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Social influence of COVID-19: An observational study on the social impact of post-COVID-19 lockdown on everyday life in Kerala from a community perspective

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Abstract:

BACKGROUND: The current novel coronavirus pandemic started as a simple outbreak in December 2019 from Wuhan, China, and it has now become a global threat. The governments from most of the countries including India have already taken strict precautionary measures to reduce the coronavirus spread such as social distancing, closure of schools, colleges, airports, restaurants, shopping malls, and other places where the people might gather. An increase in the levels of anxiety, aggression, depression, forgetfulness, and hallucinations are possible psychological effects of isolation. Too little is understood of the social impact of the pandemic.

AIM: To study the social impact of post-COVID-19 lockdown in Kerala from a community perspective.

MATERIALS AND METHODS: This cross-sectional survey was conducted among 700 families (50 families from each district) from all the 14 districts of Kerala from during April-May 2020 using respondent-driven sampling. The data were analyzed and the categorical variables have been presented as percentages and proportions.

RESULTS: Anxiety (44%) and fear (44.3%) were reported by many of the study participants. The survey also picked up an increase in the prevalence of domestic violence (13.7%) during the period. The most common social change brought about by the lockdown was an improvement in the hygiene practices among the study population.

CONCLUSION: The present study highlights the positive social changes brought about as a result of the COVID-19 lockdown. Further studies need to be conducted on a larger scale to assess the psycho-behavioural impact of COVID-19 on the wider population.

Keywords:

COVID-19, Kerala, Lockdown, Social Impact

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Introduction

The whole world has suffered from several pandemic situations since more than 100 years like Spanish flu, influenza, smallpox, cholera, swine flu, SARS, and H7N9 which caused many impacts on the society.^[1-4] We are currently faced with a global health crisis, unlike any other. It has led to the loss of lives, and it has

intensified human misery and toppled our lives upside down. The coronavirus pandemic has become much more than a health crisis. It has become a human, economic, and social crisis. The current novel coronavirus pandemic started as a simple outbreak in December 2019 from Wuhan, China. The outbreak was declared a Public Health Emergency of International Concern in January 2020. The governments

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from most of the countries including India have taken strict precautionary measures to reduce the coronavirus spreading such as social distancing; hand hygiene; wearing face masks; and closure of schools, colleges, airports, restaurants, shopping malls, and other places where the people might gather.^[5] The Government of India ordered a nationwide lockdown for 21 days starting from March 25, 2020. Most of the citizens were prohibited to leave their homes except the health-care workers, police, and the workers involved in other emergency services. Hence, the movement of the entire 1.3 billion population of India was limited as a preventive measure against the COVID-19 pandemic in India. The lockdown was further extended till May 3 and thereafter to May 31 by the National Disaster Management Authority. The Ministry of Home Affairs announced that the ongoing lockdown would be further extended till June 30 in containment zones, with services resuming in a phased manner.

Although the pandemic has left a visible impression across the sectors globally, the impact on marginalized sections, women, and children has been enormous in India. Gender-based violence, lack of security, money, and health have added on to the existing misery of families living in poor and substandard conditions. Repeated lockdown extensions have led to a struggle for basic needs like food and shelter, frustration, disproportionate sharing of domestic responsibilities, and violence against the vulnerable members of the household.

Social distancing seems to be hitting people even more than the scare of the deadly virus. Humans have evolved to be social creatures and are wired to live in interactive groups. Being isolated from family, friends, and colleagues can be unbalancing and traumatic for most people and can result in short or even long-term psychological and physical health problems. An increase in the levels of anxiety, aggression, depression, forgetfulness, and hallucinations is a possible psychological effect of isolation. People are getting highly restive and agitated in spite of social media connectivity. During the lockdown, more than 300 deaths were reported by the media, with reasons ranging from starvation, suicides, exhaustion, road and rail accidents, police brutality, and denial of timely medical care. Positive changes have also been brought about as a result of Lockdown, in the day-to-day activities of the community. Lockdown has given a golden opportunity for people who hardly got time to spend with their families. The lockdown led to people working from home and spending more time with their parents, spouse, and children. In this research article, we aimed to study the social impact of post-COVID-19 lockdown in Kerala from a community perspective.

Materials and Methods

This cross-sectional survey was conducted in the state of Kerala, India, during the lockdown period. The study information was collected from 700 families in total from the 14 districts of Kerala. Fifty families were selected from each district for the study using respondent-driven sampling.^[6] Ethical clearance was obtained from the Institutional Ethical Committee. Data was collected using a pilot-tested structured questionnaire via a chain-referral procedure in which participants recruit one another, akin to snowball sampling. Among the acquaintances of the investigators, in each district, individuals with more contacts in the target population were recruited. The sampling proceeded with members of the current sample recruiting the next wave of sample members, continuing until the desired sample size was reached. The study participants were approached for consent to participate in the study. After obtaining consent, the Google survey form was shared with the study participant through an online platform. The data collected were analyzed using the software Statistical Package for the Social Sciences version 20. The results are presented as percentages and proportions.

Results

Sociodemographic data of the study population

This study was conducted among 700 families in the state of Kerala, India, to assess the social impact of lockdown. Of the total study participants, there were 1627 females (54.4%) and 1364 (45.6%) males. Nuclear families consisted of 59% (414) of the total study population and joint families consisted of 41% (286). The families under study were divided into four based on the color of the ration cards owned by them. Ration cards are an official document issued by state governments in India to households that are eligible to purchase subsidized food grain from the Public Distribution System (under the National Food Security Act). Ration cards offer identification as well as entitle the holder to a ration of food, fuel, or other goods issued by the Government of India. Of 700 families, 504 families were Above Poverty line (APL) ration card holders and 112 families were Below Poverty Line (BPL) ration card holders, followed by 65 families holding subsidized card and 19 Antyodaya Anna Yojana cardholders. The distribution of the study population according to their age group is shown in Figure 1.

Difficulties experienced during the lockdown period

Social stress resulting from travelling restrictions and social distancing with friends and family has led to anxiety (44%) and fear (44.3%) being reported by many of the study participants. Overburdening of the public

healthcare facilities may have resulted in interruption of the regular immunizations and provision of follow-up care to the patients suffering from other diseases (22.7%). Due to the closure of places of entertainment and leisure, the most common difficulty experienced was boredom (72.9%). Unplanned closure of schools and colleges affected both students and parents due to the loss of academic time in schools and colleges (70.9%). The survey also picked up an increase in the prevalence of domestic violence (13.7%) during the period. The difficulties faced are summarized in Table 1.

Positive social change

Every coin has two faces. With bad comes the good, and positive social changes have been brought about as a result of the COVID-19 lockdown. It has led to an improvement of human and social conditions in the society. With offices and academic institutions locked down, an obligatory shift had to be made towards a realm of online education and working from home (45.4%). People became aware of how important it is to maintain personal hygiene. Right from covering our nose and mouth when we cough and sneeze (85.6%), to sanitizing our hands after touching anything else, we all have had a lifestyle change for the good (95.1%). The positive social changes brought about among the study participants are shown in Figure 2.

Positive impact of lockdown life

Although the lockdown has kept people sealed indoors due to the spiraling fear and mass confusion, it seems to have certain positive social effects as well. We all have been so busy in life that many of us may have lost those real, genuine moments we have with our loved ones. The COVID-19 situation has given us a chance to spend time with family (92%). As life has slowed down, we have found ways to stay connected with friends and family, even if it is virtually. Majority of the study participants reported to have spent time with their family indulging in cooking, gardening, and doing household chores. A good percentage of the study participants also helped as a volunteer for the COVID-19 pandemic response [Figure 3].

Discussion

The present study was conducted to study the social impact of post-COVID-19 lockdown in the state of Kerala, India. The study recorded that 44% of the study participants in Kerala experienced fear and anxiety in the prevailing lockdown conditions. In a similar study conducted by Balkhi *et al.* in Pakistan, it was found that two-third (64.3%) of the participants were apprehensive of leaving their homes because of the coronavirus, comparatively more (83.8%) felt fearful if a family member went outside.^[7] The present study found that 53.7% of

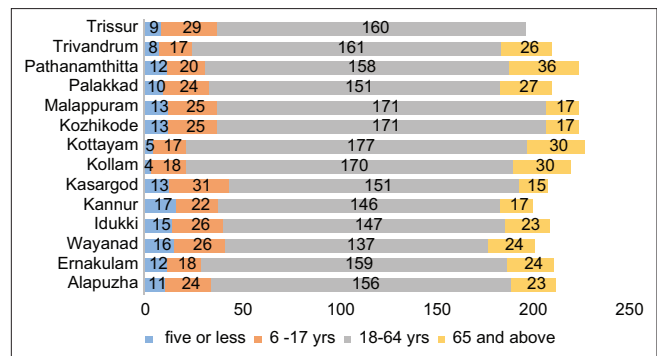


Figure 1: Bar graph showing the age distribution of families enrolled in the study

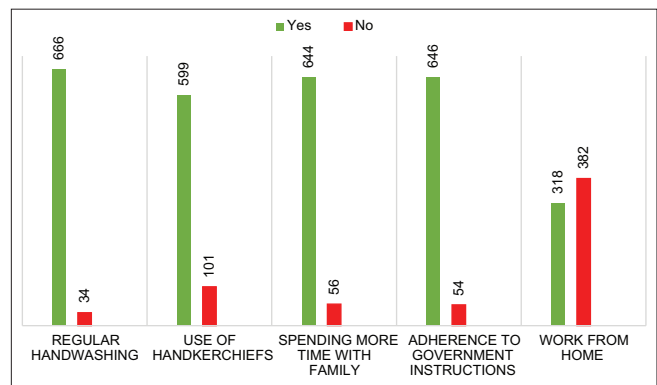


Figure 2: Bar graph showing social changes brought about among the study participants

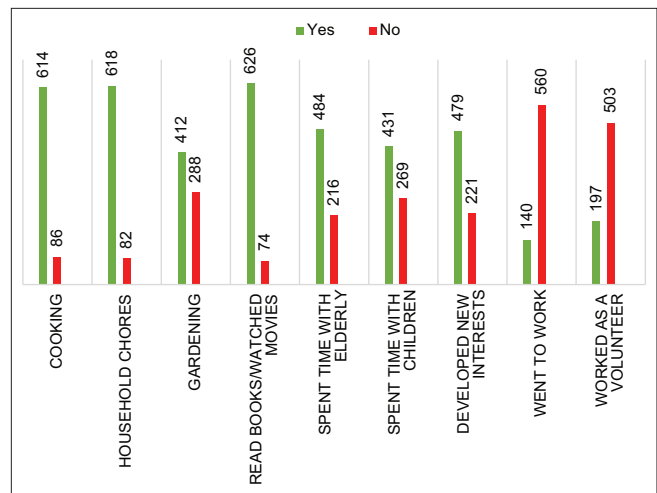


Figure 3: Bar graph showing the activities indulged in by the study participants during the lockdown period

the study participants considered media misinformation to be the cause of anxiety. Similar to our findings, in the study from Karachi, a huge majority (82.8%) deemed fake news surfacing on the social media as a possible reason for the panic which ensued after the outbreak.^[7] The current study conducted in Kerala revealed the prevalence of domestic violence during the lockdown period to be 13.7%. According to the report of the National Commission for Women India, there has been a two-fold

Table 1: The difficulties faced by the study population during lockdown

Difficulties faced	Number of families (%)
Anxiety	
Present	308 (44)
Absent	392 (56)
Boredom	
Present	510 (72.9)
Absent	190 (21.1)
Domestic violence	
Present	96 (13.7)
Absent	604 (86.3)
Difficulty in antenatal care	
Present	71 (10.1)
Absent	629 (89.9)
Difficulty in geriatric/child care	
Present	125 (17.9)
Absent	575 (82.1)
Fear	
Present	310 (44.3)
Absent	390 (55.7)
Financial difficulty	
Present	264 (37.7)
Absent	436 (62.3)
Inability to go to work	
Present	396 (56.6)
Absent	304 (43.4)
Inability to go to school/college	
Present	496 (70.9)
Absent	204 (29.1)
Loneliness	
Present	265 (37.9)
Absent	435 (62.1)
Difficulties in chronic disease follow up care	
Present	159 (22.7)
Absent	541 (77.3)
Misinformation from media	
Present	376 (53.7)
Absent	324 (46.3)
Scarcity of food items	
Present	153 (21.9)
Absent	547 (78.1)

rise in gender-based violence during the lockdown in India.^[8] The social confinement, financial worries due to the lockdown, and lack of access to alcohol are some of the factors compounding the situation.^[9] However, the actual scenario may be more alarming, as many women from rural areas are too scared to complain due to various sociocultural factors involved. In the present study, the most common positive social change brought about by the lockdown was an improvement in the hygiene practices among the study population (95%). Comparable improvement in handwashing practices (87%) was

observed in a similar study conducted during the COVID-19 period in Pakistan.^[7]

Conclusion

In view of the rapid spread of COVID-19 epidemic, containment of spread and treatment of the infected individuals are the priority concerns at present. Little attention has been given to the social impact of this disease which was evident by the fewer number of studies in this regard. Our study exposes the rising prevalence of domestic violence during the lockdown. The present study also highlights the positive social changes brought about as a result of COVID-19 lockdown. Further studies need to be conducted on a larger scale to assess the psycho-behavioral impact of COVID-19 on the wider population.

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Conflicts of interest

There are no conflicts of interest.

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