A Comparative Analysis between Collective Action Theory and Compulsion Theory of Sustainability

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Abstract

This paper has been drawn by taking the following objectives: To review the prevention policies and plans of COVID-19. (ii) To fulfill the gap between the collective action and the Compulsion theory of sustainability. The researcher has used a descriptive research design because he has collected only secondary data from books, journal articles, policies, and reports from different websites. After analyzing those data, the researcher found that all countries' prevention policies are the same. Some Asian countries like Japan, China, and South Korea firmly created the compulsion on ordinary people, health institutions, government authority, and other stakeholders can control COVID-19. On the other hand, some European like Italy, France, and Germany could not create strong compulsion; they could not hold COVID-19. Hence, compulsion is necessary for making plans and policies to get success. In addition, the researcher did not examine the human ecological and environmental aspects.

Keywords: compulsion, implementation, advance countries, Huhan, policy,

Introduction

In December 2019, a new infectious respiratory disease emerged in Wuhan, Hubei province, China, and the World Health Organization named as Covid-19. (Chakraborty & Maity, 2020). However, the Asian development bank argued that "a new coronavirus disease, now known as COVID-19, was first identified in Wuhan, People's Republic of China (PRC), in early January 2020. (Asian Development Bank, 2020). Every scientist claimed that the starting point of the COVID19 outbreak was the Huhan seafood market because 60% of emerging transmissible diseases originate from animals, and 70% of these are supposed to originate in wild birds. (Chakraborty & Maity, 2020). Wuhan is especially a market of birds and animals where people birds

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and animals such as civets, bats, wolves, Pangolin are kept alive in small cages while on sale.

The infection rate of COVID-19 appears to be higher than that for the seasonal flu and MERS, with the range of possible estimates encompassing SARS and Ebola infection rates. (Asian Development Bank, 2020). It is rapidly spreading worldwide and has been spoiling many human lives. This virus is highly infectious and transmitted through droplets and close contact. The virus's human to human spreading occurs due to close contact with an infected person exposed to coughing, sneezing, respiratory droplets, or aerosols.

The COVID-19 pandemic is considered the most crucial global health calamity of the century and the most important challenge humankind has faced since the 2nd World War. (Chakraborty & Maity, 2020). Unfortunately, many developed countries like America, Italy, Spain, and Great Britain could not control the effects early. Again, they argued that loss of lives due to any pandemic causes actual irretrievable damage to society. Nevertheless, apart from this, COVID-19 has severely demobilized the global economy. (Chakraborty & Maity, 2020).

Chen and other scholars strongly argued that as part of these social distancing policies, the Chinese Government encouraged people to stay at home; discouraged mass gatherings; canceled or postponed significant public events; and closed schools, universities, government offices, libraries, museums, and factories. Only limited urban public transport systems remained operational, and all cross-province bus routes took out of service. (Chen et al., 2020). China also gave high priority to testing and developing infrastructure. They build many hospitals in a short period. Hence, China can give health services to COVID-19 patients as much as possible. It justified the strong commitment and resources needed to control the COVID-19.

Most world countries have been adopting the same strategy and have locked their countries and maintained social distancing. However, some countries are still partially locked down and their countries. Some researchers examined the locked down effect in the occurrence of the epidemic peak, and they concluded that lockdown was reduced not only the size of the epidemic but also caused a delay in the occurrence of the peak. (Paul, Chatterjee, & Bairagi, 2020).

The most vital support was the multilateral effort to suppress transmission and stop the pandemic, led by the World Health Organization (WHO), whose appeals to meet fully. (United Nations, 2020). However, the United Nations and ESCAP continued to

engage member States and stakeholders to spread the message of tolerance, optimism, and partnership in Asia and the Pacific. (UNESCAP, 2020). In south Asian developing countries like Afghanistan, Bangladesh, Bhutan, Nepal, India, and Sri Lanka, UNICEF engaged in the UNCT coordination mechanism to support the government response (UNICEF, 2020).

The efficacy of various individual-level measures washing hands and using a mask is less effective in the USA and Europe than in South Asian countries. Interestingly, the daily contact rate is lower in developing nations than in developed countries, with India at the lowest and Spain at the highest (Paul et al., 2020). I claimed that the corona transmitting situation study in the initial phase in south Asian countries. Besides, some Asian people are involved in a mass movement against government activities. Due to this, there is a high possibility of spreading the COVID-19.

The strategy of controlling COVID-19 is the same but models are different. The outbreak response alert system of Korea consisted of four levels: attention (an outbreak of infectious disease abroad; so the government monitor and prepare); caution (when the outbreak gets into the country; the Government operates cooperation system); Alert (spread of infection to other areas; response system operates); and sever (nationwide spread of outbreak: mobilization of response capabilities start) (Moradi & Vaezi, 2020). It was more effective than other countries' corona for controlling the COVID-19.

In addition, the Chinese Government is strict and more substantial than in other countries. As a result of these policies and public information and education campaigns, Chinese citizens started to take measures to protect themselves against COVID-19, such as staying at home as far as possible, limiting social contacts, and wearing protective masks when they needed to move in public, (Chen et al., 2020). By knowing this, other developed and under-developed countries have been adopting this method to control the COVID-19. Nevertheless, the most powerful and developed countries were unable to control COVID-19. The first, the leading cause of being unable to control the Coronavirus was that they did not make an emergency action plan and strictly followed it. The second cause was that they did not have the health sector under government control.

From the Chinese experience, the countries with the health sector under the Government can successfully control the COVID-19. However, it is not always the truth. For Example, imported cases of COVID-19 have reached Japan quickly after

the beginning of the epidemic in Wuhan, China. That was predictable, given the proximity as only 1300 miles separate Beijing and Tokyo Haneda, with four direct route flights daily, and five to Tokyo Narita; and 15 one-stop routes from Huhan to Tokyo Haneda and four direct route flights to Tokyo Naritaunder. (Gallego, Nishiura, Sah, & Rodriguez-Morales, 2020).Therefore, there is not a health sector under the Government. Nevertheless, the Japanese Government immediately called a meeting and made a schedule plan to control the COVID-19 infection. It proved that those countries that made a schedule plan and implemented it strictly could control the COVID-19.

The question was rising in this situation there, only the countries that have health intuitions under the Government, made a schedule action plan to fight against the Coronavirus and strong Government, only can control the COVID-19. This concept is also false because Japan could control the corona immediately after transmitting. Nevertheless, there are health institutions that are out of government control. However, government rules and regulations are more robust than other countries like America, Italy, Spain, and Great Britain for a private sector. As a result, Japan could create the compulsion on all stakeholders to mobilize means and resources like the health sector, community people, and government authorities as much as possible as other countries like America, Spain, and Italy against the COVID-19 combat.

Besides, Zhang mentioned that Japanese government authorities had immediately understood that poor communication with the public might be closely related to the spread of COVID-19 in Japan. It revealed that differentiated communications are necessary to encourage different behavioral changes (Zhang, 2020). It refers to the role of media as necessary for the COVID-19 prevention policy. Furthermore, the Japanese Government made an immediate action plan schedule for behavioral change and strictly implemented that plan in the field by government authorities. Thus, the Japanese Government controlled the COVID-19 by making a scheduled action plan. Other countries that did not have enough means and resources and could not create compulsion could not control Covid-19 in their countries.

Furthermore, Curley and Thomas again examined the ways of transmitting the Covid-19, and they claimed that security achieved by acknowledging the role market groups, civil society organizations, and even individuals could play in detracting from and enhancing a nation-state. Beyond a single state, they have also argued that such actors can cause insecurity or create greater security in secondary states. (Curley & Thomas, 2004). It means collective action is needed to control Covid-19.

The Lockdown impact was negative for all people. So, the UK, American, and other monitory institutions and governments provided package programs to make lockdown and social distancing more effective. Similarly, in Germany, the state development bank (KfW) provided €500bn in loans to aid companies affected by the pandemic, dubbed the 'most significant post-war aid package. In addition, France, Spain, and Italy had promised €345bn, €200bn, and €25bn respectively, to help support businesses. In the same way, more advanced Asian countries like China and Japan took similar action with the People's Bank of China (PBoC) and the Bank of Japan (BoJ) provided the equivalent of $240bn and $43bn to maintain bank liquidity, respectively. (Sonja A. Rasmussen, MD, MS, John C. Smulian, MD, MPH, John A. Lednicky, Ph.D., Tony S. Wen, MD, Denise J. Jamieson, MD, 2020). In this situation, the researcher argued that developed Asian, American, and European countries have been using similar prevention measures to stop the Covid-19. However, poor South Asian countries like Nepal and Afghanistan do not have enough men and resources to provide subsidies for their populations. Hence, lockdown and other strategies were not becoming effective. Nevertheless, people were aware of European countries' situation, and they used masks and Sanitizers strictly.

Given India's federal structure, several state governments have also announced measures to assist the poor and vulnerable in the wake of the pandemic. For Example, the Kerala state government announced a financial package worth US$2.7bn that covers a health package, loan assistance, Welfare Pensions, free food grains, subsidized meals, and tax relief. (Sen, 2020). Hence, Kerela province controlled the Covid-19. However, some provinces like UP and Bihar could not control Covid-19. However, India is only one South Asian country with more resources than other countries. It has just got foreign support from other European and American countries. Unfortunately, it did not have an emergency schedule action plan against corona prevention. Therefore, the Indian Government could not control the Covid-19.

According to the United Nations, most South Asian countries characterized weak, fragmented health systems that did not ensure the universal access and capacity needed to face the COVID-19 health crisis. (United Nations, 2020). Not only this, but there was also limited coordination among different stakeholders in health care management with few policies in place for infection prevention and control (IPC), shortage of testing kits, and lack of supportive medicine were significant challenges to tackle COVID-19. (Asim et al., 2020). These shreds of evidence showed that most South Asian countries have a high risk of Covid-19.

The first reason to select this topic is that every advance Asian, European, and American Covid-19 prevention measures were the same. Nevertheless, advanced Asian countries like South Korea, Japan, and China could control the Covid-19 immediately. They did not lose vast numbers of lives of people. On the other hand, the richest and well-developed European and American countries like the US, Italy, Spain, and England could not control the Coronavirus immediately. They had loosed vast numbers of people's lives. The second cause for choosing this topic is that all developed and under-developing countries have been using the same prevention plan and policies by thinking equally effective in developed, underdeveloped, and less developed countries.

Nevertheless, there is a different social, economic, and political situation. The third reason is that most researchers argued that controlling measures implemented in south Asian countries than in Europe and America. So, the infection rate is low in Asian countries. However, a high infection rate in South Asian countries like India and Nepal has increased. In this situation, the researcher tried to examine the gap between collective action theory and compulsion theory of sustainability because collective action theory explains that individual action determines success and failure of plan and policy. However, compulsion theory argues that compulsion is needed to successfully plan and policy.

Method

This research article is based on collective action theory and the compulsion theory of sustainability. The collective action theory claims that individual stakeholders' collective effort determines the effectiveness of programs and policies. However, the compulsion theory argued that compulsion is a significant component of the effectiveness of policies and programs. If there is no compulsion, the policies and programs do not run effectively. Therefore, both theories are interrelated to the effectiveness of policies and programs.

Nevertheless, collective action theory only focuses on people's interests. Therefore, people's interest determines the success and failure of policy and programs. However, in compulsion theory, Limbu explains that compulsion determines the success and failure of policy and programs. So, there is a contradiction between the two theories. Therefore, this article fulfills this gap between the two theories. This research article is based on secondary data because the researcher collected data from different articles, journals, reports, newspapers, and books which are related to COVID-19

controlling plans and policies all over the world from different websites, and then the researcher analyzed those data with intensive reading to meet the objectives of the article and presented in the table and figures descriptively. So, this article is based on a descriptive research design.

Results

The infection rate of COVID-19 appears to be higher than that for the seasonal flu and MERS, with the range of possible estimates encompassing SARS and Ebola infection rates. It is rapidly spreading worldwide and has been spoiling many human lives. First, China made a policy and planned to control Covid-19, and that policy and plan have been implemented worldwide. Nevertheless, every country is not getting success equality. So, this article analyzed those affecting factors of success to control Covid-19. It is affected by different factors. Due to this, the researcher collected secondary data through the literature survey related to countrywide parameter values for the model system. That data were analyzed and presented by the researcher in tables and figures, which helps to conclude.

**Figure 1.** Country-wise Estimate Parameter values of the Model System
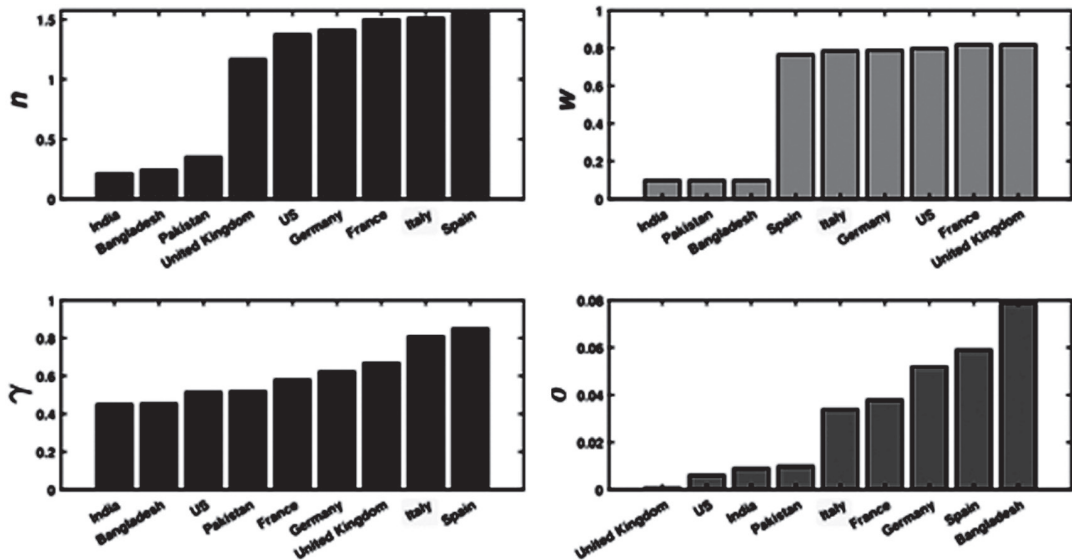
Source: Paul et al., 2020

Figure 1 shows that Country-wise Estimate Parameter values for the Model System by observing the individual level corona stopping measures application efficacy like using a mask and handwashing in European, American, and South Asian countries to find

out the effectiveness of policy application which helps to predict the future challenges and possibility from Coronavirus in South Asian developing countries. Unfortunately, it is found that the daily contact situation is comparatively lower than the developed European and American countries in South Asian countries. For Example, the Indian infection rate is less than in the USA, Spain, and Italy. However, the socio-economic and political situation is different in European and American countries than in south Asia. South Asian people are poor and less educated. So, the Indian Government could not create compulsion for the people. Therefore, the lockdown was less effective than European and American countries. However, the Infection rate was lower in South Asian countries because people wore masks and sanitizers more carefully than Europeans. The second reason the Indian Government announced lockdown was much earlier than European and American countries. After the same days, the Covid-19 infection rate was reached in peak in India. Hence, compulsion makes collective action is more effective because they are aware and responsible for their job.

Asian countries are less developed than European and American Countries. However, they have been giving continuity of locked-down. It badly affected their GDP because most laborers lost their jobs in Locked down. Due to this, suicide cases have been increasing these days. Therefore, the researcher has collected data based on a locked-down impact on GDP. It is presented in figure No: 2.

Figure 2. COVID-19 Related Fiscal Measures as Percent of GDP, Selected Countries
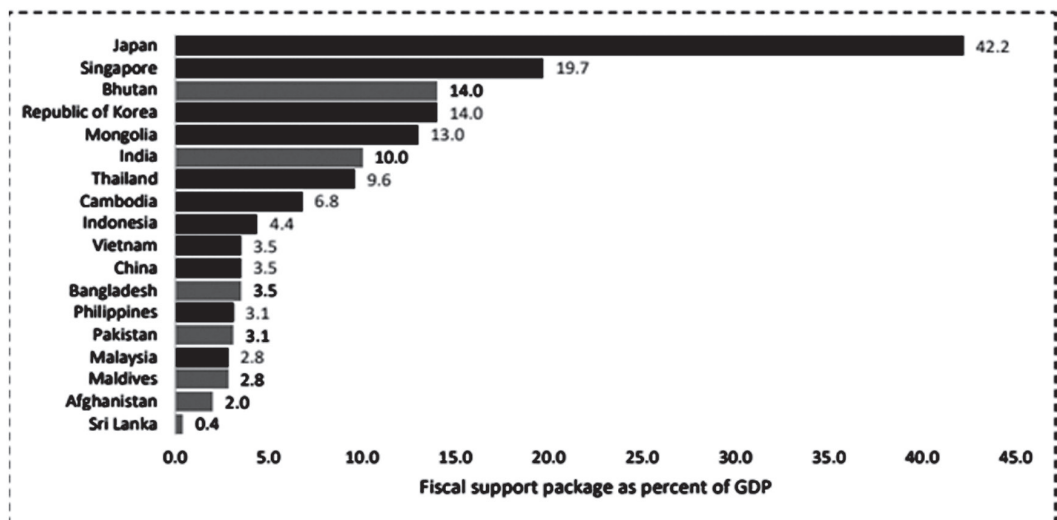
Source: UNESCAP, 2020

Asian countries were severely affected by the COVID-19. Many people loosed their job in locked downtime. Due to this, poverty, hunger, and inequality increased in Asian countries. After breaking, high-income countries like Japan, Singapore, and South Korea immediately controlled COVID-19. However, their economy was severely affected. They loosed a high percentage of GDP in Asia because their business was decreased. Nevertheless, low-income countries decreasing GDP percentage was low because their business was limited in their own countries. This situation shows that Covid-19 badly affects human lives.

The Low-income Asian countries could not keep continuing the Lockdown policy because they could not provide Subsidies and allowance to their county people. However, fewer people died than European in Asia. Therefore, I strongly argued that hand washing and masks were more effective than European countries in lockdown. If there was no compulsion, there was a very high possibility of losing humans living in towns and cities even though there was less chance to spoil human lives in rural areas in south Asian developing countries. The less access to business houses, movie halls, and transportation in rural areas because of backwardness. Also, the settlement is scattered, and they are also self-reliant for food.

Some South Asian Countries did not have enough budget to fight against the COVID-19. However, fewer people loosed their lives in Asian countries. It means there was a strong compulsion to wear masks and use sanitizer because there was no option to work in pandemic time. The inadequacy of resources and budget did not highly influence COVID-19 spread speed. The researcher has just mentioned the adequacy of the amount in Asian countries. That actual gap is presented in table No. 1.

Table 1: Funding Status in South Asian Countries.

Sector	Requirements ($)	Funds available		Funding gap	
		Humanitarian resources received ($)	Other Resources ($)	$	%
Afghanistan	12,240,000	2,270,000	0	9,970,000	81
Bangladesh	15,355,790	5,763,619	5,240,879	4,351,292	28
Bhutan	1,800,000	550,000	35,000	1,215,000	68
India	8,797,750	18,704,997	0	-9,907,247	-113
Maldives	3,330,000	800,000	0	2,530,000	76
Nepal	6,075,000	2,272,778	500000	3,302,222	54
Pakistan	27,622,500	3,459,377	400,000	23,763,123	86
Sri Lanka	3,000,000	1,297,000	30,000	1,673,000	56
Regional Office	2,200,000	1,605,638	0	594,362	27
Total	80,421,040	36,723,409	6,205,879	37,491,752	47

Source: UNICEF, 2020

UN ICEF South Asia is a main working agent against the Coronavirus in south Asia. It studied south Asian countries' available resources and funds to show a vast funding gap. Afghanistan received $2,270,000 in human resources. Nevertheless, it requires an extra $9,970.00.In the same way, India requires $15,355,790, but it received only $5763 619 right now. Bangladesh needs $ 4,351,292 extra amount to control corona. Bhutan requires only $180,000, but it received $ 550,000. There is seen a $1,215,000 gap in resources. India is the richest in resources in south Asian countries because it only requires $8797750 resources. However, it has already received 18,704,997. India has an extra $9 07,247 to fight against the Coronavirus. The Maldives received the very least resources in south Asian countries. It received only $800.000. But it needs $3,330,000. There is a vast gap in the required resources. In the context of Nepal, it requires $6,075,000 to combat against the Covid-19. It has received only $2,272,778. It requires $3,302,222 additional amount to control the corona. Pakistan has received $3,459,377 humanitarian resources till now. Nevertheless, it needed $ 27 622,500. There is a vast gap in European and American countries than other south Asian countries. It demands $23,763,123 for controlling Covid. Corre-19 spending, Sri Lanka, demands $ 3.000,000, out of which it revived $1297 000. There is a $1673 000 resource gap. Overall, US$ 13.8 million gaps to support government efforts and interventions to prevent the spread of the virus.

To analyze the Covid-19 increasing trend in South Asian countries during the lockdown period to know the application of policies and controlling measures in south Asian countries, which are presented in the following figure No: 4

Table 2: Covid-19 Current Cases of Some Countries

Countries	Total Infection	Death	Percentage	Recoveries
World	247,557,800	5,016,975	2.026587326	224,207,750
UK	9,057,629	140,632	1.552635905	7,356,576
Russia	8,554,192	239,693	2.802053075	7,381,726
France	7,166,877	117,683	1.64204018	6,939,948
Turkey	8,032,988	70,611	0.87901289	7,490,125
Italy	4,771,964	132,100	2.768252233	4,557,417
S.Korea	366,386	2,858	0.78005164	336,548
Japan	1,722,864	18,268	1.060327455	1,700,446
Neapl	813,011	11,416	1.404163043	792,277
Sri Lanka	541,073	13,743	2.539953019	512,798
India	34,285,814	458,470	1.337200278	33,668,560

Source: WHO, October-30, 2021

Most countries have been trying to control the Covid-19 by taking some preventive measures against the corona virus-like hand washing, social distancing, lockdown, mask-wearing, taking Oxygen, using sanitizer, and taking supportive medicine. However, rich countries like the United Kingdom, Russia, France, Italy, and Turkey could not control the Covid-19 immediately because their Government did not make an emergency schedule action plan and did not lock their countries in the initial phase. After some weeks, they made plans and policies to control Covid-19. They could not control the Covid-19 because health institutions, industries, and trade activities were out of government control, so they could not create a compulsion on the stakeholders. However, the Japanese and South Korean governments made an emergency schedule action plan for their citizens' behavioral changes and financial support. Due to this, they can strictly implement their plan and policies in the field by government authorities. Due to this researcher argued that the compulsion is necessary to implement all policies, programs, actions, and plans effectively. Compulsion only makes collective action is more effective because people are not responsible for their job without compulsion. However, compulsion is only possible while both Government and common people equally take responsibility. Even in developing countries like Nepal and Shri-Lankan, the death rate from Covid-19 is lower than European countries like the United Kingdom, France, Italy,

Conclusion

The corona controlling procedures are hand washing, social distancing, lockdown, mask-wearing, taking Oxygen, and using sanitizer, and taking supportive medicine. World countries have followed and implemented those controlling measures to control Covid-19. However, rich countries like the US, Spain, Italy, and England could not control the Covid-19 immediately because their Government did not make an emergency schedule action plan and did not lock their countries in the initial phase. After some weeks, they made plans and policies to control Covid-19. Nevertheless, they did not get success. Their collective action did not become effective because the stakeholders lacked a compulsion. Hence, they were not able to control Covid-19. However, the Japanese and South Korean governments made an emergency schedule action plan for behavioral changes and strictly implemented that plan in the field by government authorities. As a result, they have control immediately after Covid-19 breaks in their countries. It means only an individual's interest does not determine the success and failure of plans and policies. Nevertheless, collective action is needed. It shows that the compulsion theory and collective action theory are complementary, not

supplementary. The compulsion only made collective action is effective. However, there are two types of compulsion. So, compulsion theory is far better than compulsion theory. They are moderate and traditional compulsions. The moderate compulsion is that which one is imposing based on stakeholder's socio-economic condition. It will bring change to society.

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