

CHANGING FOOD HABITS IN INDIA SINCE COVID-19: A STUDY**Naseer Ahmad Bhat**

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Abstract

A new coronavirus (SARS-Cov2) appeared in Wuhan, China, on December 12, 2019, causing a pandemic of acute respiratory syndrome in humans (COVID-19). According to Johns Hopkins University's COVID-Case Tracker, there were 195,313 COVID-19 deaths worldwide on April 24, 2020, and 2,783,512 COVID-19 confirmed cases. The COVID-19 pandemic has a significant impact on human health, causing abrupt changes in lifestyle through social distancing and isolation at home, with social and economic repercussions. During this pandemic, optimizing public health requires knowledge from all human sciences related to lifestyle, social and behavioral studies, including dietary habits and lifestyle.

Key words: Covid-19, Nutritional, India, Food Intake.

Introduction

A new coronavirus strain is known as a novel coronavirus (CoV). Coronavirus disease 2019 (COVID-19) is the name given to the illness brought on by the new coronavirus that was initially discovered in Wuhan, China. The letters "CO," "VI," and "D" stand for corona, virus, and disease, respectively.

This illness was previously known as "2019 novel coronavirus" or "2019-nCoV." The COVID-19 virus is a novel virus that is related to the same virus family as SARS and some common colds.

Shortness of breath, coughing, and fever are possible symptoms. In more serious situations, the infection may result in pneumonia or respiratory problems. Rarely, the illness might be lethal. These symptoms resemble those of the common cold or flu (influenza), which are far more prevalent than COVID-19. For this reason, testing is necessary to determine whether a person has COVID-19. It's crucial to keep in mind that the two most essential preventative strategies are the same: regular hand washing and respiratory hygiene (cover your cough or sneeze with a tissue or a flexed elbow, then dispose of the tissue in a closed receptacle).

Covid -19 and India

With the second-largest population in the world, India is seriously afflicted by COVID-19. India looked at about 1 lakh (0.1 million) COVID-19 instances by May 18th, and as of July 11th, there were 8 lakh cases. In India, social isolation and lockdown regulations were implemented, but they also had an effect on the environment, human life, and the economy. Where human life and the economy were negatively impacted, the environment was positively impacted. This article discusses how India handled and may handle these three issues during and after the COVID-19 pandemic.

[Coronaviruses](#) are enveloped [RNA viruses](#), ranging from 60 nm to 140 nm in diameter with a crown-like appearance, found in mammals particularly in humans and birds. Coronaviruses are known to have mutated and recombined behaviour causing respiratory, enteric, hepatic, and [neurologic diseases](#). [Coronavirus](#) has a total of seven strains which include HKU1, NL63, 229E and OC43, SARS-CoV, MERS-CoV and SARS-CoV-19 (COVID-19 being the latest), out of which first four had a mild impact on infested human with mild respiratory disease [1,2], whereas the other three caused a fatal impact on humankind

Changing Food Habits

Initially, foreign connections rather than domestic transmission were the cause of coronavirus infections in India. On January 30 and February 3, after returning from Wuhan, China, Kerala had the first three illness cases [8]. Two other instances were recorded on March 3rd, a month later, in which one patient had previously traveled from Italy and the other from Hyderabad had gone to Dubai.

A small number of other cases were reported in Jaipur on the same day [9]. Similar to previous pandemics like SARS, Ebola, and bubonic plague, the Ministry of Health and Family Welfare (MoHFW) issued travel advisory restrictions to curb this spread. These restrictions included requiring all foreign visitors to the country to remain in self-quarantine for 14 days.

Furthermore, travel visas for other nations were restricted until April 15th [10], and on March 16, 2020, MoHFW proposed a number of interventions, including social distancing of ≤ 1 m [11], to prevent or reduce the rate and extent of disease transmission in a community, which ultimately results in a decrease in the disease's spread, morbidity, and mortality.

Changing Nutritional intake among poor

Prime Minister Narendra Modi urged citizens to observe India's 14-hour Janata curfew on March 22 [12]. India's first phase of a 21-day lockdown began on March 24. Mobility in grocery and pharmacy stores, retail and recreation, transit to stations, park visits, and workplaces decreased by 64.2%, -70.51%, -65.6%, -46.17, and -60.03%, respectively, as a result of this lockdown.

The Indian government announced an extended second phase lockdown until May 3rd, which was further extended until May 17th and ultimately imposed until May 31st because to the increasing number of COVID-19 infestations on April 14th. India also enforced the quarantine law under the Epidemic Disease Act, 1897, to make the lockdown and social isolation effective.

This law, which dates back 123 years, permits a state or nation to inspect individuals traveling by railroads or ships (air travel was not an option when this law was created) and to segregate suspects in hospitals, temporary housing, or other locations in order to stop the spread of dangerous pandemic diseases. But this pales in comparison to North Korea's legislation, which used the military to establish a quarantine.

Looking at the current trend in India, the number of confirmed patients reached 107 on March 15th, following the first confirmed case being reported on January 30th. Since then, the number of positive cases has been steadily rising. The number of verified COVID-19 cases in India increased tenfold in just 15 days, from March 15 to March 30. India had around 1071 cases and 29 fatalities as of March 30.

Another study found that if the virus's spread is not stopped, India may confirm around 13 lakh cases by mid-May. This can be prevented, though, by increasing testing, adhering to tight guidelines, and putting limits in place [19]. Nevertheless, by May 18th, there were 1,01,139 COVID-19 instances in India. At first, it was thought that India was handling the small number of COVID-19 positive cases well.

The symptoms of COVID-19 include fever (not always), coughing, fatigue, headache, myalgia, sore throat, conjunctivitis (sometimes), and breathing difficulties. It is therefore extremely difficult to differentiate this illness from other respiratory illnesses. There is currently no effective COVID-19 vaccination or antiviral medication available.

Patients in shock, hypoxemia, respiratory distress, or severe acute respiratory infections require oxygen therapy right away. WHO recommended several measures to prevent the spread of COVID-19, such as frequent hand washing with soap and water or an alcohol-based hand sanitizer, avoiding touching the mouth, nose, or eyes when outside, avoiding long distance travel or crowded areas, and encouraging breastfeeding to boost immunity.

Conclusion

In this text, India is the subject of debate. This study examines how India is prepared to handle the growing number of COVID-19 cases, the current circumstances, including the negative impacts on the economy, human well-being, and environment during the COVID-19 lockdown period, as well as the different strategies used to combat this pandemic.

Here, three areas were highlighted: the environment, human life, and the economy. It is clear that the environment has a hugely favorable influence, whereas the first two have a negative impact because of corona. But for India, the question of whether hunger or COVID-19 is the true problem at hand is a major one. Regarding COVID-19, the Indian economy is stagnating, which means that future unemployment rates will rise.

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