

## An Online Cross-Sectional Survey to Identify Impact of Lockdown During COVID 19 Pandemic on Young Adults (18 To 25 Years)

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### ABSTRACT

Prolonged confinement in the wake of COVID-19 with an uncertainty about future has both epidemiological as well as psychological implications. This online survey was conducted from 8<sup>th</sup> to 30<sup>th</sup> May 2020 to identify impact of ongoing lockdown in India on day-to-day activities, stress and health status of age group of 18-25 years (Young adults). A questionnaire was developed based on activities of young adults and was circulated using social media with snowball technique. Responses received were analyzed to identify participants responding that they are stressful versus those who denied experiencing stress. 3602 responses received, 1620 (44.9%) affirmed that they were under stress, 1982 (55.0%) felt no stress. Those with stress had concern about health of family members than their own health and were more angry, anxious, restless, had mood swings and irritability; had change in eating habits, sleep, difficulty to concentrate and were more worried about future. Those with no stress had higher percentage attending classes, self-study, reading books and exercise/yoga and lesser reporting playing games on mobile phone. It cannot be determined if these are the determinants or symptoms of less stress but the association is interesting and can also be useful activities in non-lockdown phases. Activity missed most was meeting friends (85.8%); least was college/work being in 5.3% participants.

**Keywords:** COVID – 19, Lockdown, Student, Young adults

The SRS report 2018 estimates 10.4% of population to be in the age group of 20 to 25 years<sup>1</sup>. In the usual academic pattern in India, young adults in the age group of 18 -25 years in India have recently moved out from the schools and are either in college for higher education or have only recently begun working. Most of the marriages in India also happen in this age group of 18 – 25 years (Mean age at effective marriage for females is identified by the SRS 2018 as 22.3 years).

To curtail the spread of the COVID-19 pandemic, the Government of India took the vital step of total lockdown from the last week of March 2020<sup>2</sup>, opening some activities in first

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week of June 2020 and subsequently phase wise unlock from July 2020 onwards<sup>3,4</sup>. During this tenure the Covid-19 disease was identified to be most affecting the older age group, with mortality associated with high age and multiple morbidities, as per the experiences in countries affected in early part of 2020<sup>5</sup>.

The young adult population, economically productive, socially active suddenly found itself under an unprecedented situation of lockdown restricting their activity. They found themselves confined, affecting their academic and work schedules, coupled with uncertainty about the examinations and disease both. The social media was flooded with verified or unverified information, messages both true and fake about the examination processes to be adopted by the universities. These early months of 2020 also saw a change in academics and teaching modes suddenly turned from direct classes to online mode and work place environment changed to work from home scenario, for which no one was prepared for<sup>6</sup>.

This prolonged confinement and the global burden caused by the COVID-19 with an uncertainty about future has both epidemiological as well as a psychological implication.

It was, therefore, decided to identify the impact of lockdown on this age group, taking into consideration their health status, routine day to day activities and specific academic and other activities undertaken during lockdown days.

### **METHODOLOGY**

#### ***Survey population***

A cross sectional online survey was conducted from 8<sup>th</sup> May 2020 to 30<sup>th</sup> May 2020. The survey questionnaire prepared on google forms ® was circulated on the social media sites (including WhatsApp ®, Facebook®, Telegram®, etc.) to young adults on a snowball sampling technique, to students', college teachers' groups, with request to share further with young adults, permitting only single responses from one participant.

No fixed sample was proposed for the study. The attempt was to reach to as many participants as possible through social media. However, the survey was fixed for the duration of 03 weeks, irrespective of the number of responders. This was the duration when there was no clarity on the timeline and manner in which unlock would be initiated and the number of COVID -19 cases in India was progressively rising.

#### ***Questionnaire***

The questionnaire comprised of 3 parts. First section was a brief about the objectives of the survey, and the consent of the participants. Second section was socio-demographic information including age, gender, whether they are studying or working or both, course they are pursuing, name of the institute of study, name of State / Union Territory to which they belong and where they are staying presently. Third section was on stress perception and impact of lockdown. Existing questionnaire on depression, anxiety, etc. were not used since the present situation concerned itself with novel circumstances both in terms of health, psychology, and a suddenly changed academic / work environment.

The questionnaire was developed after in-depth interview with 2 young adults, one 24-year old boy who had recently finished graduation and started working 6 months back and another 21-year old girl who was pursuing graduation stating their experiences and that of their friends, siblings, peers and colleagues. Survey process was pilot tested by sending the

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survey to a small sample of young adults and two higher education teachers and based on their feedback, the survey questionnaire and process was finalised.

### *Statistical analysis*

Descriptive data was tabulated. Responses of participants affirming stress perception with those who denied stress were compared using chi-square test. Demographic characteristics of the two groups were compared using chi-square test or independent samples *t* test. Data analyses were conducted with SPSS version® 17.0. The statistical significance level was set at  $p < 0.05$  (two-sided).

## RESULTS

### *Stress during lockdown*

In response to the question do you feel any stress during the lockdown, 1620 (44.9%) participants affirmed that they were under stress, whereas 1982 (55.0%) responded that they felt no stress. Data of these two sets of participants was analyzed separately and compared.

### *Socio-demographic profile*

A total of 3602 responses received were analyzed. Age, gender, qualification, course pursuing and subject of study (Table 1) were the socio-demographic variables identified for the respondents. Mean Age of the participants was 20.8+1.7 years with 66.7% of participants in age group of 18-21 years.

Percentage of female responder exceeded male responders i.e. 69.1% females as compared to 30.8% males. 94.5% of participants were students as compared to 1.1% of participants who were working. 4.2% were both working and studying. 65.1% of responders were pursuing their graduation, 26.9% were in under-graduates and 7.94% were post-graduates. Maximum participants (61.7%) were from state of Maharashtra.

**Table 1: Socio-demographic profile of responders**

Socio-demography	Variable	No Stress N(%)1982	Feel Stress N(%)1620	P value
Gender	Mean Age	20.8+1.8	20.9+1.7	0.03*
	Female	1390(70)	1101(67)	0.16**
	Male	592(30)	519(32)	
Work or study	Student	1871(94)	1534(94)	0.24**
	Employed only	29(1.5)	14(0.8)	
	Student & employed	82(4.1)	72(4)	
Course pursuing	Under Graduation Diploma	575(29.0)	394 (24.3)	0.006**
	Graduation	1249 (63.0)	1098 (67.8)	
	Postgraduation (Degree/ Diploma)	158 (7.97)	128 (7.9)	

\*Independent *t*-test \*\* chi square test  $p$  value<0.05 significant

### **Geographical region**

Responses were received from all over India. 3307 (91.8%) responders were staying in their native states and rest 295 (8.1%) were in different states.

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**Table 2: State /UT wise number of responders**

<b>State/Union territory</b>	<b>Name of the State/UT you belong [n(%)]</b>	<b>Place where you are staying presently [n(%)]</b>
Andaman and Nicobar Islands	1 (0.03)	0(0)
Andhra Pradesh	60 (1.6)	50 (1.3)
Arunachal Pradesh	2 (0.06)	1 (0.03)
Assam	2 (0.06)	2 (0.06)
Bihar	42 (1.1)	21 (0.58)
Chandigarh	1 (0.03)	2 (0.06)
Chhattisgarh	8 (0.22)	5 (0.14)
Dadra and Nagar Haveli	3 (0.08)	3 (0.08)
Daman and Diu	1 (0.03)	2 (0.06)
Delhi	274 (7.61)	290 (8.05)
Goa	3 (0.08)	2 (0.06)
Gujarat	32 (0.89)	30 (0.83)
Haryana	37 (1.03)	47 (1.30)
Himachal Pradesh	4 (0.11)	2 (0.06)
Jharkhand	8 (0.22)	5 (0.14)
Karnataka	453 (12.5)	490 (1.67)
Kerala	22 (0.61)	13 (13.6)
Lakshadweep	1 (0.03)	0 (0)
Madhya Pradesh	16 (0.44)	15 (0.42)
Maharashtra	2223 (61.7)	2292 (63.6)
Manipur	4 (0.11)	5 (0.14)
Meghalaya	7 (0.19)	4 (0.11)
Nagaland	1 (0.03)	1 (0.03)
Odisha	6 (0.17)	6 (0.17)
Punjab	13 (0.36)	8 (0.22)
Rajasthan	17 (0.47)	15 (0.58)
Sikkim	6 (0.17)	0 (0)
Tamil Nadu	30 (0.83)	28 (0.77)
Telangana	34 (0.94)	31 (0.83)
Tripura	4 (0.11)	2 (0.06)
Uttar Pradesh	266 (7.38)	215 (5.97)
Uttarakhand	9 (0.25)	6 (0.17)
West Bengal	12 (0.3)	8 (0.22)
Ladakh	0 (0)	1 (0.03)
<b>Grand Total</b>	<b>3602</b>	3602

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**Table 3: Response to question if they are suffering from any Mental and physical problem**

Response	No stress n(%)		Feel stress n(%)		P value
	Yes	No	Yes	No	
Psychological problem	560 (28.3%)	1422 (71.7%)	1269 (78.3%)	351 (21.7%)	0.000
Physical problem	85 (4.3%)	1897 (95.7%)	198 (12.2%)	1422 (87.8%)	0.000

*chi square test, p value < 0.05 significant*

Participants feeling stress had more psychological and physical problems as compared with non-stress group. 78% of who feel stress had psychological and 12% had physical problem as compared to no stress group 28% and 4%

**Table 4: Response to mental health related questions**

Response	No stress n(%)		Feel stress n(%)		P value
	Yes	No	Yes	No	
Angered easily	171 (8.6%)	1811 (91.4%)	554 (34.2%)	1066 (65.8%)	0.000
Anxiety	95 (4.8%)	1887 (95.2%)	482 (29.8%)	1138 (70.2%)	0.000
Restlessness	83 (4.2%)	1899 (95.8%)	418 (25.8%)	1202 (74.2%)	0.000
Mood swings	311 (15.7%)	1671 (84.3%)	735 (45.4%)	885 (54.6%)	0.000
Irritability	216 (10.9%)	1766 (89.1%)	744 (45.9%)	876 (54.1%)	0.000
Other complaints	9 (0.4%)	1973(99.5%)	81(5.0%)	1539 (95.0%)	0.000
Change in eating habits	681 (34.4%)	1301 (65.6%)	944 (58.3%)	676 (41.7%)	0.000
Difficulty in sleeping	224 (11.3%)	1758 (88.7%)	660 (40.7%)	960 (59.3%)	0.000
Difficulty in concentration	790 (39.9%)	1192 (60.1%)	1316 (81.2%)	304 (18.8%)	0.000
Fear about own health	285 (14.4%)	1697 (85.6%)	567 (35.0%)	1053 (65%)	0.000
Fear about health of family members	588 (29.7%)	1394 (70.3%)	912 (56.3%)	708 (43.7%)	0.000

*chi square test, p value < 0.05 significant*

Complaints like easily angered, anxiety, irritability, mood swings, restlessness and change in daily routine activities like eating, sleep, lack of concentration were more seen in participants feeling stress. Other psychological conditions expressed by the participants included depression (10), worry (6), boredom and dullness (7), loneliness, excessive

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thinking (4), uncertainty, laziness (3), frustration, loss of confidence (2) and sexual irritability, lack of enthusiasm, indifference, helplessness, and suicidal thoughts in 1 each.

**Table 5: Activities undertaken**

Response	No stress n(%)1982		Feel stress n(%)1620		P value
	Yes	No	Yes	No	
Online classes	1448 (73.1%)	534 (26.9%)	1123 (69.3%)	497 (30.7%)	0.014
Online webinars	577 (29.1%)	1405 (70.9%)	470 (29.0%)	1150 (71.0%)	0.948
Self-study	1226 (61.9%)	756 (38.1%)	756 (38.1%)	687 (42.4%)	0.009
Self-preparation of exams	811 (40.9%)	1171 (59.1%)	708 (43.7%)	912 (56.3%)	0.092
Writing blogs/articles	204 (10.3%)	1778 (89.7%)	161 (9.9%)	1459 (90.1%)	0.726
Undertaken short term projects	136 (6.9%)	1846 (93.1%)	109 (6.7%)	1511 (93.3%)	0.874
Reading books	1025 (51.7%)	957 (48.3%)	680 (42.0%)	940 (58.0%)	0.000
Watching TV/movies/ web series	1421 (71.7%)	561 (28.3%)	1192 (73.6%)	428 (26.4%)	0.207
Playing mobile games	666 (33.6%)	1316 (66.4%)	618 (38.1%)	1002 (61.9%)	0.005
Yoga / exercise/ meditation	849 (42.8%)	1133 (57.2%)	596 (36.8%)	1024 (63.2%)	0.000
Playing games outside house	214 (10.8%)	1768 (89.2%)	182 (11.2%)	1438 (88.8%)	0.676
Other activities undertaken	193 (9.74%)	1789 (90.26%)	172 (10.62%)	1448 (89.38%)	0.384

*chi square test, p value < 0.05 significant*

Most common activities undertaken by the young adults during lockdown were online classes, reading books, watching TV, playing games on mobile, yoga and exercise. However significant difference in groups was seen in activities like self-study, reading books, yoga/exercise was more noticed in non-stress group and playing mobile games was more in stress group. Other activities undertaken in a small number of responders included music, dance, drawing, painting, crafts (like card making, wood work, decoration items making), writing, making videos, cooking and household work.

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**Table 6: Activities missed**

Response	No stress n(%)		Feel stress n(%)		P value
	Yes	No	Yes	No	
Missed meeting friends	1688 (85.2%)	294 (14.8%)	1401 (86.5%)	219 (13.5%)	0.261
Missed eating out	989 (49.9%)	993 (50.1%)	874 (54.0%)	746 (46.0%)	0.015
Missed playing games	396 (20.0%)	1586 (80.0%)	367 (22.7%)	1253 (77.3%)	0.051
Missed movies	425 (21.4%)	1557 (78.6%)	440 (27.2%)	1180 (72.8%)	0.000
Missed shopping	802 (40.5%)	1180 (59.5%)	680 (42.0%)	940 (58.0%)	0.357
Missed college / work	80 (4.0%)	1902 (96.0%)	111 (6.9%)	1509 (93.1%)	0.000
Other activities missed	236 (11.91%)	1746 (88.09%)	245 (15.12%)	1375 (84.88%)	0.004
Did not miss anything	14 (0.7%)	1968 (99.3%)	8 (0.5%)	1616 (99.5%)	0.415

*chi square test, p value < 0.05 significant*

85% of the participants missed meeting friends, which was seen equally in both the groups; eating out (50%) and more than 40% missed shopping. Other activities missed included travelling, exercise (walking, jogging, gymnasium, etc.) and meeting family.

**Table 7: Other influencers**

Variable		No Stress	Feel Stress	P value
Screen time	0-2 hours	524 (26.4%)	257 (15.9%)	0.000
	2-4 hours	709 (35.8%)	460 (28.4%)	
	4-6 hours	440 (22.2%)	411 (25.4%)	
	6 hours	309 (15.6%)	492 (30.4%)	
Follow news on TV, social media related to COVID	Not at all	51 (2.6%)	38 (2.3%)	0.331
	Occasionally	420 (21.2%)	376 (23.2%)	
	Daily	1511 (76.2%)	1206 (74.4%)	
Household chores	No	129 (6.5%)	79 (4.9%)	0.071
	Sometimes	756 (38.1%)	654 (40.4%)	
	Regularly	1097 (55.3%)	887 (54.8%)	
Energy levels	Poor	28 (1.4%)	98 (6.0%)	0.000
	Below average	72 (3.6%)	256 (15.8%)	
	Average	720 (36.3)	850 (52.5%)	
	Good	1162 (58.6)	416 (25.7%)	
Worry about future	Not at all	280 (1.4%)	63(3.8%)	0.000
	To some extent	672(33.9%)	297(18.3%)	
	Quite worried	737(37.1%)	660 (40.7%)	
	Extremely worried	293(1.1%)	600(37.0%)	

*chi square test, p value < 0.05 significant*

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Screen time in participants in stress group was double as compare to non-stress group. Participants in both group were regularly involved in household chores. Although 80% had an average to good energy levels amongst all participants, significant difference in energy levels was there between the 2 groups.

### **DISCUSSION**

One of the significant public health measures implemented due to COVID-19 pandemic is periods of lockdown where whole populations have been advised to remain in their households other than to collect necessary supplies or to care for others which affected all age groups. Restrictions imposed because of lockdown have had substantial and wide-ranging implications for young people's mental health and wellbeing. There is increasing need to understand the impact of this lockdown on the mental health, both positive and negative on young adults. It was urgently required to know what these adults have been experiencing and activities undertaken so as to resume new normal life. Keeping in view the questionnaire was devised to assess the impact of lockdown. This survey not only focusses on the direct impact on individual but also in context with the family and education.

The questionnaire was focussed on English educated social media active participants. With the mode of survey adopted, it was a survey of young adults largely in the organized education sector and family environment. These do not include uneducated labourers, where as it is a known fact that massive labour movements during this time took place whilst the labours made an attempt to move back to their home state on foot<sup>7</sup>.

More than two-fifths (44%) of the students and young adults whilst living with their family environments, experienced stress, especially those pursuing graduation. Those who experienced stress faced significantly more psychological and physical problems than those who were less stressed. One fourth (26%) were irritable, 29% experienced mood swings; 20% were angered easily, 16% had anxiety and 14% had restlessness. 45% noticed change in eating habit.

Difficulty in concentration (58%), fear about health of family members (41%) and disturbed sleep (24%) were the top three emotions reported by young adults. However, only 24% were concerned about their own health. Studies conducted in China found that young people report increased depressive symptoms<sup>8</sup> and can experience negative social consequences due to COVID-19 pandemic<sup>9</sup>.

Sleep was not seen to decline in the overall sample (24%) but, importantly, a correlation was seen between the adults who feel stress (47%) and lower sleep quality under lockdown. 63% were worried about their future and their wellbeing is affected. However, there was significant difference in the groups with adults having stress were more worried about their future. 71.4% had online classes, 29.1 online webinars; 59.9% reported self study, 42.2% reported examination preparation which could be academic related or competitive for higher studies or jobs or both. Watching TV/web series reported by 72.5%; mobile games by 35.6%; yoga/exercise by 40.1%; outside games by 11%; reading books was reported by 47.3%, writing was done by 10.1%; painting/ drawing by 2.80%; short term projects by 6.8%, music/ dance by 1.19%.

The results showed that compulsive internet use and increased social media use was associated with worries of COVID-19. Study conducted in UK on the impact of COVID-19



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lockdown on internet use and escapism in adolescents highlights that adults rely on maladaptive coping strategies, such as gaming and compulsive use internet, to manage distress and anxiety which is likely to have a negative effect on their mental health and even quality of sleep<sup>10</sup>. In this survey it was additionally identified that those with no stress had a higher percentage attending classes, self study, reading books and exercise/yoga and lesser reporting playing games on mobile phone. It cannot be ascertained if these are the determinants or symptoms of less stress, but the association is interesting and can also be useful activities in non-lockdown phases.

Activity most missed was meeting friends with 85.8% participants reporting it; others eating out, watching movies, college, going out, travelling, exercise, going to the gym, meeting relatives, driving etc. This could be considered as a risk factor for loneliness due to loss of peer interaction, important for self concept construction and ultimately mental health and well being.

Although screen time was different in the two groups, being higher in those with stress; following news was not significantly different. 55.1% reported doing household chores regularly and 39.1% reporting sometimes only. Most of the participants were involved in academic activities and had little physical activities outside academics, although they were not missing educational institutes but rather meeting people. Creative activities, arts, crafts, learning new things (business skills, language, stock investments, etc.) were scarce, although the lockdown phase gave ample time to acquire new skills or inculcate new habits. The survey identified that young adults require more practical support in coping with day-to-day life, but also more access to peer support, either online or in person.

A number of studies related to COVID 19 pandemic have been conducted, but very few studies are there which identify impact and psychological characteristics of young adults from sudden activity restriction imposed by the nation-wide lockdown. A quick survey on the impact of COVID-19 on the mental health of adolescents and youth was conducted by the UNICEF in the *Latin America and the Caribbean regions*. In the poll, although 27% reported feeling anxiety and 15% depression, about 40% did not ask for help<sup>11</sup>. A narrative review on impact of COVID-19 and lockdown on mental health of children and adolescents recommended that there is an urgent requirement of innovative approaches with coordination between parents, medical health providers, psychological help providers and regulatory bodies to prevent mental health issues and appropriately treat those with high stress levels<sup>12</sup>.

With repeat wave of the infection surging the country, and curfews and containment zones created, affecting educational activities, there is a need to increase access to mental health support services geared towards providing measures for developing healthy coping mechanisms during the current crisis. For this, innovative mental health policies with direct and digital collaborative networks of psychologists, pediatricians, psychiatrists, public health specialists and peer groups with young adults, parents and educators are necessary. It is recommended that policy makers develop multi-disciplinary and multi-sectoral responses that ease anxieties and worries of this group and support the challenges being faced due to lockdown.

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### Limitations And Further Research

- Whilst the current study investigated the immediate influence of the lockdown restrictions on physical activity and mental health, the long-term impact of the restrictions was beyond its scope, but this is an important area for further research.
- There is a need for planning longitudinal and developmental studies, and implementing evidence based elaborative plan of action to cater to the psycho social and mental health needs of the young adults during pandemic as well as post pandemic.

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### **Conflict of Interest**

The author(s) declared no conflict of interest.

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