A STUDY ON MENTAL HEALTH AND WELL-BEING OF INDIVIDUALS AMID COVID-19 PANDEMIC LOCKDOWN

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Abstract

The worldwide Pandemic caused due to Coronavirus disease (COVID-19), is posing a drastic effect on individual's mental as well as physical health. The transmission of disease can be prevented by various measures taken by the government in the form of social distancing, quarantine, isolation of the infected individuals and lockdown. These preventive and strict measures which are imposed on individuals require an evaluation of how these measures are affecting the mental health and well-being of people. This study was undertaken with the aim of assessing the MentalHealth and Well-Being of individuals during the COVID-19 pandemic lockdown. Mental Health Inventory-5 and WHO Ten Well-Being Index were administered among 100 respondents. The study explored the impact of marital status and family structure on the Mental Health and Well-Being of individuals during the lockdown period of COVID-19 pandemic. Gender differences in Mental Health and Well-Being were also analysed. The results of the present study showed that the majority of the respondents scored high on Mental Health Scale and nearly fifty-percent scored high on the Well-Being Scale. Despite the COVID-19 Lockdown,the Indian population does not reveal disheartening results.The study revealed findings that may have a number of implications for further researches.

Keywords:*Coronavirus Disease, Pandemic, Mental Health, Wellbeing, COVID-19*

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Introduction

The current outbreak of Coronavirus all over the World has caused global concerns. In late December 2019, a constellation of pneumonia cases having unknown causes emerged in Wuhan city of Eastern China and caused concerns among the entire health sector. Further, it was pinpointed as a Novel Coronavirus on January 7,2020(World Health Organization, 2020). Coronavirus disease (COVID-19) is defined as an infectious disease, caused by a newly discovered coronavirus (World Health Organization, 2020). Coronavirus belongs to the "Coronaviridae" family. These are a large group of viruses that consist of a capsule enclosing a single-stranded RNA genome along with a nucleocapsid with helical symmetry. Among RNA viruses, the genome size of coronaviruses are one of the largest. A rather well-known case of epidemic contributed by the Coronavirus was SARS (Severe Acute Respiratory Syndrome). It was detected for the first time in Southern China in mid-November 2002 and thereafter, it was spread to around 29 countries. Around 8,098 confirmed cases and 774 deaths were attributed to this epidemic (Lam, et.al. 2004).

Coronavirus disease, as a respiratory disorder is affecting individuals in different ways. Both humans and animals are contaminated by this virus. Common symptoms of this disease at the time of onset include fatigue, high fever and coughing usually of dry nature. The other symptoms include breathing difficulties, bodily pain and rough throat. The less apparent symptoms that were witnessed include-diarrhoea and retching (World Health Organization, 2020). Individuals with mild to moderate severity of symptoms do not require special treatments and are recovering. It was also evident that individuals having comorbidity for other medical conditions and those belonging to the elder age group were at higher risk for developing serious symptoms and more prone to death (World Health Organization, 2020).

Earlier, COVID-19 started as an epidemic as it was initially limited to China but with the continuous increase in number of positive cases of coronavirus all over the world, the World Health Organization declared it as Pandemic on 11 March, 2020. As witnessed till 21 April,2020, there have now been over 2,356,414 confirmed cases worldwide and more than 160,120 deaths (World Health Organization, 2020). There are around 1,149,071 confirmed cases of COVID-19 in Europe, 893,119 confirmed cases in Americas, 134,506 confirmed cases in Western Pacific, 133,186 confirmed cases in Eastern Mediterranean, 30,265 confirmed cases in South-East Asia and 15,555 confirmed cases in Africa (World Health Organization, 21 April, 2020).

In India, the first case of coronavirus was reported in Kerala on January 30, 2020. When number of positive coronavirus cases rise to 500, the Prime Minister of India, Mr.Narendra Modi declared for the imposition of nationwide lockdown to be continued till the next 21 days as a preventive measure against coronavirus pandemic on 24th March 2020. It was announced after 14-hours Janta Curfew on March 22, 2020 which was just the beginning of the long battle against COVID-19 pandemic as said by P.M. Modi (UN News, 2020). The goal of this measure was to contain the spread of COVID-19 outbreak in India.

Several strategies have been opted by the government of India to combat the situation such as quarantine of people coming from highly affected places, isolation of individuals who are infected, reducing the contact between unidentified infected individuals as well as non-infected individuals and travel restrictions outside of the well-defined areato control the spread of disease.

Lockdown is typically explained as a mass quarantine based on 'stay at home' or 'shelter in place' protocols ordered by the government for limiting the population movement. People were asked to stay at home except for carrying out essential activities such as purchase of essential food items, medical commodities and beverages as well as for the provision of essential work such as healthcare and social care sectors, police and armed forces, water and electricity supply. Other non-essential activities were prevented or to be fulfilled while staying at home. An increase in number of confirmed cases day-by-day and the spread of disease globally, is having an immense effect on the physicalas well as mental well-being of individuals during COVID-19 pandemic lockdown.

At the initial phase of outbreak of the COVID-19 in China, a survey was conducted. It was revealed through the survey that 53.8% of respondents had a moderate or severe psychological response for the disease, 16.5% of the population reported that they had a moderate to severe level of depressive symptoms, and rest 28.8% respondents revealed the persistence of moderate to severe level of anxiety symptoms, moreover, around 8.1% respondents reported moderate to severe level of stress(Wang, et.al., 2020). Studies also suggested that both medical workers and the public have experienced psychological issues such asanxiety, depression and stress due to alarming increase in number of confirmed cases and deaths (Liu, et.al., 2020;Xiand, et.al., 2020; Kang., et.al., 2020).

As a result of lockdown, there have been changes in the routine of every working and non-working individual. People started working from home, students are having online classes, people stopped visiting friends and relatives place, spending more time with family members, involving in hobbies. People are just confined to their homes and step out only for essential activities or buying essential things. People confronted several changes which were actually challenges for them. Stress and challenges can precipitate common mental disorders like depression and anxiety (Dar et al., 2017; Zandifar and Badrfam, 2020).

World Health Organization has given the definition of health asmerely as the absence of disease or it's infirmity but as a state of complete physical, mental and social well-being (World Health Organization, 2003). As defined by the World Health Organisation, mental health is a state of well-being whereby individuals recognize their potential and are able to cope with the normal stresses of life, they work productively and fruitfully to make a contribution to their communities (World Health Organization, 2003). The concept of mental health comprises personal well-being, belief in self, independent functioning, abilities, intergenerational dependence and recognition of the belief in theirintellectual and emotional potential.

Well-being as stated by Shin and Johnson in 1978 is a global assessment of a person's Quality of Life according to his own chosen criteria (Zikmund, 2003; Rees, Goswami, & Bradshaw 2010; Stratham & Chase, 2010). In line with this definition of well-being, the World Health Organization defines Quality of Life as an individual's belief about their position in life in reference to the context of the culture and value systems in which they live and in relation to their success, standards, concerns and expectations. The concept of well-being is broad and is affected in a complex way by the psychological state, personal beliefs, physical health, social relationships of a person and their relationship to salient features of the environment they live in (World Health Organization,1997).

Several studies concluded that due to coronavirus pandemic, mental healthhave been affected globally. People are experiencing symptoms of stress, anxiety as well as depression. As a result of this pandemic as well as restrictions of several activities, well-being of individuals has been also affected. Hence, the present study aims to assess the Mental Health and Well-Being of individuals during COVID-19 pandemic lockdown and in relevance to socio-demographic factors such as gender, marital status and family structure. This study would help in getting insight of the Mental Health and Well-Being of individuals at the time of

pandemic lockdown, aiding in a better understanding of both, positive and negative aspects of the situation.

Methodology

To assess the Mental Health and Well-Being of individuals during COVID-19 pandemic lockdown, Mental Health Inventory-5 and WHO Ten Well-Being Index were administered and socio-demographic details were also included in the questionnaire. A google form was created and it was randomly circulated among 150 individuals in the month of April 2020. The questionnaire consists of three parts: informed consent, basic demographic data and psychological assessments. Informed consent was taken from the participants. Basic demographic data include age, gender, religious faith, marital status, family structure and occupation. WHO (Ten) Well Being Index by Bech et al. (1996) was used in the study. Itis a 10 items scale and the responses are recorded on a four-point Likert scale. It is a single uni-dimensional scale that includes negative and positive aspects of well-being. The Cronbach alpha value ranges from 0.92 to 0.94. The Mental Health Inventory-5 prepared by Veit and Ware (1983) was used to assess the mental health of individuals. It comprises 5 items and the responses are recorded on a six-point Likert scale. The internal consistency of the scale ranges from 0.80 to 0.96. A total sample of 100 participants were collected.

For the purpose of data collection, an online questionnaire was distributed among 150 individuals. Out of 150 individuals to whom online questionnaire was distributed, only 100 filled the questionnaire. Out of the total respondents,50 were males and 50were females. With respect to marital status, 58respondents were unmarried and 42respondents were married. Among 100 respondents, 54respondents belong to nuclear family and 46respondents were from joint family. With the help of SPSS software version 20, the statistical analysis was done. For obtaining meaningful results, t-test and Pearson correlation test were used.

Results

Table 1:Shows the comparison of Mental Health and Well-Being of individuals based on gender

	Gender	N	Mean	StandardDeviation	t
Mental Health	Male	50	21.640	4.796	.965
	Female	50	20.720	4.738	
Well Being	Male	50	18.64	4.411	.721
	Female	50	17.82	6.730	

Table 1. shows that there is no significant difference in Mental Health and Well-Being of male and female respondents involved in the present study. The results indicate that the mean score is higher for males(M=18.64; SD= 4.411) reflecting a better Well-Being than females (M=17.82; SD= 6.730).Similarly, male respondents (M=21.640; SD= 4.796)scored higher in Mental Health than female respondents (M=20.720; SD= 4.738). On the application of the t-test, this difference between the mean of male and female was found insignificant.

Table 2: Shows the comparison of Mental Health and Well-Being of individuals based on marital status

	MaritalStatus	N	Mean	Standard Deviation	t
Mental Health	**Unmarried**	50	20.380	5.916	-1.694
	Married	50	21.980	5.329	
Well Being	**Unmarried**	50	17.22	4.738	-1.799
	Married	50	19.24	4.744	

Table 2. shows that there is no significant difference in Mental Health and Well-Being of married and unmarried respondents involved in the present study. However, married respondents (M=19.24; SD=4.744) possessed a higher score in Well-Being than unmarried respondents (M=17.22; SD=4.738) in the present study. Likewise, married respondents (M=21.980; SD=5.329) scored higher in Mental Health than unmarried respondents (M=20.380; SD=5.916).

Table 3: Shows the comparison of Mental Health and Well-Being of individuals based on family structure

	Family Structure	N	Mean	Standard Deviation	t
Mental Health	**Nuclear**	50	21.780	4.837	1.263
	Joint	50	20.580	4.664	
Well Being	**Nuclear**	50	18.60	6.020	.650
	Joint	50	17.86	5.345	

Table 3. shows that there is no significant difference in Mental Health and family structure.The results also revealed that respondents who belong to the nuclear family (M= 21.780; SD= 4.837) scored higher on Mental Health as compared to respondents who belong to joint family (M=20.580; SD= 4.664). Further, it was also found that there is a slight difference in the Well-Being of respondents who belongs to nuclear (M= 18.60; SD= 6.020) and joint family (M=17.86; SD= 5.345).

Table 4: Showing the correlation ofMental Health and Well-Beingwith gender, marital status and family structure

		Gender	Marital Status	Family Structure
Mental Health	**Pearson Correlation**	-.097	.169	-.127
	Sig. (2-tailed)	.337	.093	.210
Well-Being	**Pearson Correlation**	-.073	.179	-.066
	Sig. (2-tailed)	.473	.075	.517

Table 4. shows the correlation of Mental Health and Well-Being with gender, marital status and family structure. The results also suggest that there is a weak positive linear relationship of Mental Health with marital status and weak negative linear relationship with gender and family structure. Findings also indicate a weak negative relationship of Well-Being with gender and family structure and a weak positive relationship with marital status.

Table 5: Showing the correlation between Mental Health and Well-Being

		Well-Being
MentalHealth	**Pearson Correlation**	.657**
	Sig. (2-tailed)	.000

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

Table 5. shows significant positive relationship between Mental Health and Well-Being at 0.01 level of significance.

Discussion

This study aimsto assess the Mental Health and Well-Being of individuals during the COVID-19 pandemic lockdown and in relevance to socio-demographic factors such as gender, family structure and marital status.The results revealed that the majority of the respondents scored higher in Mental Health and nearly fifty percent of the respondents scored higher on Well-Being.

The results revealed that males and females did not differ significantly in Mental Health and Well-Being. Male respondents have slightlybetter Mental Health and Well-Being than females who participated in the present study (Table 1). Males and Females are equally affected by mental health problems but it was found that females are at greater risk for

developing poor mental health. Common mental health-related issuesare mostly reported by females except for substance use disorder (Klose and Jacobi, 2004). Symptoms of depression and anxiety are predominant among females than males as reported by the World Health Organization (2012).Lau, et.al., (2008) conducted a study to examine the impact of the SARS outbreak on subjective well-being on individuals and concluded that males have slightly higher subjective well-being levels than females. The findings of this study do not show any changes in the Mental Health and Well-being of males and females during the Coronavirus pandemic lockdown.

This study revealed that married respondents scored higher in Mental Health and Well-Being during the lockdown scenario though the difference is not significant(Table 2).In men and women, marriage enhances the perception of well-being (Mookherjee, 1997). During the lockdown situation, married individuals are able to spend more time together and with their family members which resulted in better Mental Health and Well-Being than of unmarried respondents.Earlier researches suggest similar findings. Lindstrom and Rosvall (2012) investigated an association between poor mental health and marital status and concluded that unmarried participants had poor mental health compared to married participants.Reneflot and Mamelund (2012), found that the psychological well-being of married participants was high as compared to singles or divorced individuals. Lau, et.al., (2008) concluded that there was no significant difference in married participants in subjective well-being levels.

The results regarding the family structure of the respondents showed no significant difference in Mental Health and Well Being (Table 3). Respondents who belong to a nuclear family possess better Mental Health and Well-Being than those who belong to joint family. There are different assumptions in regard to the role of family structure about Well-Being and Mental Health. Healthier mental status is linked with healthier family functioning and with unchangeable globalization, long-term variations in family structure may influence family functioning, thereby affecting the mental health of family members (Cheng, et.al., 2017).Lau, et.al., (2008) concluded that there was no difference found between young adults and elder adults based onnumber of people participants lived with. The present study also revealed a positive relationship between Mental Health and Well-Being (Table 5) which suggests that individuals who possess better Mental Health tend to have better Well-being.

Conclusion

During the outbreak of the Corona Virus pandemic, the lockdown has been imposed on the citizen to control the further spread of the virus and to flatten the curvature. People are forced to work from home and step out only for essential activities. On social media, people expressed their anxiety, fear and distress about the lockdown due to the COVID-19 pandemic. Despite all the claims of the media, the findings of the present study revealed that the Mental Health and Well-Being of individuals amidst the Pandemic lockdown is high enough to help them sustain during the lockdown period. Even with the prevalence of chaos and uncertainty, the participants have managed to retain as yet their Mental Health and Well-Being satisfactorily. As the data collection for the study was done after a few weeksof Lockdown, thus it may bepossible that the respondents had adapted to the lockdown situation by then.It may be concluded from the results of the study that participants who have better Mental Health possess better Well-Being.

Limitations

In the study, the sample size was small and was area-specific, thus the results could not be generalized to the larger population.In the study, the participants belong to the middle and higher socio-economic background only.

Recommendations

In future, the sample size needs to be increased in order to generalize and validate the findings. Further, researches with samples from all socio-economic backgrounds and different areas/regions to be taken to maintain heterogeneity in samples.The data collection was done after just one week of the lockdown and there is a possibility that during that period the participants were actually enjoying the lockdown period as a surprise holiday. The study done now after a considerable lapse of time might reveal contradictory results.

Conflict of Interest: None

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