

## A Cross Sectional Study on Psychosocial and Behavioral Impact of Covid-19 Pandemic and Coping Strategies on Indian Urban Citizens

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**ABSTRACT:** In the early 2020, India was dreaming of becoming a formidable Economic Power riding on the tide of the hyped Industrial Revolution 4.0, the entire voyage has come to a screeching halt with the world wide outbreak of -Corona or Novel Covid -19 pandemic. We are experiencing the most treacherous, trying and also heartwarming effects of globalization with the wild fire, rapid spread of the Pandemic .Perhaps for the first time in history, all countries on the planets are united in one common pain and fear. What was the actual impact on the psychological and emotional well being, social and behavioral aspects of people in general to the Corona or Covid-19 Pandemic and the impact of the “Lock down”.

Disaster often has an accompanying other side to it; of immense opportunity. Tough time such as the ones the first quarter of 2020 has witnessed brings to the fore lot of hidden aspects of humanity on to the surface. This study attempts to study the impact of Covid -19 and the subsequent Lock Down on the Psychosocial and behavioral aspects of Indians.

Are there any valuable lessons this episode has taught us? This study is based on the survey questionnaire which was filled in by 600 Indian citizens across Central and Western India.

**KEY WORDS:** Psycho-Social, Coping Strategy, Behavioral Corona, Covid-19, Lock Down

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### I. INTRODUCTION

In December 2019 citizens from Wuhan, China reported of a distinct viral pneumonia and respiratory infection which was identified to be caused by a new pathogen. Subsequently by January 30, 2020, the World Health Organization (WHO) announced that the emergence of a new corona virus (2019-nCoV) was a public health emergency of international concern (PHEIC). Many studies have demonstrated the impact of infectious disease outbreaks on public mental health, such as severe acute respiratory syndrome (SARS) in 2003 and the 2009 novel influenza A (H1N1) epidemic. These types of epidemics lead the public to experience psychological problems such as post-traumatic stress disorder, psychological distress, depression and anxiety. Some studies have shown that post-traumatic stress disorder is closely related to depression and other psychological problems. The infection being novel posed great challenge on the most developed economies of the world and threatened the complete collapse of the best health care systems. With a totally new infection pandemic with no cure in sight and a very real danger of fatalities at worse and a collapsing burden of health care system at the least the only way to handle the pandemic was to take preventive measures and contain the disease from spreading further. Government administration all across the planet in every affected country took the bold move of imposing total restriction on human encounters of any kind with one another. Complete curfew, termed as “Lock Down” was imposed. Initially, the Lockdown started as a break from the routine jobs and felt like blissful vacation with family. The lockdown continued to be extended for weeks and months and eventually in India starting from later March 2020 Lockdown continued till June 7<sup>th</sup>. From 8<sup>th</sup> June few offices, businesses with restrictive conditions started to gradually open up in phases. Statistics showing no major control over the pandemic and death toll going into laths it doesn't appear that the things will get to normal anytime soon.

The implications of this have been that people have been forced to be in total curfew for nearly three months. Routine normal life has eventually become extinct. People have been literally locked and confined to their homes, sometimes their rooms for months together. Other than close, immediate family members or living partner's people have not had any real time interaction with any other human being. Life as we have known it has completely changed.

Entire state of being is filled with fear, terror and a sense of uncertainty and helplessness. With all the scientific and technological advancements and the billions pumped into research and medical infrastructure all

across the globe, an invisible virus has brought the human kind to its knees. No one could have in their wildest dreams predicted that the world Economies will go through a virus pandemic induced recession.

With the sudden closing down of all market and industry business of every kind has taken a beating. No nation can afford the economic shut down for so long. Many countries like China and New Zealand are battling the possibility of the second and worse outbreak of Covid-19 .The pandemic has claimed millions of innocent lives all across the globe and still counting. .It became a choice between losing lives by risking contact or risking economic well being by shutting the economy. Certainly, saving life even at the cost of sacrificing economy was the popular choice.

India with its second largest population in the world with 1.3 Crores of people the w17% of the world population and immediate next door neighbor of China could still successfully contain the pandemic to a few thousand lakhs of mortalities.

But this choice came at a cost.

There were many challenges not just at the medical and economic front but also at the Psycho-Social front to be addressed

Human kind by its very nature is characterized as being “Social”. With normal work and social routine ceasing and people staying 24\*7 for more than 90 days at home there were many changes both positive and not so positive that gradually became the new normal.

**Fear of or Actual Loss of employment or Income:**

With the immediate fall out on the Economy and a complete shutting of operations in almost all businesses, many people lost jobs or income. The ones who didn't face any such loss were overworked with constant stress and anxiety that they may be next in line to lose their income. Things became worse when surrounded by morbid fatality or having to struggle for survival with fewer and day by day diminishing resources. With the isolation, the comfort of social interactions and friends for moral support or any entertainment serving as distraction was locked down too,. People had to do with the mental, emotional and psychological resources they could gather within themselves, which in many cases were scanty.

**Loss of Social life :**

No parties, no outings with friends, no going out for celebrations,movies,entertainment ,shopping ,food etc.Social interaction with any other human being was strictly restricted to the immediate family or living partners. People were forced to actually spend all their breathing time with their family.

**Consumer Buying Behavior Pattern:** From vying for brands and luxuries, marking days in calendar to trying out new products and going on shopping expeditions to malls and stores to ordering a few very essential products online. Life went back to basics, bare minimum subsistence.

**Social Distancing and Social Isolation:**

For the first time in history, administration and medical experts advised people to stay away from other human beings and practice, legally enforced ‘Social Distancing’ or ‘Social Isolation’ in order to prevent the disease from spreading.

**New Life style of awakening immunity and hygiene consciousness began emerging:**

Advisory's and notifications were issued by government administration to practice healthy living, practice special breathing Yoga exercises,”Pranayam” among others to strengthen the lungs and immunity. Wash hands often properly for 20 seconds, sanitize hands and everything that one comes into contact .Wear masks and gloves all the time .Drink warm water and special ayurvedic medicinal drink “Kadha” several times during the day .The timelines for which the virus is supposed to be active on different surfaces like metal, wood, plastic, clothes, vegetables, food items and human beings, in air etc started to be reported everywhere. Travel was completely restricted. Community and social gathering was completely restricted.

**Implication on Social life:**

The period from March to June is also the annual period of many significant social events like the school and college vacations, family gatherings and celebrations, festive seasons,marriages,the first quarter of new financial year ,the time to change job, time for annual appraisal. The time to enjoy the outdoors in its full glory and gay abandon.

Instead life appeared to be forcefully paused. And everyone was in confinement, prisoners within their own four walls.

The celebrations were replaced by mournings.Death in itself, caused due to any reason is tragic but the Covid-19 pandemic phase witnessed the worst tragedy after death. Even the closest family members were restricted from

meeting or attending the patients in their last few days of existence. After death a selected few immediate family members were permitted to do the funeral or other death rites. Death or dying has never been so cruel and lonely.

#### Social Media:

Social media was the only respite people had in the times of social distancing. People became overly dependent and addicted to social media through face book, whatsapp twitter etc .The flip side was too much information overload and many times exaggerated negative news about doom bombarded the senses 24\*7 with its intensity. Every news for a period of more than 90 days has been reporting about the rising death toll and helplessness of human kind in fighting the virus.Araz Ramazan AhmadHersh Rasool Murad, 2020 reported that”During lockdown, people are using social media platforms to gain information about COVID-19. The nature of the impact of social media panic among people varies depending on an individual's gender, age, and level of education. Social media has played a key role in spreading anxiety about the COVID-19 outbreak in Iraqi Kurdistan.”

Spine breaking work load in constant trauma for health care givers ensued.

A new vocabulary of words like Lock Down, Social isolation, social distancing, quarantine and sanitization, fumigation became the main stay of every language spoken around the world.

For many traumas is the new normal.

#### Work From Home

After the initial Lockdown days gradually the economy began to open up and people started working from home specifically in knowledge industries. India too saw an upsurge like never before of people working from. Change in itself is always accompanied by anxiety and stress and to have so many revolutionary, historic changes forced in a short span of time is bound to bring about panic, anxiety and psychosocial and behavioral impact.

## **II. REVIEW OF LITERATURE:**

Pfefferbaum .B,et al,2020 reported that ,”The Covid-19 pandemic has alarming implications for individual and collective health and emotional and social functioning. In addition to providing medical care, already stretched health care providers have an important role in monitoring psychosocial needs and delivering psychosocial support to their patients, health care providers, and the public — activities that should be integrated into general pandemic health care.”

W .Cao et al, March 2020, in a study done on 7000 Chinese university students concluded that “About 24.9% of college students have experienced anxiety because of this COVID-19 outbreak. Living in urban areas, living with parents, having a steady family income were protective factors for college students against experienced anxiety during the COVID-19 outbreak. However, having a relative or an acquaintance infected with COVID-19 was an independent risk factor for experienced anxiety. The COVID-19- related stressors that included economic stressors, effects on daily-life, and academic delays were positively associated with the level of anxiety symptoms of Chinese college students during the epidemic, whereas social support was negatively correlated with their anxiety.”

Balkhi F, Nasir A, Zehra A, et al. May 02, 2020 remarked that “As the corona virus continues to spread, more efforts are being invested in preventing its spread, treating the infected individuals, and developing vaccines. Amidst this, little attention is given on the psychological and behavioral impact of this disease which was evident by the lack of studies in this regard. Our study highlighted the increased anxiety levels that an individual experienced on a routine basis regarding their health and the health of their peers, certain avoidance behaviors which the disease had led to, and behavioral changes of the concerned population. Furthermore, as the disease continues to evolve, future, larger-scale studies should be conducted to assess the psycho-behavioral impact of COVID-19 on the wider population.”

WHO issued a guideline in March 2020 stating that ,”Orient all responders, including nurses, ambulance drivers, volunteers, case identifiers, teachers and community leaders and workers in quarantine sites, on how to provide basic emotional and practical support to affected people using psychological first aid. . Manage urgent mental health and neurological complaints (e.g. delirium, psychosis, severe anxiety or depression) within emergency or general healthcare facilities. Appropriate trained and qualified staff may need to be deployed to these locations when time permits, and the capacity of general healthcare staff capacity to provide mental health and psychosocial support should be increased (see the mhGAP Humanitarian Intervention Guide).”

Peters, C.J. 2002 remarked “As human impact on the earth increases exponentially, the chances for unpleasant surprises from the microbial world will also grow.” “The new virus spreads quickly because no one has any significant immunity to the novel strain, and the illness it causes can be unusually severe.

Protecting Mental Health during Pandemic, WHO report, 2005 reported the Basic Principles of a National Mental Health Plan in an Epidemic or Pandemic Situation.

- The Plan should NOT be centered only on the traumatic impact (the epidemic disease), but should be broad and encompass the individual and his or her context, and should make use of positive coping strategies with an ideological, cultural, and religious (for those holding such beliefs) dimension.
- Objectives should be realistic and objective. The main goal is prevention (to reduce the likelihood of psychosocial damages).
- Short-, medium-, and long-term actions should be defined on the basis of the objectives established. In carrying out each activity, the responsible party, the implementers, and the dates of completion should be clear.
- Psychosocial intervention should be early, fast, and efficient.
- Work methodologies should be expeditious, simple, concrete, and adaptable to ethnic and cultural characteristics.
- At the outset, a rapid evaluation should be made of the psychosocial needs and of situations where vulnerability is higher; this serves as the basis for action during the initial phase.(See Figure I. *Intricate psychosocial relationship between the disease, health care providers, government and population*. 6. 2020 May 19; 22(5):e19556.doi: 10.2196/19556.)

Samantha K Brooks’s et.al, 2020 reported in their study participants experiencing fears about their own health or fears of infecting others and were more likely to fear infecting family members than those not quarantined. They also became particularly worried if they experienced any physical symptoms potentially related to the infection and fear that the symptoms could reflect having the infection continued to be related to psychological outcomes several months later.

### **Frustration and boredom**

Confinement, loss of usual routine, and reduced social and physical contact with others were frequently shown to cause boredom, frustration, and a sense of isolation from the rest of the world, which was distressing to participants.

### **Inadequate supplies**

Having inadequate basic supplies (eg, food, water, clothes, or accommodation) during quarantine was a source of frustration and continued to be associated with anxiety and anger 4–6 months after release. Being unable to get regular medical care and prescriptions also appeared to be a problem for some participants. Four studies found that supplies from public health authorities were insufficient. Participants reported receiving their masks and thermometers late or not at all; food, water, and other items were only intermittently distributed; and food supplies took a long time to arrive. Although those quarantined during the Toronto SARS outbreak praised public health authorities for delivering kits of medical supplies at the beginning of the quarantine period, they did not receive groceries or other routine supplies needed for daily living.

### **Stressors post quarantine**

#### **Finances**

In the reviewed studies, the financial loss as a result of quarantine created serious socioeconomic distress and was found to be a risk factor for symptoms of psychological disorders and both anger and anxiety several months after quarantine..

Notably, this study is exceptional in that occupation and exposure are confounded. A study of people quarantined because of potential Ebola contact found that, although participants received financial assistance, some felt that the amount was insufficient and that it came too late; many felt wronged as the assistance they received did not cover their ongoing professional expenses. Potentially related to financial loss, participants with a combined annual household income of less than CAN\$40 000 showed significantly higher amounts of post-traumatic stress and depressive symptoms.<sup>16</sup> These symptoms are probably because those with lower incomes were more likely to be affected by the temporary loss of income than those with higher incomes.)

Benjamin J. Cowling, 2010 concluded based on their study in Hongkong during the H1N1 pandemic that the H1N1 pandemic failed to generate significant self-protective responses among the Hong Kong community. Anxiety levels showed no association with episodic events such as the first reported H1N1 death in Hong Kong or increasing incidence. This suggested that for most people H1N1 was a background phenomenon of little concern, perhaps because of the memory of SARS in 2003, and because the public were initially reassured by government actions.

Xi Liu et al, 2020 reported in their study that, "We need to pay more attention to public psychological stress, especially among young people, as they are likely to experience anxiety, depression, and psychological abnormalities. Different psychological interventions could be formulated according to the psychological characteristics of different gender and age groups. The majority of respondents followed specific behaviors required by the authorities, but it will take time to observe the effects of these behaviors on the epidemic."

HuiMeng et al, 2020, reported from a study in China that seniors are considered high risk under COVID-19 due to their immune system and are often associated with chronic underlying diseases. And the seniors are more severe after infection, so deaths are more common among the seniors and those with chronic underlying diseases. Therefore, this factor can accumulate stress and fear among the seniors. Faced with the sudden outbreak of Corona virus, distinct from younger generations in China, the seniors not only face the disadvantages caused by relatively low immunity systems, but also need to overcome the challenges brought by the complex psychological environment in the special period of life

Sijia Li et al 2020, based on their study where they compared the difference before and after 20 January on both linguistic categories and psychological profile of people they found an increase in negative emotions (anxiety, depression, and indignation) and sensitivity to social risks, as well as a decrease in positive emotions (Oxford happiness) and life satisfaction after declaration of COVID-19 in China. What's more, people show more concern for health and family, and less concern for friends and luxuries.

Souvik Dubey et al 2020 reported that Today's self-centered, busier-than-ever human race could potentially appreciate home-confinement during COVID-19 as a mere opportunity to promote healthier parent-child relationships by correct parental strategies and strengthen family bonding by spending more quality times together with older parents/dependent members residing in the same household.

### **III. METHODOLOGY:**

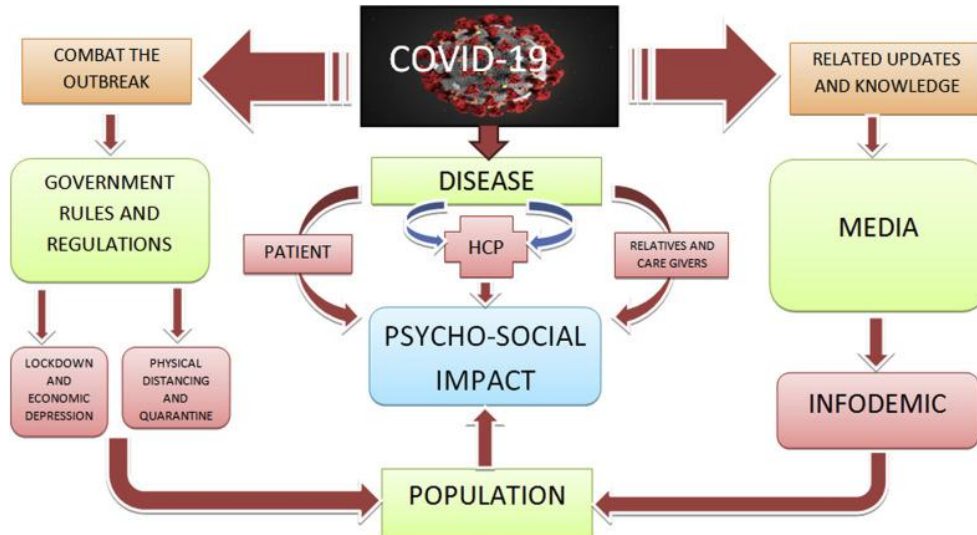
A convenient sample of 750 internet savvy people was selected. A self designed questionnaire was floated through google form and filled by the respondents online owing to the social distancing and isolation phase of the Lockdown. The questionnaire was mix of nominal scale and Likert scale .The research survey included people from across various states in India, Madhya Pradesh, Rajasthan, Maharashtra, Delhi, Uttar Pradesh, Bihar. It included metropolitan cities like Hyderabad, Mumbai, Pune, Bangaluru, Guru Gram, New Delhi., and Ahmadabad. It included other cities like Indore, Mhow , Dewas , Jaipur, ,Roorkee,Patna,Hyderabad,Jhansi,Lucknow,Bhopal,Faridabad,Noida,Kota,Banasthali,Gwalior,Nimach,Bhiwadi, Jabalpur,Barwani,Dhar,Bikaner,Ujjain,Ghaziabad,Sonipat,Pune,Navi Mumbai,Seoni,Raipur,Mandsaur,Jamshedpur,Bhagalpur,Kolkatta,Ludhiana,Patna,Lalitpur,Mathura,Duliajan ,Assam, and Ashok Nagar.

Out of the filled questionnaire a total of 600 completely filled were finally chosen for the study. Simple frequency pie charts and Chi square tests were administered using SPSS.

Objective:

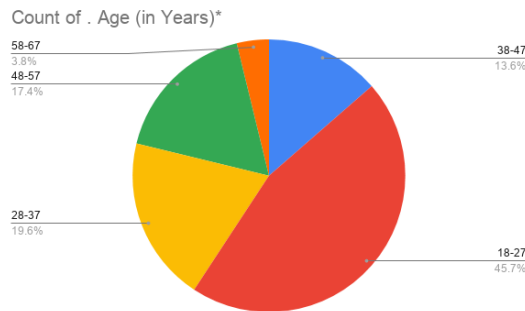
- To study the Psychological Impact of Lockdown. On Generation Y-Millennial, Generation Z, Generation X and Baby Boomers.
- To study the Social Impact of Lockdown on Generation Y- Millennial, Generation Z,Generation X and Baby Boomers.
- To study the behavioral Impact of Lockdown on males and females.
- To understand the behavioral, emotional and psychosocial Impact of Covid-19.



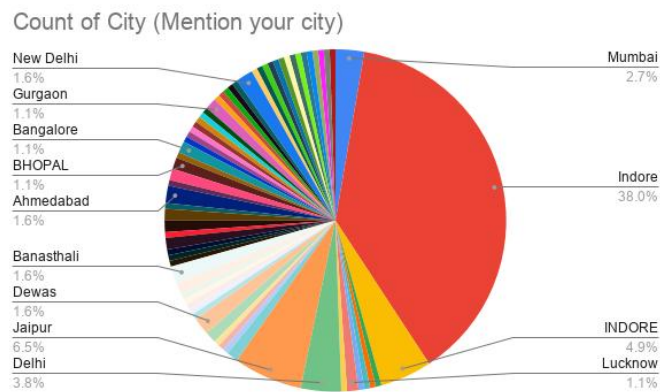


**FIGURE I:**Intricate psychosocial relationship between the disease, health care providers, government and population. 6. 2020 May 19; 22(5):e19556.doi: 10.2196/19556.

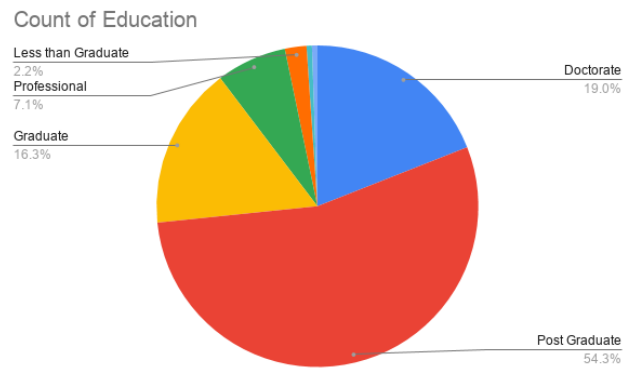
**IV. FINDINGS AND DISCUSSIONS:**



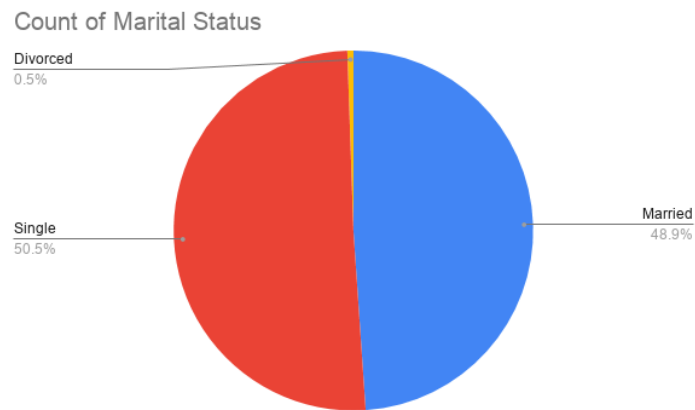
**Figure II: Respondents Age Distribution**



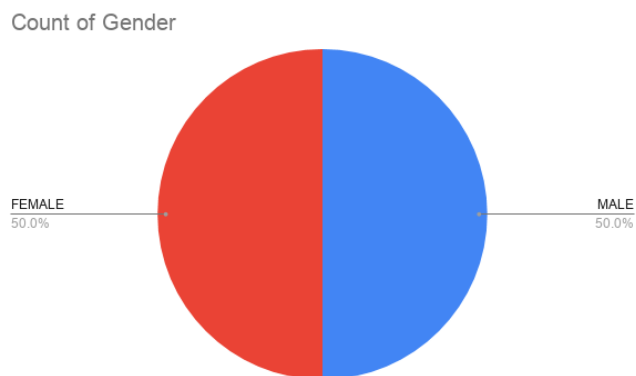
**Figure III: Respondents City**



**Figure IV: Level of Education**



**FIGURE V: Marital Status**



**FIGURE VI: Gender Distribution**

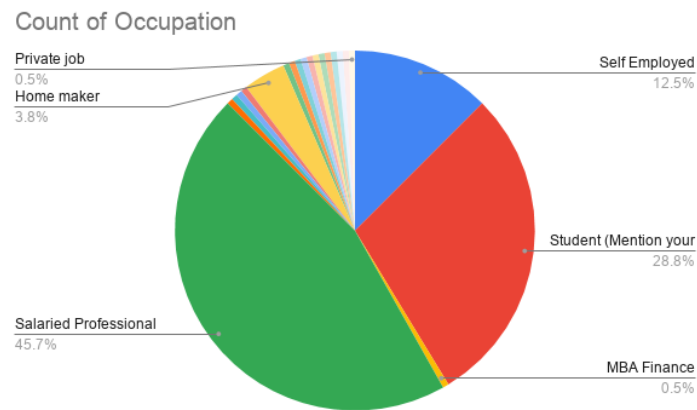


FIGURE VII: Occupation wise Distribution

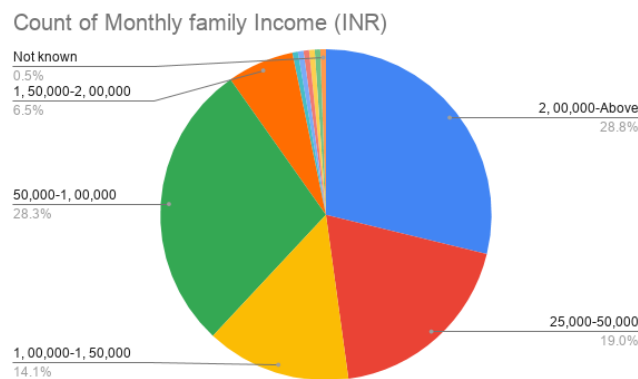


FIGURE VIII Monthly Family Income (INR)

**Hypothesis 1:**

- H0: Age has no significant relationship with concerns / thoughts people have during Lockdown
  - H1: Age has a significant relationship with concerns / thoughts people have during Lockdown
- (See Table 1)

TABLE 1: Chi Square Test: Hypothesis 1:

	Value	Df	Significance
Pearson Chi Square	49.701	16	.000
Likelihood Ratio	52.362	16	.000
N of Valid Cases	600		

Analysis: The results obtained through Chi Square test, shows that there is a statistically significant, Chi Square value reported between the age group and thoughts people have during lockdown. This suggests that individuals at lower age group, that is, youngsters Generation Z and Generation Y ( Age group: 18-27 and 28-37) are more worried about health of elderly at home, whereas the higher age group individuals, Generation X and Baby Boomers (Age group: 38-47, 48-57 and 58-67) are more concerned about loss of employment. The Lockdown forced people to stay in and literally stay put with the family for more than 90 days, 24\*7. With family being the only emotional and social connect, youngsters who were hitherto too engaged with their own personal lives became conscious of the presence of elderly and started appreciating their value. They seem to have realized the uncertainty of life and became concerned for the health and care of elderly more. This was a silver lining; it was believed that young people don't care about anything else but themselves. The finding proved the contrary.

**Hypothesis 2:**

- H0: Age does not significantly influence the type of activity performed during lockdown
- H1: Age significantly influences the type of activity performed during lockdown



**TABLE 2:Chi Sqare Test: Hypothesis 2**

	Value	Df	Significance
Pearson Chi Square	63.736	28	.000
Likelihood Ratio	69.298	28	.000
N of Valid Cases	600		

Analysis: The results obtained through Chi square test shows that there is a statistically positive Chi square value between the Age group and type of activities performed during lockdown. Thus, individuals at lower age group, that is, youngsters Generation Y & Z ( Age group: 18-27 and 28-37) are more involved in finishing pending work, learning and trying new things, work from home etc, whereas the higher age group individuals, Generation X and Baby boomers (Age group: 38-47, 48-57 and 58-67) are more involved in Entertainment and relaxing and especially in religious rituals. Young people are either engaged in new jobs or final legs of professional education so they had the deadlines and tasks to be accomplished. Whereas, Gen X and baby boomers were either in the mid career or end of career phase or had perhaps retired, so the activities differed for the age groups.

**Hypothesis 3:**

- H0: There is no significant relationship between age and feelings people have towards lockdown.
- H1: There is a significant relationship between age and feelings people have towards lockdown.

**TABLE 3:Chi Sqare Test: Hypothesis 3**

	Value	Df	Significance
Pearson Chi Square	56.910	12	.000
Likelihood Ratio	32.913	12	.000
N of Valid Cases	600		

Analysis: The results from Chi Square test show that there is a statistically positive Chi square value between the Age group and feelings towards lockdown. Thus, individuals at lower age group, that is, Gen Y & Z (Age group: 18-27 and 28-37) feel that lockdown is a blessing in disguise rather than a curse. Since they got to spend time in their own space with leisure and family.

**Hypothesis 4:**

- H0: There is no significant relationship between Gender and type of activity in which people are involved during lockdown
- H1: There is a significant relationship between Gender and type of activity in which people are involved during lockdown

**TABLE 4 :Chi Sqare Test: Hypothesis 4**

	Value	Df	Significance
Pearson Chi Square	22.967	7	.002
Likelihood Ratio	23.532	7	.001
N of Valid Cases	600		

Analysis: The Chi square test results show that there is a statistically significant chi square value between gender and activities performed during lockdown. It is found that Males are involved in personal care, entertainment and relaxing as well as religious rituals, whereas females are involved in nurturing personal relationships, finishing off pending tasks, and trying new things.

**Hypothesis 5:**

- H0: There is no significant relationship between Age and general feelings people have during lockdown
- H1: There is a significant relationship between Age and general feelings people have during lockdown

**TABLE 5 :Chi Sqare Test: Hypothesis 5**

	Value	Df	Significance
Pearson Chi Square	63.411	28	.000
Likelihood Ratio	62.457	28	.000
N of Valid Cases	600		

Analysis: The Chi square test shows that there exists a statistically significant, chi square value between Age and Feelings people have during lockdown. Thus the data proves that the younger population Gen Y&Z (Age group: 18-27, 28-37 yrs) feels more bored and frightened and stressed during the lockdown period, whereas, the older aged individuals Gen X and Baby Boomers (Age group: 38-47, 48-57, 58-67 yrs) are more relaxed.

**Hypothesis 6 :**

- H0: There is no significant relationship between age and Working from home during lockdown.
- H1: There is a significant relationship between age and Working from home during lockdown.

**TABLE 6 :Correlation : Hypothesis 6**

Spearman's Rank order	Work from Home	Correlation Coefficient	Work from home	Age
			1.000	-.302**
		Sig. (2-tailed)		.000
	Age	Correlation coefficient	-0.302**	1.000
		Sig. (2 Tailed)		.000
		N	600	600

- \*\*. Correlation is significant at the 0.01 level (2-tailed).

Analysis: The Correlation test shows that there is a moderate, negative, statistically significant relationship between age and Working from home. Thus as Age increases (Age: 38-47,48-57 and 58-67 Yrs) people are going more for working from home, on the contrary lower age group individual (Age: 18-27, 28-37 Yrs) are working less from home during lockdown.

**Hypothesis 7 :**

- H0: There is no significant relationship between working from home and the feelings people had during lockdown
- H1: There is a significant relationship between working from home and the feelings people had during lockdown.

**TABLE 7 :Chi Square Test : Hypothesis 7**

	Value	Df	Significance
Pearson Chi Square	40.864	14	.000
Likelihood Ratio	47.211	14	.000
N of Valid Cases	600		

Analysis: The Chi Square test suggests that there exists a statistically significant Chi square value between Working from home and the feelings people had during the lockdown. Thus, people who were working from home, feel more relaxed and happy whereas people who were not working from home were more bored, frightened and stressed due to the pandemic.

**Hypothesis 8:**

- Ho: There is no significant relationship between Working from home and status of personal relationships of individuals
- H1: There is a significant relationship between Working from home and status of personal relationships of individuals.

**Table 8: Chi Square Test: Hypothesis 8**

	Value	Df	Significance
Pearson Chi Square	18.679	10	.000
Likelihood Ratio	15.867	10	.000
N of Valid Cases	600		

Analysis: The Chi Square results show that there exist a statistically significant relationship between Working from home and the status of personal relationships of individuals. Thus, people who are working from home usually feel their relationships are better than before whereas people who are not working from home usually feel their relationship are worse / or slightly bad than before. Thus, people who were working from home, feel more relaxed and happy whereas people who were not working from home were more bored, frightened and stressed due to the pandemic

**Hypothesis 9:**

- H0: There is no significant relationship between age and the way people utilized their time during lockdown.
- H1: There is a significant relationship between age and the way people utilized their time during lockdown

**Table 9: Chi Square Test: Hypothesis 9**

	Value	Df	Significance
Pearson Chi Square	11.135	2	.004
Likelihood Ratio	11.311	2	.003
N of Valid Cases	600		

Analysis: The Results of Chi Square test shows that there exists a statistically significant Chi Square value for age group and the way people are utilizing their time during lockdown. Thus, lower age group individuals Gen Y & Z (18-27 and 28-37 yrs) are busy in work from home/learning or trying new things/brushing their professional skills whereas older age groups Gen X and baby boomers (38-47, 48-57 and 58-67) are more engrossed in personal care/entertainment/relaxing and religious rituals.

**V. CONCLUSION:**

Every calamity, crisis situation brings to the fore the true character of its people. The Lockdown forced people to stay in and literally stay put with the family for more than 90 days, 24\*7. With family being the only emotional and social connect, youngsters who were hitherto too engaged with their own personal lives became conscious of the presence of elderly and started appreciating their value. Age had an important implication upon the psychosocial impact of the Covid-19 pandemic. Generation Y and Generation Z dealt with the Covid -19 pandemic with more fear, stress and anxiety, due to the actual or anticipated loss of income. They spent their time learning to do new things and appreciating personal relationships. Generation X and Baby Boomers on the other hand had worries regarding the supply and rationing of medicines, grocery and bare essential things. Genderwise too the activity engaged in to spend the Covid-19 Lockdown differed significantly. While Males are involved in personal care, entertainment and relaxing as well as religious rituals, whereas females are involved in nurturing personal relationships, finishing off pending tasks, and trying new things. This goes to show that despite a stressful time for females too and non availability of domestic help during the Lockdown, the males were largely engaged in self pleasure and self centered activities while females were engaged as usual in nurturing, caring, providing roles. Working from home proved to be another boon not just for the economy but also for Psychosocial and behavioral impact. It was found that people who worked from home were less stressed, felt less anxious, had more satisfactory personal relationships, worried less and had better sleep quality. The Covid-19 Pandemic will not leave without engraving deep scars on psychosocial dimensions of people of all ages, races, communities and countries. However, better social interventions, family bonds, better Emotional Intelligence, Adaptability appetite and spiritual practices can remedy the ill effects of stress. Finally, work always heals even if it is from home.

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