indicating the vulnerability of the Thai economy (Leingchan, 2020). The impacts are felt in the import-export-supply chain too as a result of factory closures and transportation restrictions (Deloitte, 2020).

4. Closure of Schools, Colleges, Universities, and Other Educational Institutes

Another observable impact of the outbreak was the government's actions and measures to restrict the spread of the virus by closing schools, colleges, universities, and other educational institutes in Thailand to reduce public transportation and other public services. Distributors of educational technology in Thailand said they are not well equipped or prepared for the online learning of students. Also, closures of schools, colleges, and universities deprived social activity and interaction among students which is very important for their development.



5. Social Distancing, Quarantine, Risk Perceptions, Social Stigma, Stress, Suicide, and Public Behavior in Responses to the Outbreak of COVID-19

Social distancing and quarantine for 14 days are government policies to stop the virus spread. However, many people have a fear to stay in isolation for a prolonged period added to the social stigma and panic from the local people due to fear of infection. Some incoming passengers were not willing to quarantine themselves at government-arranged centers. So, on April 3, 2020 a heated commotion and argument occurred between the passengers and the airport authorities in Thailand, following their refusal to obey the quarantine authorities of the government. Also, a quarantined patient has fear and depression due to the outcome of the disease. For instance, in Thailand, a man from Chiang Mai on learning that he was COVID-19 positive on the test, committed suicide by jumping from his apartment's 5th floor in Songkhla province (The Nation Thailand, 2020a). Three university students attempted to commit suicide by jumping into a river (Kelly, 2020a). Similarly, a Muslim man, who returned from Indonesia, committed suicide on the last day of quarantine (Kelly, 2020b).

Socio-economic Impact in India

1. Impact on the Economy

India's economic decline was one of the worst among the major economies of the world (Buchholz, 2021) as its GDP collapsed by 23.9% in the quarter that ends in June 2020, with an estimated loss of about 640 million USD and a growth rate between 5–5.6% till 2022 (ET Now Digital, 2020). India's economy is expected to contract by 8% in 2020–2021. The World Bank had approved \$2.75 billion in emergency lending to support India's response to the COVID-19 crisis (The World Bank, 2021a). The pandemic has impacted major sectors of the economy, including hospitality, tourism and travel, healthcare, hotels, education, business, recreation, entertainment, and micro, small and medium enterprises which contribute 30% of India's GDP and 50% of industrial workers employment due to declining cash flows, supply chain disruptions, shortage of migrant workers, etc. (Dev & Sengupta, 2020). KPMG India further estimated a fall-down GDP growth rate below 3% in case the lockdown extended due to more virus infections (BusinessToday, 2020). Further, the estimated loss during the 1st 21 days-lockdown in India was 4.5 billion USD/day. Due to the economic slow-down impact, business industries are reducing salaries for workers (The Hindu BusinessLine, 2020).

2. Unemployment, Poverty and Impact on Migrant Workers and Agriculture

India's first quarter 21 days' lockdown, enforced on March 24, 2020, suddenly caused a massive impact on all kinds of business, from small to large, leading to unemployment and slow down of the economy, and after a month lockdown the unemployment rate in India increased to 19% (Sharma & Mahendru, 2020) because about 90% of the workers are employed in the city in the informal sectors and many of them are migrants, who come from rural areas to seek employment or a job for their survival. According to a survey, it was revealed that 80% of migrant workers feared that they will run out of food, 55% of them were wage earners of 200–400 rupees/day (Kapur, 2020). So, lockdown causes lots of hardships, panic, and fear to these migrant workers, as they were compelled to return to their hometown due to the impact of government measures to control COVID-19. Many of them had few savings as they were dependent on their daily earnings for their daily life expenditures and to sustain their families. Many students and migrant workers who were stranded in an alien city have inadequate money to pay for food, rent for accommodation, social security, and so on. With the closure of bus, trains, and other forms of public transportation, these migrant workers with their families, comprising of infants, pregnant women, and the elderly took the drastic steps to walk hundreds of miles on foot to reach home or rushed to a



crowded bus in trying to get a seat, by ignoring social distancing advice and thus chaos and violence between the migrant workers and police took place and a total of 22 migrant workers lost their lives (The Wire, 2020). Adversely due to this reverse migration of labor, transports, and mobility restriction also impacted the farmers (Saha & Bhattacharya, 2020). Consequently, unemployment and poverty during the pandemic outbreak have caused a significant impact on the poor, farmers, and vulnerable households. To assist these vulnerable poor households, the World Bank passed a \$1.15 billion social protection program by ensuring food, social insurance, and cash support (The World Bank, 2021a).

3. Tourism and Travel

In India, as tourism and travel contribute 9.2% of GDP, restriction of travel internally or externally caused a heavy blow on the GDP growth and may bring down 0.45% in the GDP growth rate (Chaudhary et al., 2020). With the severe loss in the tourism and travel industry, this sector has been estimated to lose 70% job loss, and India's GDP was estimated to fall to 2.5% from 5.3% in 2020. Due to the travel restriction for both Indians and foreigners, all tourism and travel industries and their staff were severely affected (The Economic Times, 2020). The worst affected include those working in the private industry without a regular salary, daily wage-earners, taxi drivers, contract-less jobs, or short-term contracts like tour guides, cleaners, waiters, suppliers of fresh vegetables, flowers, meat, etc. Similarly, the closures of all airlines, about 600 international flights, impacted the economy of India severely as this sector contributes a lot to the GDP of India (72 billion USD) (Muthukrishnan, 2020). Another big blow is to the railway industry as it will reduce the revenue by 1.56 billion USD (Chaudhary et al., 2020).

4. Closure of Schools, Colleges, Universities, and Other Educational Institutes

The closure of all educational institutions during lockdown halted the conventional teaching and learning process. Many children from low-income families who depend on free school meals faced lots of hardship. Also, it caused a burden to parents as they have to pay additional child care costs. The government called to switch to online learning and teaching method, but the majority of Indian students were living in rural or backward areas with no internet access technology or computer systems (Kapasias et al., 2020) and this caused lots of hardship while switching to online learning and teaching mode (Nicola et al., 2020; M. et al., 2020). As a result, many students have stress and anxiety due to the uncertainties of entrance examinations for jobs or colleges (Rehman et al., 2020), economic conditions, academic activities, and uncertainty of the future (Roy et al., 2020).

5. Social Distancing, Quarantine, Risk Perceptions, Social Stigma, Stress, Anxiety, Suicide, and Public Behavior in Responses to the Outbreak of COVID-19

Social distancing is difficult to be practiced by India's large population (1.3 billion), due to their housing style and living condition, especially the urban poor people of India who live in a slum, in a small hut. For instance, Mumbai, the city with the largest number of slums, about 9 million, which has the maximum number of infected cases (75,995 on July 1, 2020), faced difficulties in maintaining social distancing practice due to their poverty and living condition (Wasdani & Prasad, 2020). So, the government's sudden enforcement of nationwide lockdown caused isolation, panic, anxiety, grief by the loss of dear ones, uncertainty, economic hardship, psychological distress causing suicide (Kochhar et al., 2020), diseases like high blood pressure and diabetes (Nilima et al., 2021), especially migrant laborers and farmers as there was no certainty about how long this crisis will go on. COVID-19 has heightened the case of farmers' suicide cases (Hossain et al., 2020). So, some of them ignored lockdown rules by rushing to the nearest bus or railway station, while some others walk



miles to go back to their home-states (Choudhari, 2020). Therefore, they need the support of psycho-social issues as many of them tend to commit suicide (RFI, 2020) as reported in the national media. For example, a young student from Bihar committed suicide as she could not return to her hometown while another middle-aged man in A.P. hanged himself near his mother's grave due to fear that the virus would infect him and then his children and wife (RFI, 2020). Altogether, more than 338 suicide cases were reported in India from March 19 to May 2, 2020, arising due to fear of infection, isolation, and other economic hardships (Dsouza et al., 2020). Further, the fear psychosis could be manifested where many local people have a hostile reaction of fear and panic of infection from COVID-19 patients, whether dead or alive. For instance, a group of people protested in Meghalaya at the crematorium and burial area, following the death of Dr. Sailo, a renowned doctor and director of Bethany hospital and also the first COVID-19 patient of Meghalaya, due to the misconception that the virus will be spread from the dead bodies to the communities living in the area (Rashir, 2020). Again, another doctor, a death COVID-19 patient in Chennai, South India, named Dr. Simon, also faced the same hostile behavior from the local people. According to Dr. Pradeep, a friend of Dr. Simon, they were hit with stones, woods when they tried to bury the dead patient doctor. They had to bury the body at only 8ft. even though the usual burial ground is about 12ft (Babushahi Bureau, 2020; Thirumurthy, 2020). This shows that that the COVID-19 outbreak caused social stigma and prejudiced behavior of the general public towards those that they perceived were in contact with the disease and also resulted in strained relationships both inter-regionally and internationally (Mukherjee et al., 2021; Bhattacharya et al., 2020). For instance, the naming of the virus as "Chinese virus" led to conspiracy theories about biological warfare, thus straining international relationships. There were many examples of stigmatization during the pandemic such as the Air India crew who rescued stranded Indians were stigmatized by their neighbors when they were stamped as 'Quarantined' (Krishnatray, 2020). This social stigma is targeted not only to COVID-19 positive patients or victims' families but also to frontline medical workers, practitioners, nurses, or police personnel. There were also remarks and negative attitudes of racism, calling 'coronavirus' to Chinese look-alike students of North-East India. The prevalence of stress and anxiety can also be seen with the symptoms of panic buyers emptying the supermarket to store enough food during the lockdown (Nicola et al., 2020).

Comparison and Conclusion

From the above discussion and results, it can be seen that coronavirus disease has impacted both Thailand and India's socio-economy through several channels, including unemployment and poverty, education, health, tourism and travel, disaster management, creating chaos, panic, stress, suicide, racism, and social stigma. Both countries were under some form of lockdown, but the intensity was different. Thailand had partial lockdown, while India had total and the longest lockdown in the world, since India is the world's second-most populous country, due to fear that the country's health systems would not be able to cope if there is a major outbreak with 1.3 billion people. Even though Governments of both countries provide assistance package to help the affected households, they need to track the individual households that received aid to accurately check whether the social and economic assistance is adequate or the right household is provided. Also, there should be schemes for the expansion of social security and health insurance so that all the venerable poor households obtain insurance coverage. The article is concluded by presenting the comparative socio-economic impact between the two countries, which is considered to be relevant to policymakers of each country, to be prepared for a future pandemic disease outbreak. On the



whole, the pandemic has taught both countries a lesson to be prepared and protected against natural and unpredictable calamities and crises.

Table 2 Comparative Socio-economic Impact in Thailand and India

	
- Confirmed the 1st positive case on January 13, 2020. - 6,884 confirmed cases, ranked 139th on December 31, 2020. - Partial lockdown. - Impacted more on those working in the private, informal sector, daily wage earners, and low-paying jobs resulting in to increase in the number of suicide cases. - Chaos, stress, and disorder due to fear of infection, loss of jobs, social stigma, and quarantine. - Economy is impacted more due to the closure of tourism, travel, and airlines industries. - Switched to the online mode of teaching and learning completely.	- Confirmed the 1st positive case on January 30, 2020. - 10,286,023 confirmed cases, ranked 2nd on December 31. - Total lockdown. - Impacted more on those working in the private, informal sector, daily wage earners, and low-paying jobs resulting in to increase in the number of suicide cases. - Chaos, stress, panic, social stigma, and disorder due to loss of jobs, fear of infection, and quarantine. - Economy is impacted more due to supply chain disruptions, suspension of tourism, travel, airlines, business, and industries both public and private. - Difficulties in switching to online mode of education due to lack of internet access in the rural area.

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