A Cross-Sectional Study on Perspective of People towards the Covid-19 Induced Nationwide Lockdown in the State of Himachal Pradesh, India

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Abstract

Background: Almost one-third to half of the global population is now under some form of COVID-19 induced lockdown. The objective of this study was to assess the perspective of people in the state of Himachal Pradesh, India towards the COVID-19 induced nation-wide lockdown.

Methodology: This cross-sectional study was conducted among 159 residents of the state of Himachal Pradesh using snowball technique. The questionnaire was prepared through Google Forms and contained 21 perspective based questions.

Results: Majority of the participants (96.2%) were found to be fully aware and satisfied (66.7%) with the implication of the nation-wide lockdown. It was also revealed that only few of the participants were working from home or taking online classes (18%). The percentage of participants facing mental and physical health issues were 55.3% and 49.7% respectively.

Conclusion: The overall findings of the study revealed that even though most of the participants were fully aware and were satisfied with the implication of the nation-wide lockdown, there were some problems being faced by them. However, most of the participants agreed with the necessity of nationwide lockdown for the control of COVID-19.

Keywords: *COVID-19, Lockdown, Himachal Pradesh, Mental health issues, Physical health issues.*

Introduction

In the month of December 2019, a cluster of pneumonia cases were reported in the city of Wuhan, China, which was found to be caused by a previously unknown virus, now known as 2019 Novel CORONA VIRUS or COVID-19. The corona viruses generally circulate in a wide range of animals, including bats, pangolin, camel, civet cat, etc. and some of the times these viruses make a jump from animals to humans, known as a spillover.[1] A spillover may occur due to a number of factors, including mutations in the viruses and increased contact between animals and humans.[2] The virus which causes COVID-19 most probably has its ecological reservoir in bats, and transmission of the virus to humans has likely occurred through an intermediate animal host.[3] The exact dynamics of the transmission of the COVID-19 is yet to be determined. As of now, researchers agree that the new corona virus is spread through droplets released into the air when an infected person coughs or sneezes. The droplets generally do not travel more than a few feet, and in a few seconds they fall to the ground. This is the reason why social and physical distancing is very effective in prevention of the spread of this disease.[4] The disease now has not only spread in China, but to many other countries in the world, including India. The WHO Director-General, Dr Tedros Adhanom Ghebreyesus, declared the novel coronavirus (2019-nCoV) outbreak a public health emergency of international concern (PHEIC) on 30 January 2020 and emphasized on minimizing the threat

in affected countries and to reduce the risk of further international spread.[5]

As of now i.e. on 12/05/2020, 188 Countries and Territories around the world have reported a total of 7,360,239 confirmed cases of the COVID-19 that originated from Wuhan, China, and a death toll of **416,201.**[6] China implemented what was then the largest quarantine in human history to try to contain the corona virus, locking down at least 16 cities towards the end of January 2020.[7] After the virus started to spread to other countries, many other countries were forced to impose nation-wide lockdown or some other kind of restrictions. Almost one-third to half of the global population is now under some form of lockdown.[8] The state of lock-down in many parts of the world, which contribute largely to the global economy, has led to the halting of services and products. This has in turn led to a break in the global supply chains and has thus, affected the global economy brutally.[9]

India confirmed its first COVID-19 case on 30/01/2020, in the state of Kerala.[10] However the number of cases started to spike in the early week of March 2020. This led to the announcement of the first phase of the nation-wide lockdown, followed by three more phases till now. The first phase of lockdown, which consisted of a period of 21 days, was implemented from 25/03/2020 to 14/04/2020.[11]The second phase of lockdown consisted of a period of 19 days and was implemented from 15/04/2020 to 03/05/2020. [12] The third phase of lockdown was of 14 days and was implemented from 04/05/2020 to 17/05/2020. [13]The fourth phase of lockdown was implemented from 18/05/2020 to 31/05/2020.[14]At present, i.e. on 11/06/2020, there are 287,155 confirmed COVID-19 cases, out of which 140,979 have recovered and 8,107 deaths have been recorded.[15]

As India is a country which is home to about 1.3 billion people.[16] it was inevitable for everyone to have the varying perspective towards the lockdown and its implementation. Keeping that in view, this study was designed to assess the perspective of people in the state of Himachal Pradesh, India towards the COVID-19 induced nation-wide lockdown.

Method

Participants: We conducted a cross-sectional survey among 159 residents of the state of Himachal Pradesh, India. As it was not feasible for us or the participants to engage in a community based survey, the data was collected online. The participants with known contacts were approached and recruited. The questionnaire was prepared through the Google Forms and was distributed among the participants via e-mail and WhatsApp. The participants were then encouraged to give out the questionnaire to their acquaintance. The questionnaire included an Informed Consent at the beginning, which consisted of the objective of the study and confidentiality of the participants. Institutional ethical approval was taken. Participants had the option to agree or disagree for their willing participation in the study. Only after agreeing to the participation, they were directed to the main sections of the questionnaire.

Measures: The survey was conducted using a self-structured questionnaire which consisted of two parts: socio-demographics and perspective based questions. Socio-demographic variables included age, gender, marital status, religion, education, occupation and place of current residence. The perspective based questions were 21 in number pertaining to the perspective of the participants towards the COVID-19 induced lockdown in India.

Statistical Analysis: The data was then retrieved into the Microsoft Excel. Statistical analyses were conducted using IBM SPSS Statistics Version 24.0. Descriptive statistics were done for the socio-demographic variables and the perspective based questions. It was then followed by the Chi-square test which was used to find the association between different relevant socio-demographic variables and perspective based questions. The level of significance was set at $p < 0.05$.

Results

Socio-demographic Data: A total of 159 residents of Himachal Pradesh were included in the study. All of the participants had agreed to take part in the study.

The mean age of the participants was found to be 42.22 years with a standard deviation of 11.71 years and the majority of the participants were Male (65.4%). While the larger part of the participants was married (78.6%), only 4.4% of the participants' education was below graduation level. The participants were mostly involved in private jobs (41.5%) and predominantly belonged to the urban area of Himachal Pradesh (71.1%). [Table 1].

Table 1: Socio-demographic characteristics of the participants

Socio-Demographic Variables	Frequencies (%)
Age	
[Mean ± SD*]	42.22±11.71
Gender	
Male	104(65.4%)
Female	55(34.6%)
Marital Status	
Married	125(78.6%)
Unmarried	32(20.1%)
Others	2(1.3%)
Religion	
Hindu	137(86.2%)
Muslim	19(11.9%)
Others	3(1.9%)
Education	
5^{th} – 8^{th}	1(0.6%)
9^{th} – 12^{th}	6(3.8%)
Graduate	55(34.6%)
Post-graduate	94(59.1%)
M.Phil/P.H.D	3(1.9%)
Occupation	
Student	17(10.6%)
Home-maker	15(9.5%)
Private job	66(41.5%)
Government job	58(36.5%)
Others	3(1.9%)
Place of Current Residence	
Rural	46(28.9%)
Urban	113(71.1%)

*Stands for Standard Deviation

Data related to perspective based questions: The majority of our respondents (96.2%) were found to be aware about the on-going COVID-19 induced nation-wide lockdown, thought that it's a severe disease (99.4%) and agreed that a nation-wide lockdown was necessary to control COVID-19 (73.0%). Most of the respondents were satisfied with the implication of the lockdown (66.7%).

Only 30.2% of the participants were not feeling good about being home for 24 hours during the lockdown and only 22.6% and 18.9% of the participants often missed going out for a walk and socializing with others, respectively. Most of the participants had domestic help before the announcement of the lockdown, however only 17.6% of the participants agreed missing their domestic help often.

At most 24.5% of the participants admitted facing any kind of difficulties during the lockdown, while majority of the participants revealed that it was easy for them to have access to essential commodities and medical supplies (89.3% and 90.5% respectively). However, 37.1% of the participants found it difficult to have access to non-essential services. Most of the participants (82%) were not engaged in working from home or taking online classes. Also, majority of them (74.9%) admitted that they feel unsafe about home-delivery services. Almost equal percentage of the participants (56.7%) relied on internet and news channels to gain information about COVID-19.

Majority of the participants (55.3%) stated that they have been facing issues related to mental health, the major issue being stress (42.1%), however only 49.5% of the participants agreed that they have been facing any issue related to physical health.

Barely, 3.1% of the participants agreed that they often worry about their future being drastically affected due to the pandemic. Most of the participants (67.3%) were aware about the helpline numbers for mental health issues, launched by the Govt. of Himachal Pradesh, although only 4.4% of them admitted to use those numbers. [Table 2 and Figures 1,2,3 & 4].

Table 2: Respondents' perspectives towards the COVID-19 induced Lockdown

Perspectives	Frequencies (%)
1. Awareness of the on-going COVID-19 induced nationwide lockdown.	
Yes	153 (96.2%)
No	2 (1.3%)
Cannot say	4 (2.5%)
2. Severity of the disease COVID-19.	
Severe	158 (99.4%)
Minor	1 (0.6%)
Negligible	0 (0.0%)

Perspectives	Frequencies (%)
3. Agreeing with the sentence "Nationwide lockdown was necessary to control COVID-19".	
Agree	116 (73.0%)
Neutral	43 (27.0%)
Disagree	0 (0.0%)
4. Level of satisfaction with the nationwide lockdown.	
Satisfied	106 (66.7%)
Neutral	52 (32.7%)
Dissatisfied	1 (0.6%)
5. Feeling about being inside home for almost 24 hours every day.	
Not good	48 (30.2%)
Cannot say	76 (47.8%)
Fine	35 (22.0%)
6. Missing going out for a walk.	
Rarely	33 (20.8%)
Sometimes	90 (56.6%)
Often	36 (22.6%)
7. Missing socializing with others.	
Rarely	34 (21.4%)
Sometimes	95 (59.7%)
Often	30 (18.9%)
8. Having a domestic help for house-hold work before the announcement of the lockdown.	
Yes	103 (64.8%)
No	56 (35.2%)
9. Missing domestic help during this lockdown.	
Rarely	27 (17.0%)
Sometimes	48 (30.2%)
Often	28 (17.6%)
10. Experiencing any difficulties during this lockdown.	
Yes	39 (24.5%)
No	48 (30.2%)
Cannot say	72 (45.3%)

Perspectives	Frequencies (%)
11. Access to essential commodities (milk, vegetables, groceries, etc.).	
Easy	142 (89.3%)
Difficult	3 (1.9%)
Cannot say	14 (8.8%)
12. Access to medical supplies.	
Easy	144 (90.5%)
Difficult	2 (1.3%)
Cannot say	13 (8.2%)
13. Access to non-essential services (electrical, mechanical, plumbing, internet, etc.).	
Easy	44 (27.7%)
Difficult	59 (37.1%)
Cannot say	56 (35.2%)
14. Feeling about the safety of home delivery services.	
Safe	32 (20.1%)
Unsafe	119 (74.9%)
Cannot say	8 (5.0%)
15. Facing any of the following issues related to mental health.	
Anxiety	15 (9.5%)
Depression	1 (0.6%)
Stress	67 (42.1%)
Insomnia	5 (3.1%)
None	71 (44.7%)
Others	0 (0.0%)
16. Worrying about the future being drastically affected due to the lockdown/pandemic.	
Rarely	50 (31.5%)
Sometimes	104 (65.4%)
Often	5 (3.1%)

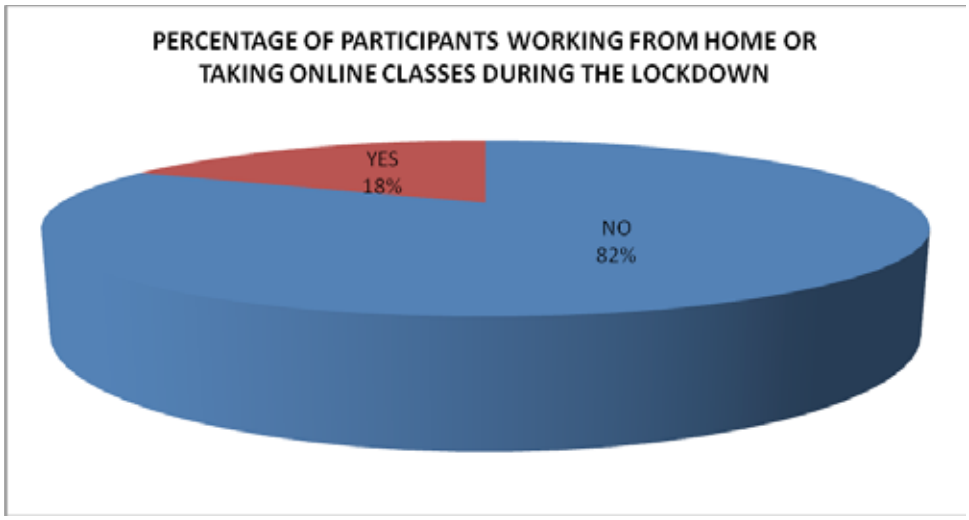

Figure 1: Pie chart depicting whether participants have been working from home or taking online classes during the lockdown.

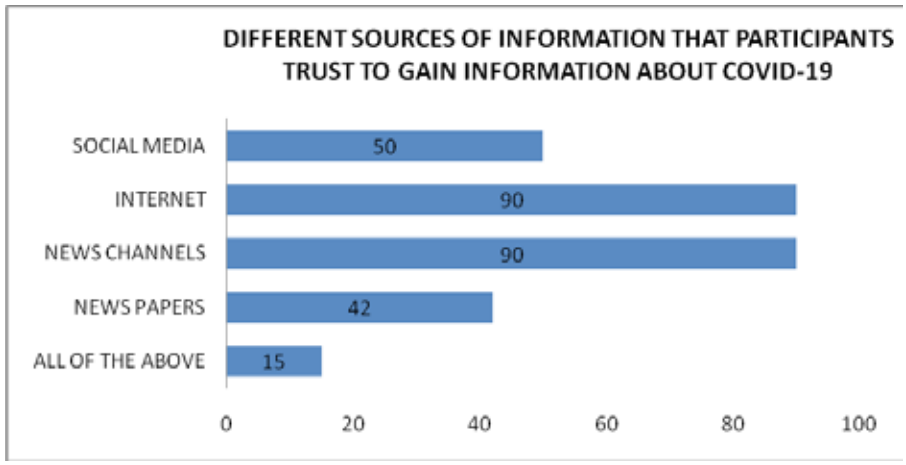

Figure 2: Bar chart depicting different sources participants trust to gain information about COVID-19.

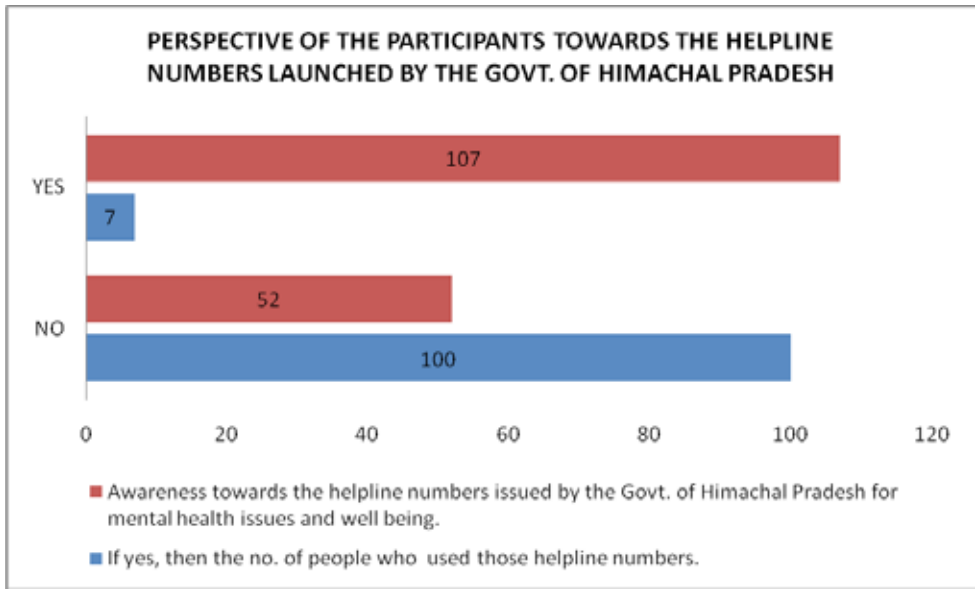

Figure 3: Bar chart depicting the perspective of the participants towards the helpline numbers launched by the Govt. of Himachal Pradesh.

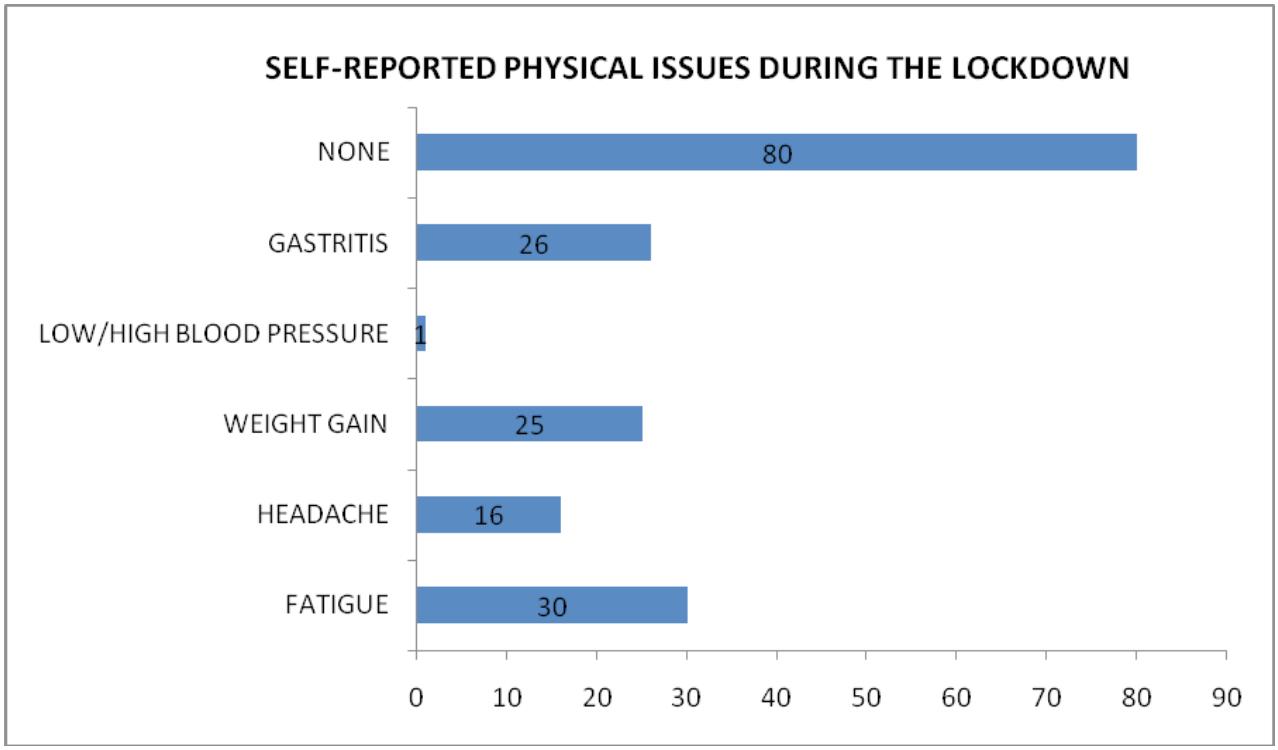

Figure 4: Bar chart depicting the number of participants facing physical issues during the lockdown.

Bi-variate relationship between socio-demographic variables and the perspective based questions: As shown in Table 3, we also analysed the association between different relevant socio-demographic variables and the perspective based questions, to find out whether there is any significance between the two or not. The level of significance was set at $\mathbf{p < 0.05}$.

The result has been summarised as follows:

Table 3: Bi-variate relationship between socio-demographic variables and perspective based questions

Socio-Demographic Variables	Age		Gender		Education			Occupation		
	≤40	>40	M	F	5th–12th	Grad.	Post-grad.	Pvt.	Gov	Others
1. Nationwide lockdown was necessary to control COVID-19.										
Agree	43(70.5)	73(74.5)	77(74.0)	39(70.9)	2(28.6)	45(81.8)	69(71.1)	22(62.9)	44(66.7)	50(86.2)
Disagree	18(29.5)	25(25.5)	27(26.0)	16(29.1)	5(71.4)	10(18.2)	28(28.9)	13(37.1)	22(33.3)	8(13.8)
P-Value	0.581		0.673		0.009*			0.016*		
2. Satisfaction with the nation-wide lockdown.										
Satisfied	35(57.4)	71(72.4)	70(67.3)	36(65.5)	2(28.6)	42(76.4)	62(63.9)	22(62.9)	42(63.6)	42(72.4)
Neutral	26(42.6)	27(27.6)	34(32.7)	19(34.5)	5(71.4)	13(23.6)	35(36.1)	13(37.1)	24(36.4)	16(27.6)
P-Value	0.050*		0.814		0.027*			0.506		
3. Feeling about being at home for 24 hours.										
Not Good	45(73.8)	79(80.6)	83(79.8)	41(74.5)	5(71.4)	40(72.7)	79(81.4)	26(74.3)	51(77.3)	47(81.0)
Fine	16(26.2)	19(19.4)	21(20.2)	14(25.5)	2(28.6)	15(27.3)	18(18.6)	9(25.7)	15(22.7)	11(19.0)
P-Value	0.311		0.446		0.420			0.736		

Socio-Demographic Variables	Age		Gender		Education			Occupation		
	≤40	>40	M	F	5th–12th	Grad.	Post-grad.	Pvt.	Gov	Others
4. Missing going out for a walk.										
Rarely	43(70.5)	80(81.6)	78(75.0)	45(81.8)	6(85.7)	42(76.4)	75(77.3)	24(68.6)	51(77.3)	48(82.8)
Often	18(29.5)	18(18.4)	26(25.0)	10(18.2)	1(14.3)	13(23.6)	22(22.7)	11(31.4)	15(22.7)	10(17.2)
P-Value	0.103		0.328		0.856			0.285		
5. Missing socializing with others.										
Rarely	49(80.3)	80(81.6)	84(80.8)	45(81.8)	6(85.7)	43(78.2)	80(82.5)	27(77.1)	54(81.8)	48(82.8)
Often	12(19.7)	18(18.4)	20(19.2)	10(18.2)	1(14.3)	12(21.8)	17(17.5)	8(22.9)	12(18.2)	10(17.2)
P-Value	0.838		0.872		0.770			0.785		
6. Experiencing any difficulties during the lockdown.										
Yes	23(37.7)	16(16.3)	21(20.2)	18(32.7)	2(28.6)	14(25.5)	23(23.7)	15(42.9)	17(25.8)	7(12.1)
No	38(62.3)	82(83.7)	83(79.8)	37(67.3)	5(71.4)	41(74.5)	74(76.3)	20(57.1)	49(74.2)	51(87.9)
P-Value	0.002*		0.081		0.941			0.004*		
7. Opinion about home delivery services.										
Yes	11(18.0)	21(21.4)	22(21.2)	10(18.2)	1(14.3)	9(16.4)	22(22.7)	2(5.7)	17(25.8)	13(22.4)
No	50(82.0)	77(78.6)	82(78.8)	45(81.8)	6(85.7)	46(83.6)	75(77.3)	33(94.3)	49(74.2)	45(77.6)
P-Value	0.604		0.657		0.599			0.049*		
8. Facing any mental issues during the lockdown.										
Yes	40(65.6)	48(49.0)	56(53.8)	32(58.2)	5(71.4)	31(56.4)	52(53.6)	25(71.4)	37(56.1)	26(44.8)
No	21(34.4)	50(51.0)	48(46.2)	23(41.8)	2(28.6)	24(43.6)	45(46.4)	10(28.6)	29(43.9)	32(55.2)
P-Value	0.041*		0.601		0.646			0.043*		

Discussion

Epidemics and pandemics are an inevitable recurring phenomenon and usually lead to many challenges which are faced by the people in general.[17]Hence, keeping that in view, the primary objective of our study was to assess the perspective of the people of the state of Himachal Pradesh, India, towards the COVID-19 induced nation-wide lockdown. The majority of the participants were found to be well-educated as most of the respondents were post-graduates (59.1%). On assessing the perspective based questions, it was revealed that nearly all of the participants (96.2%) were aware about the on-going COVID-19 induced nation-wide lockdown and thought that it's a severe disease (99.4%). This could be attributed to the reason that there has been an easy access of internet in most part of the country and it has become comparatively easier to get knowledge about day-to-day news and other happenings.[18] This is supported by the fact that 56.6% of the participants relied on internet to gain information about the COVID-19. The vast majority of the study participants (73%) agreed that a nation-wide lockdown was necessary to control the disease and 66.7% of them were satisfied with the implementation of the lockdown. This finding was expected as the disease has spiked in the country during the on-going days.[15] Only 18.2% of the participants revealed that they have been either working from home or have been taking online classes. This finding was positive as it excludes the chances of isolation and burnout that comes with working from home situation, which might cause, even if relatively mild, the deterioration of mental health, reduced social contact, and lack of self esteem and motivation.[19]24.5% of the participants agreed facing some or the other kind of difficulties during the lockdown. Though, most of the participants (89.3% and 90.6%) also revealed that it was easy for them to have access to essential commodities and medical supplies as compared to having access to non-essential commodities. However, with the recent increase of cases in Himachal Pradesh (421 cases in total, out of which 222 have recovered and 5 deaths have been reported as on 11/06/2020), there is a high possibility of lockdown related restrictions to further increase in the near future.[20]

42.1% of the participants agreed that they have been dealing with stress due to the lockdown and 8.8% of them revealed that they are dealing with fatigue and headache. While, 44.7% of the participants reported that they have not been facing any kind of issues related to mental health. It was also worth observing that about 65.4% of them agreed that they sometimes worry about their future as well as their family's. This finding was crucial owing to the fact that,problems like panic buying, exhaustion of resources might occur, when a large population is affected by stress and anxiety. It also can lead to several other issues like limitations in daily activities, avoidance behavior which in turn may lead to limited socialization and self-medication. Because of anxiety, people tend to adopt various unwanted and unhealthy lifestyle and dietary modifications under the influence of rumors and false news. These may affect mental health adversely.[21]

Another important finding was the percentage of participants who did not have any issues related to their physical health (50.3%). It was inevitable that people may have become less physically active, but also possibly there might have been some positive health behavior changes. Perhaps people have been more motivated to quit habits like smoking and drinking or have been encouraged to access online exercise and healthy lifestyle classes.[22] Though, considerably most of them (19.4%) reported about dealing with fatigue.

Majority of the participants were also aware of the fact that the Govt. of Himachal Pradesh has launched a series of helpline numbers for mental health issue and well being, but only 4.4% of them revealed that they have used the numbers even once [Figure 3]. This finding can be attributed to the stigma, both social and self-perceived, built around the mental health issues, despite being aware of it.[23]

Strength: To the best of our knowledge, this is the first study to be conducted in the state of Himachal Pradesh, assessing the perspective of the people towards the COVID-19 induced nationwide lockdown in India. The timely conduction of this study during the period of lockdown makes this study more rational.

Limitations: One of the shortcomings of this study was that it was only limited to the people who were educated, knew English language, had smart phones, e-mail IDs and easy access to internet services. This does not represent the generalized population but only the educated population of the state. The perspective of the uneducated people towards the COVID-19 induced lockdown, however, might vary significantly from the findings of our study. The other limitation of this study was the small sample size.

Conclusion

Based on the limited sample size, we concluded that while majority of the participants were fully aware and were satisfied with the implication of the nation-wide lockdown, there were some problems being faced by them to run their day to day lives. It was also revealed that only few of the participants were working from home or taking online classes. Some of the participants were facing mental and physical health issues. However, almost all of them agreed that a nation-wide lockdown was necessary for the control of COVID-19.

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Conflict of Interest: Nil

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