

## ADVERSE IMPACT OF LOCKDOWN ON INDIAN SOCIAL AND PSYCHOLOGICAL BEHAVIOUR-A REVIEW

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### ABSTRACT

Due to high infectivity and death rates, the novel coronavirus 2019 (COVID-19) disease has caused worldwide social and psychological impact by causing mass hysteria, economic burden, and feelings of aloneness during illness and financial losses. Studies have identified "coronaphobia" as a byproduct of the pandemic, where people have an extreme terror of contracting the virus. Mass fear of COVID-19 has created an overabundance of psychiatric manifestations across almost all strata of society. In this review, the psycho-social impacts of COVID-19 have been studied. As a data source Pubmed and Google Scholar are searched with the following key terms- "COVID-19 and social impact," "SARS-CoV2 and social effects," "social impact of current Pandemic," "Psychological impact of COVID-19," "Psycho-social effects and Coronavirus." Many current published data and news were extracted that provide significant data. Our study revealed that nationwide lockdowns and forced quarantine to fight against COVID-19 had produced acute panic, anxiety, obsessive behaviors, domestic abuse, hoarding, depression, post-traumatic stress disorder (PTSD) and food insecurity, including marked impairment in daily life functioning. The psycho-social aspects of older people, their caregivers, psychiatric patients and marginalized communities are badly affected in different ways and need special attention. From the present work, it can be concluded that there is an urgent need to find out effective ways to treat people and bring them out of fear and stress. As these symptoms are seen in large population sizes, we also need to study the long-term effects of these adverse effects on the mass level.

**Keywords:** COVID-19, Social impact, Psychological effects, Anxiety, Food insecurity, Nationwide lockdowns.

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### INTRODUCTION

In the whole world, a big crisis is spreading due to the novel coronavirus 2019 (COVID-19). A huge number of people have been infected and died in the past one and a half years (Saha, Barman, & Chouhan, 2020). Both governmental and non-governmental organizations are working to prevent the dispersal of infection. Several measures like lockdown, social distancing, closure of schools, colleges, institutions, religious gatherings, family functions, etc., have been undertaken to reduce cases across the world, including India (Agrawal, 2021). Although all these measures are obligatory to stop the COVID-19 disease, the same also has been responsible for a number of harmful impacts, especially in developing countries like India (Agrawal, 2021; Khattar, Jain, & Quadri, 2020).

In India, the lockdown has affected a massive population. Most of the lower and middle-income people are affected badly and they are struggling for their own and family health, food, essential commodities and family members etc. (Khattar et al., 2020). The feelings of loneliness, isolation, insecurity for careers, loss of jobs, economic burden, stayed away from family, etc., made people so much helpless (Agrawal, 2021; Khattar et al., 2020; Nilima, Kaushik, Tiwary, & Pandey, 2021). In addition to this, the fear of infection, fear of unavailability of health care, fear of isolation, fear of loss of the family person, and at the utmost the fear of death has made the public crazy (Luo, Chua, Xiong, Ho, & Ho, 2020). In different studies, a number of neglected or un-addressed social and psychological factors related to people due to the present pandemic were investigated in all over the world. In this review article, we have tried to summarize and put a clear understanding of the psycho-social scenario, during and after

lockdown, in India (Luo et al., 2020; Nilima et al., 2021). The outcomes of the present work may help the government and disaster management teams for better management and prevention of the disease along with the real-time issues of the public.

#### Socio-psychological effects of lockdown

In India, a wide population is primarily restricted to their homes, owing to lockdowns. Due to a long lockdown and unpredictable, fast-spreading of infectious disease, a universal awareness, acute anxiety and distress are natural psychological responses (Armitage & Nellums, 2020). However, adverse psychosomatic outcomes among common people are expected to increase significantly due to the pandemic itself and, of course, continuous flow of readily available information and armored messaging obtained via online social networking services of almost all forms (Armitage & Nellums, 2020; Luo et al., 2020; Nilima et al., 2021). These informations played a great role to intensify the fear of the virus, along with the awful cases constantly happening in the different parts of state and nation and even in the world (Nilima et al., 2021). It is observed that such things build an image in the mind of man that also generates adverse situations at the psychological level. A number of recent studies revealed the rapid expansion of mass hysteria and panic regarding COVID-19 in public (Armitage & Nellums, 2020; Luo et al., 2020).

Nervousness due to uncertainty about COVID-19 positive patient's health status and develop obsessive-compulsive symptoms, such as repeated temperature checks, constant coughing, uneasiness, loss of taste, headache and sometimes vomit, loss motion, etc. are seen to be positive correlated with the degree of Post-Traumatic Stress Disorder (PTSD).

Eventually, all these may result in social disobedience, irresponsible deeds, and low social perception. In recent times, enormous interconnections through online social networks should be considered potentially important tools for tracking any kind of latest information (Jemberie et al., 2020). But the same also have some catastrophic effects on the control and outcomes of an infectious disease pandemic (Arora, Jha, Alat, & Das, 2020). Within a few days of the onset of the COVID-19 outbreak, social media broadcasted all kinds of real and fake information. Of course, negatively skewed misinformation metastasized faster than the coronavirus itself (Armitage & Nellums, 2020; Sun et al., 2020). The mismatch between available fact sheets and dearth of clear-cut data can be forceful to ask information from unreliable and unsure but readily available on social media sources (Jemberie et al., 2020).

Medical professionals from heavily COVID-infected areas experienced huge performance pressure and increased unfavorable psychiatric outcomes owing to a sudden rush of overwork, inadequate protection from contamination, frustration from failure to give optimal patient care, and isolation (Nasrin, Toulabi, Kamran, & Heydari, 2021). Different kinds of psychologically stressful trials have been reported, which are associated with "sensational traumatization" amongst the nursing staff during the COVID-19 pandemic (Koralnik & Tyler, 2020). Those who are performing hospital duties have to return home are at increased risk of developing intense anxiety regarding the fear of disease transmission to their own family members, especially with elderly members having a chronic illness (Bobker & Robbins 2020; Nasrin et al., 2021).

Reports also revealed a sense of defenselessness among clinicians due to lack of specific medications, therapy and preventive vaccines, the uncertain incubation period of the virus, and its possible asymptomatic transmission also a real time problem (Armitage & Nellums, 2020; Arora et al., 2020). In addition to this, news of the physical attack on doctors after the deaths of COVID-19 patients and expulsion of resident physicians from their houses again seen to an adverse situation at both social and psychological levels (Luo et al., 2020; Nasrin et al., 2021).

A very crucial and apparently overlooked issue is the psychological effects of the COVID-19 pandemic on children as the earlier findings of developmental psychology researches showed that experiences of early childhood are the ground rules for lifetime behavior and it is a crucial phase for cognitive, emotional and psycho-social skill development (Sethy & Mishra, 2020). Due to the COVID-19 pandemic, community-based mitigation programs, such as the closing of schools, parks, and playgrounds were observed to disrupt the usual lifestyle of children and are seen to promote distress and confusion (Agrawal, 2021; Nilima et al., 2021).

#### **Fear of isolation**

Due to fear of isolation, a stigmatized community tends to search for medical care; many tend to hide their medical history, particularly of fever, cough, etc., and try to cover record of journey (Armitage & Nellums, 2020; Arora et al., 2020; Sun et al., 2020). These behaviors, in turn, were seen to increase the risk of community transmission. Health crime that originated out of the fear of being corona positive has also been reported in many places in India (Arora et al., 2020; Sun et al., 2020).

The confirmation of Infection of COVID-19 has required early quarantine measures as the primary disease control tool (Jemberie et al., 2020; Khatrar et al., 2020). This isolation during physical suffering for all age group people brought dangerous consequences on the mental and emotional health of the patient. The same has been observed to affect the well-being at personal and population-levels with many folds (Luo et al., 2020; Saha et al., 2020). Imposed mass quarantine is seen to produce mass frenzy, worry and agony, due to the sense of getting cornered, neglected and loss of control (Koralnik & Tyler, 2020). In addition to this, this is also seen to be intensified when families need separation due to uncertainty of disease succession. Many COVID-19 positive patients were

reported to died not due to disease but because of insufficient supply of basic essentials, financial losses, increased perception of risk, misbehavior of family members, emotional breakdown, mistaken medication, overdosage of Kada and other immunity boosters (Agrawal, 2021; Koralnik & Tyler, 2020). This is usually reported to be many folds magnified by hazy information and improper communications through social media during all phases of pandemic (Hossain et al., 2020).

Researches also revealed that along with these immediate effects of quarantine, many long term implications were also seen where spreading the infection to family members, anger, confusion, frustration, loneliness, family and social rejection, anxiety, depression, insomnia, misery, to extremes of consequences, including suicide are common (Armitage & Nellums, 2020; Arora et al., 2020; Bobker & Robbins 2020).

Moreover, data also revealed that the symptoms of post-traumatic stress disorder have been positively associated with the length of quarantine. Along with the earlier mentioned quarantine psychological effects, some studies showed considerable socio-economic distress and societal rejection in forms of discrimination, distrust and avoidance by neighborhood, workplace prejudice, insecurity regarding properties, and in most of the cases, withdrawal from social events even after containment of epidemics (Hossain et al., 2020).

#### **DISCUSSION**

In India, where the health care system was under developing stages and insufficient to fulfill the needs of the present pandemic, was also a great cause that provoked acute anxiety, irritation and stress among doctors, nurses and the public (Sun et al., 2020). Inadequate supply of oxygen cylinder, vaccines and medications, required hand hygiene tools and shortage of personal protective equipment (PPE) has created a perfect fearful and stressful environment all-around (Bobker & Robbins 2020; Jemberie et al., 2020). Those who are performing hospital duties have to return home are at increased risk of developing intense anxiety regarding the fear of disease transmission to their own family members, especially with elderly members having any chronic illness (Hossain et al., 2020; Koralnik & Tyler, 2020). As mention above, a sense of vulnerability among clinicians due to lack of specific medications, possible asymptomatic transmission, physical attack by the public, and expulsion of resident physicians from their houses has affected them at both social and psychological levels (Dono et al., 2021).

Children are also seen to be affected by this pandemic. Some recent data showed that for both young and older children are becoming more demanding, impatient, irritated and showed a great degree of unfriendliness (Sethy & Mishra, 2020). This seems to cause a significant increase in cases of physical and mental violence by overly pressurized parents. Mental pressure in all age groups of children, especially those who are living in small flats or apartments in cities, was observed to be highly disturbed due to complete loss of personal space, friends, etc. (Armitage & Nellums, 2020; Nilima et al., 2021). Stressors, such as boredom, disappointment, lack of face-to-face contact with classmates, friends and teachers, lack of enough personal space at home, and family financial losses and long term online classes during lockdowns, all have played a great role to trigger troublesome and even prolonged adverse mental consequences in children (Dono et al., 2021; Hossain et al., 2020).

In some cases, an unhealthy family environment, home imprisonment, and fear of infection were seen to be intensified such undesirable mental reactions resulting in a vicious cycle (Armitage & Nellums, 2020; Sun et al., 2020). Similar findings were observed in a European study (Jemberie et al., 2020) where a significant positive correlation was recorded between parents' and children's fears regarding H1N1 swine-flu pandemic of 2009 and H1N1-related threat information obtained from media and other sources (Jemberie et al., 2020; Sethy & Mishra, 2020). Present time, in the same way, COVID-

19 phobia, PTSD, etc., are generated through audio-visual media, including social media (Armitage & Nellums, 2020; Dono et al., 2021).

However, children with serious illnesses were observed more in fear and stress due to more vulnerability for COVID-19 disease. Other psychological impacts may include anxiety, irritability and excessive feeling of stress or anger (Bobker & Robbins 2020). Such children with cognitive refuse were seen to be much more anxious, agitated, and socially withdrawn (Khattar et al., 2020). There are millions of people in India who do not have their own homes; this population has seen to face unique challenges while fighting against COVID-19 and addressing the issue of homelessness as they might exacerbate one another (Koralnik & Tyler, 2020; Sethy & Mishra, 2020). Because of loss of jobs, financial issues, unavailability of houses and large families, these people stayed in limited areas. Practically, such people were unable to maintain many of the COVID-controlling measures like self-isolation, increased hygiene, home-confinement, and strict social distancing, etc. (Nasrin et al., 2021).

In addition to this, because of overburden on the mind, many of them were reported with chronic mental illness, substance abuse, difficulties in accessing affordable health care and higher mortality all around which might become exacerbated in this decisive period (Gillett & Jordan, 2020). Lockdowns and disease containment have proven to be detrimental to mental health, many of whom have anxiety and fright of forceful hospitalizations. Such kinds of issues were seen to make things worse day by day (Nilima et al., 2021; Saha et al., 2020; Sethy & Mishra, 2020).

The coronavirus pandemic has been followed by a concern for a potential spike in suicides, exacerbated by social isolation due to quarantine and social-distancing guidelines, fear, and unemployment and financial factors (Arora et al., 2020). Disorder and the negative effects of the COVID-19 pandemic may have made a catastrophic future seem less remote and action to prevent it more necessary (Armitage & Nellums, 2020; Koralnik & Tyler, 2020). However, it may also have the opposite effect by having minds focus on the more immediate threat of the pandemic rather than the climate crisis or the prevention of other disasters.

## CONCLUSION

In conclusion, social disruption and other stressors have resulted in a hesitancy to be comfortable sharing the same physical space with other people, which was actually common earlier. Due to the present crisis, restrictions for all the above-mentioned activities are causing the increase in fear and stress among people, including children, medical health workers, physically disabled people, old age people, women, etc. Increased cases of domestic violence and intimate partner violence are also a consequence of the same. So, all safety measures are a must and cannot be avoided, but our society needs a healthy, stress-free and mentally strong environment to cope with this pandemic. Governmental and private social agencies may help to bring people out of socio-psychological stress by initiating new jobs, creative works from home.

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## AUTHORS CONTRIBUTIONS

All the Authors were part of study design, online and newspapers data search, data collection, etc. Dr. Jyoti Agrawal and Abhilasha Savale compiled the collected data. Dr. Jyoti Agrawal has managed correspondence and editing work. Dr. Bhavana Shakyawar, PrabinaYadav, Prerana Sikarwar, Dr. Shweta Sharma also took part in the completion of the discussion part, editing and proof correction. The views and experiences of local people due to lockdowns were collected by

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## CONFLICT OF INTEREST

No conflict.

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