

Psycho-Social Impact of COVID -19 Pandemic on General Public

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Abstract: World battles with a pandemic which is the most serious one in last 100 year and transmission of the disease increases day by day. By this time, we recognize that Covid-19 have had serious psycho-social and economic impact on people and countries all over the world. We need to stay safe with all precautionary measures for the sake of ourselves and for others. General public across the world are affected in one way or the other. All are concerned and anxious about the situations and uncertain about the future. By considering the effect of this pandemic on all people across the globe, a descriptive study was conducted with the objectives to find out the psycho-social impact of Covid -19 pandemic on general public. Data were collected through a survey by using questionnaires through online platform. Reliability analysis showed a Cronbach alpha value of 0.815 which shows that the tool is reliable in all sense. Data were analysed quantitatively using non- parametric tests like Mann-Whitney Test and Kruskal-Wallis Test. The results indicated that more than half of the subjects had scores which were higher than the midpoint and there by revealed the impact of the pandemic on general public.

Key Words: : Psych-social, Pandemic, Covid-19, General public.

1. INTRODUCTION:

The whole world is undergoing the experience of a pandemic called COVID 19 from December 2019, which is a severe respiratory infection caused by a virus known as Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2). This virus is being spread rapidly throughout the world for which no medicine or preventive vaccine is invented so far. The World Health Organisation (WHO) considered this as a global health crisis and declared the outbreak as a pandemic in Mach 2020 and thus the people all around the world is in a global health emergency. The viral infection raises a global concern regarding public health and most of the countries have declared complete lockdown as a measure to reduce the spread of the virus. As majority of the global population are in a lockdown situation, confining within the four walls it raises various concerns among us, which are to be evaluated and addressed to.

2. Review of Literature:

Steve Kisely et.al. (2020) conducted a study with an objective to find out the psychological effects on clinicians who are working to manage emerging different virus outbreaks and to measures to manage the impacts. Rapid review meta-analysis design was used and ompared the findings of 38 earlier studies on psychological effects of health workers who were in direct, little or no contact with affected patients. The learnings from such experiences, which are available, can be utilized for effective interventions to deal with the psychological effects of the pandemic on health care workers.

Qian Liu et.al (2020) conducted a qualitative study by using an empirical phenomenological approach to evaluate the experience of health care workers in China during the COVID-19 crisis. Purposive and snowball sampling was used. Semi-structured, in-depth telephone interviews were used for data collection. The intensive and heavy work load drained health care workers both physically and emotionally. The study pointed out that Health care workers expressed their spirit of professional dedication and resilience to overcome the challenges of the crisis. Regular and intensive training is necessary to promote preparedness and efficacy among health care providers in crisis management.

Xinyan Xie et. al. (2020) conducted a study on mental health status of children in home confinement during COVID -19 outbreak in Hubei, China. The study adopted survey method with an objective to investigate depressive and anxiety symptoms among students. The study reported that 22.6% children who showed depressive symptoms and 18.9% students who reported anxiety symptoms, had reduction of outdoor activities and social interaction in common. Both percentages are higher than the prevalence of other surveys. The findings of the study suggest that covid-19 pandemic may influence the mental health status of the children just as other traumatic experiences do. Few other researches were conducted to find out the impact of this pandemic on health workers, young people, victims and quarantined people. So far, little attempts have been made on the psycho-social impact of this epidemic on the general population. Psycho-social dimensions selected for this study were loneliness, frustration, worry, uncertainty, concerns regarding social isolation, interpersonal relationship, health related concerns and concerns regarding lack of facilities and amenities.

As part of the precautionary measures to overcome the spread of the virus outbreak we as a nation, in India, have been under lockdown from 25th March, 2020 to make sure social isolation and physical distancing. People in different nations have been undergoing lockdown in different dates and duration. This approach is indispensable for the safety of the members in the society. However, people all over the world have been experiencing loneliness, frustration,

worry and uncertainties, which we have considered for this study in the psychological level. In the social arena apprehensions on social isolation, inter-personal relations, health issues and lack of facilities and amenities are the major dimensions considered. Human beings, as part of this society, interactions and relationships play important and influential roles in the well-being of every persons. When we lose opportunities for such interactions people may experience a void in their life. The present study aims to investigate the psycho-social impact of the Covid -19 pandemic on the general public. Being separated from friends and loved ones, people in all walks of life find this epidemic as a crisis and is concerned about it due to myriads of reasons. All people are worried about the safety and security of themselves and their loved ones. Due to restrictions in mobility and availability of minimum required facilities majority of the people are in distress. While students find this as a period of uncertainty in their studies, examinations, admissions etc. the employees raise concerns of job security and future prospects.

3. METHODOLOGY:

By considering the effect of Covid -19 pandemic on general public a questionnaire was developed by reviewing the available literature. The survey questionnaire was distributed through free online survey platform, Google forms. Links of the questionnaire were shared through social media in order to reach the sample in a wide geographical area. Data were collected within six days. The inclusion criteria for the study was people having age 18 years and above. The study concentrated on 8 variables which measured psych-social aspects of the COVID-19 pandemic and the lockdown associated experiences on general public. The variables were loneliness, frustration, worry, uncertainty, concerns regarding social isolation, interpersonal relationship, health related concerns, concerns regarding lack of facilities and amenities. Each item of the questionnaire was scored 1 to 4. Most of the variables had 5 items and scores ranged from 4 to 20, except interpersonal relationship and lack of facilities and amenities which had 6 items each and scores ranged from 6-24. Reliability analysis showed a Cronbach alpha value of 0.815 which shows that the tool is reliable in all sense.

3.1. Loneliness is the feeling of being alone and is subjective in nature. It is an emotional state where a person feels cut-off and is thereby not satisfied with their social connections and interactions. A person can experience loneliness even in the midst of a crowd or among family members and colleagues.

3.2. Frustration is a feeling of disappointment due to unfulfilled goals and desires. It can be personal or social.

Worry is a feeling of being distressed or unhappy regarding problems and experiences.

3.3. Uncertainty is a feeling of being unsure about the present or future. It includes the fears and apprehensions associated with it.

3.4. Interpersonal relationship is the link to connect two or more people which bring them together to have association and affection between each other.

3.5. Social isolation is a physical state of being away from the other members of the society or family, which can be either self-imposed or made compulsory upon. There can be a feeling of 'having no one to contact' or 'avoiding any contact wilfully'.

3.6. Health is the sum total of physical, mental and social wellbeing

3.7. Facilities and amenities refer to any useful elements which provide comfort and convenience in life.

4. Analysis, Discussion and Findings:

A total of 350 participants took part in the survey and 347 valid responses were used for the analysis. More than half of the participants were males (55%). About half of the participants were married (48%). Majority of the participants were residents of India (93%), aged 18-40 years (86 %), and were working in IT related fields (75%). The study included 8 variables which measured the psycho-social aspects of the COVID-19 Pandemic and the lockdown associated experiences on general public. It could be seen that medians of all the variables were closer to or higher than the midpoint, indicating that around half the subjects had scores higher than the midpoint score.

Table1: Description of study variables

Psycho-social variables	Score range (midpoint)	Mean \pm SD	Median (Range)
Loneliness	1-20 (10)	10.93 \pm 2.39	11 (2-19)
Frustration	1-20 (10)	9.96 \pm 2.82	10 (3-20)
Worry	1-20 (10)	12.92 \pm 2.57	13 (5-19)
Uncertainty	1-20 (10)	11.36 \pm 3.97	11 (3-20)
Concerns Regarding Social Isolation	1-20 (10)	10.02 \pm 2.9	10 (3-20)
Interpersonal relationships	1-24 (12)	14.25 \pm 3.24	15 (2-21)
Health Related Concerns	1-20 (10)	14.45 \pm 3.24	15 (2-20)
Concerns Regarding Lack of facilities and amenities	1-24 (12)	15.61 \pm 3.37	16 (3-24)

These variables were further compared with respect to their socio demographic characteristics. Shapiro Wilk's and Kolmogorov Smirnov tests indicated that non-Normal distribution of study variables, also socio demographic variables were not evenly distributed, hence non-parametric tests like Mann-Whitney Test and Kruskal-Wallis Test were used for the comparisons. Data are represented using Mean, Standard deviation and Median, Range. It was observed that none of the variables differed significantly with respect to gender. However, it was seen that participants who were older than 40 years worry more than those who were 18-40 years (medians 14 vs 13, p=0.001). It was also noted that married participants have significantly higher scores of 'worry' than those who were single (14 vs 12, p=0.001). Scores on frustration, worry and uncertainty differed with respect to profession. Participants in IT related fields have expressed higher frustration compared to students and non-IT professionals (11 vs 10, 10, p=0.015). Students seem to have less worry compared to professionals (IT or non-IT) (12 vs 13, 13, p=0.012). Professionals working in non-IT fields have expressed higher uncertainty (13 vs 11, 11, p=0.002). Uncertainty was higher among non-resident Indians than Indian residents (14 vs 11, p=0.018).

Table 2a: Comparison of study variables w.r.t socio-demographic characteristics

Socio-demographic characteristics		Loneliness	Frustration	Worry	Uncertainty
		Mean ± SD Median (Range)			
Age (years)	18-40 years (n=299)	10.98 ± 2.36 11.00 (2-19)	10.00 ± 2.85 10.00 (3-20)	12.70 ± 2.51 13.00 (5-19)	11.41 ± 3.95 11.00 (0-20)
	40-60 years (n=48)	10.65±2.57 11.00 (3-16)	9.71±2.65 10.00(4-15)	14.33 ± 2.46 14.00 (8-19)	11.06±4.14 11.00(0-19)
Mann-Whitney U Asymp. Sig. (2-tailed)		6686.000 0.441	6923.000 0.693	4482.00 0.001*	6916.000 0.686
Gender	Male (n=191)	11.03±2.43 11.00 (3-19)	9.99±3.00 10.00(3-20)	12.83±2.77 13.00(5-19)	11.56±4.10 11.00 (0-20)
	Female (n=156)	10.82±2.33 11.00 (2-17)	9.92±2.59 10.00(4-18)	13.03±2.30 13.00 (7-18)	11.12±3.80 11.00 (0-20)
Mann-Whitney U Asymp. Sig. (2-tailed)		13733.000 0.204	14685.000 0.817	13903.500 0.281	13963.000 0.313
Marital Status	Married (n=168)	10.90±2.32 11.00 (2-19)	9.95±2.71 10.00(3-18)	13.76±2.64 14.00 (5-19)	11.62±3.79 11.00 (0-20)
	Single (n=179)	10.97±2.45 11.00 (5-17)	9.97±2.93 10.00 (5-20)	12.140± 2.23 12.00 (5-17)	11.12±4.13 11.00 (0-20)
Mann-Whitney U Asymp. Sig. (2-tailed)		15013.000 0.980	14628.000 0.660	9451.000 0.001*	14130.500 0.330
Profession [§]	IT related	10.97±2.24 11.00 (2-19)	9.73±2.77 11.00 (3-20)#	13.00±2.65 13.00 (5-18)	11.13±3.70 11.00 (0-20)
	Non-IT	11.12.±2.49 11.00 (4-16)	10.20±2.61 10.00 (4-15)	13.16±2.27 13.00 (7-19)	13.04±3.96 13.00(0-20)#
	Students	10.55±3.10 11.00 (5-17)	11.33±3.30 10.00 (5-18)	11.82±1.91 12.00(8-17)#	10.55±5.17 11.00 (0-20)
Chi-Square Asymp. Sig.		1.510 0.470	8.419 0.015*	8.906 0.012*	12.896 0.002*
Country	India	10.95±2.33 11.00 (2-19)	9.94±2.82 10.00 ((3-200)	12.86±2.56 13.00 (5-19)	11.24±3.90 11.00 (0-20)
	Other countries	10.71±3.07 11.00 (4-17)	10.13±2.88 10.50 (4-15)	13.79±2.57 14.00 (8-19)	13.04±4.55 14.00 (0-20)
Mann-Whitney U Asymp. Sig. (2-tailed)		3652.500 0.633	3460.500 0.377	3018.500 0.068	2753.500 0.018*

* Significant difference # Significantly different category

§ Two unemployed participants were excluded for this alone. Kruskal-Wallis test

Table 2b: Comparison of study variables w.r.t socio-demographic characteristics

Socio-demographic characteristics	Social Isolation	IPR	Health related concerns	Facilities and amenities
	Mean ± SD Median (Range)			

Age (years)	18-40 years (n=299)	10.00±2.97 10.00(3-20)	14.24±3.26 15.00(2-21)	14.40±3.19 15.00(0-20)	5.59±3.32 16.00(6-24)
	40-60 years (n=48)	10.15±2.52 10.00(4-15)	14.31±3.18 15.00(4-19)	14.79±3.54 15.00(0-20)	15.75±3.67 16.50(0-23)
Mann-Whitney U Asymp. Sig. (2-tailed)		6855.000 0.616	6930.000 0.701	6421.000 0.239	6540.000 0.322
Gender	Male	9.88±2.92 10.00(3-19)	14.28±3.26 15.00(2-21)	14.47±3.28 15.00(0-20)	15.51±3.35 16.00(0-23)
	Female	10.19±2.89 10.00(4-20)	14.22±3.24 15.00(5-21)	14.43±3.21 14.00(0-20)	15.74±3.39 16.00(6-24)
Mann-Whitney U Asymp. Sig. (2-tailed)		14181.000 0.437	14636.500 0.777	14689.500 0.822	14135.000 0.409
Marital Status	Married	10.03±2.81 10.00(4-19)	14.39±3.07 15.00(4-20)	14.57±3.26 15.00(0-20)	15.54±3.53 16.00(0-24)
	Single	10.02±3.00 10.00(3-20)	14.13±3.40 15.00(2-21)	14.34±3.23 15.00(0-20)	15.68±3.21 16.00(6-23)
Mann-Whitney U Asymp. Sig. (2-tailed)		14726.500 0.739	14029.000 0.278	14269.000 0.409	14699.000 0.717
Profession ^s	IT related	9.90±2.88 10.00(3-20)	14.30±3.27 15.00(4-21)	14.30±3.24 15.00(0-20)	15.54±3.46 16.00(0-24)
	Non-IT	10.67±2.75 10.00(6-17)	14.45±2.50 15.00(8-21)	14.98±3.20 15.00(8-20)	16.33±3.04 16.00(11-23)
	Students	10.15±3.30 10.00(5-19)	13.94±3.90 14.00(2-20)	14.76±3.38 15.00(5-20)	15.15±3.01 15.00(9-22)
Chi-Square Asymp. Sig.		3.012 0.222	0.445 0.801	2.709 0.258	3.203 0.202
Country	India	10.08±2.91 10.00(3-20)	14.23±3.28 15.00(2-21)	14.38±3.27 15.00(0-20)	15.64±3.38 16.00(0-24)
	Other countries	9.25±2.80 10.00(5-15)	14.63±2.70 15.00(9-20)	15.42±2.70 15.50(11-20)	15.21±3.27 15.00(9-21)
Mann-Whitney U Asymp. Sig. (2-tailed)		3315.000 0.233	3657.000 0.642	3218.500 0.163	3496.500 0.421

\$ Two unemployed participants were excluded for this alone. Kruskal-Wallis test

5. Recommendations:

- Educate people regarding the impact of lockdown and equip all to manage the consequences.
- Self-help strategies have to be introduced through popular media and the same be followed in order to overcome psychological distress.
- Precautionary measures and government guidelines must be adhered to for not getting affected by the virus. Educate and equip people to follow health and hygiene measures especially about respiratory hygiene.
- At government level leaders of the nations should make sure that basic necessities are fulfilled and nobody in the globe starves due to lack of essentials.
- Communal harmony should be promoted among people and discriminations of any kind must not be encouraged.
- Interventions to help people who are affected psycho-socially should be initiated to equip them for a resilience.
- There are help desks and counselling services through virtual platforms but remains inaccessible for everyone. Make the availability of these services to all especially those who are at the fringes of the society.
- Help people to stay active and have optimistic beliefs about future.
- Take this lockdown period as an opportunity to excel in one more areas of our hidden potentials.
- Stay informed about the updates about the crisis situation only from/ through reliable sources such as WHO, National, State or local governments and public health agencies.
- Avoid too much exposure to media coverage regarding the mishaps around the globe.
- Take this time as an opportunity to strengthen the family bonds, train ourselves to manage our household chores through care and mutual help and become well equipped for managing our household matters.

- Help people to identify their favourite leisure activities such as painting, drawing, gardening and so on and give them guidance through social media to do it in effective ways. By doing such activities people can manage and deal their own emotions.
- Further researches into the impact of Covid -19 and attached lockdown have to be continued on psychological, sociological and economic aspects of people who are vulnerable such as aged, physically and mentally challenged, financially weak, unemployed, job-losing and socially marginalised.

6. LIMITATION:

- The data for this study was collected using questionnaire developed by the researchers, it's content could not be validated
- The data for this study was collected through social media hence distribution of socio-demographic variables were not evenly distributed.
- Majority of the subjects were from IT and related fields.
- Persons with no access to online facilities are not included.

7. CONCLUSION:

COVID -19 transmission across the world increase day by day and nations used their time and resources to boost their ability to test, isolate and provide treatment to affected people and handle the situation effectively to control the virus transmission. We hope that we are able to manage and succeed in this health crisis and ultimately save the lives of the people across the globe. As discussed above and also suggested by Xinyan Xie et. al. (2020) Covid-19 pandemic may influence the mental health status of people just as other traumatic experience do. Along with the study of Qian Liu et.al (2020), this study also suggests that regular and intensive steps are necessary to promote preparedness and efficacy in crisis management among health care providers. This study also emphasizes along with Steve Kisely et.al. (2020) that the learnings from the previous epidemic experiences, which are already available, can be utilized for effective interventions to deal with the psychological effects of this pandemic on health care workers and the general public too. We need to learn to live with this disease and virus by protecting ourselves and others through right action at right time. There is a search for covid-19 vaccine and clinical trials are going on in many countries and all people across the globe are waiting to launch such a vaccine. Till that time precautionary measures, right interventions and conscientization are the most effective tools to tackle and deal the virus.

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