

ORIGINAL ARTICLE

Physical, mental, spiritual and social wellbeing of urban population during the COVID-19 lockdown phases: a cross-sectional study

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Abstract

Background: COVID 19 pandemic created immense mental & physical agony among human beings worldwide. The present study was conducted to assess the physical, mental, social and spiritual wellbeing of young adults and the elderly, during the lock-down phase of COVID-19. **Methods:** The cross-sectional study was conducted among 227 healthy adults in Bhubaneswar, capital of Odisha. Data was collected using a self-administered questionnaire pertaining to the physical, mental, social and spiritual health of participants. **Results:** During the lockdown, around two-thirds (65.4%) of the participants reported feeling helpless. The elderly felt more helpless than the young adults. One-third (73, 32.6%) of the participants experienced health issues during the lockdown period. The majority of the study participants (83.8%) mentioned that their family members shared tasks during lockdown which was a very positive sign observed in this study. Faith in God for the elderly and family support for the young adults made them mentally stronger. **Conclusion:** Managing pandemic needs a multipronged approach. But focusing on psychosocial health will prevent future unseen mental health pandemics and improve the resilience of mankind.

Keywords

Mental Health; Social Health; Spiritual Health; Covid-19 Pandemic; Lockdown

Introduction

SARS-CoV-2 had its footprints in most of the countries of the world within two months of its detection(1) and was declared as a global pandemic by World Health Organization (WHO) on 18th March 2020.(2) Many countries imposed strict lockdown measures to prevent spread of infection.(3) In few months a second wave gave another jolt of suffering. No wonder control measures of such intensity were needed but no one ever predicted of psychosocial ill health pointing towards a rising mental health pandemic. Earlier studies revealed adverse impact on mental health of people during lock down phases, (4-

13) but the impact on spiritual wellbeing & coping mechanism were less understood.

Aim & Objective

To assess the physical, mental, spiritual and social wellbeing of people during COVID-19 pandemic lock down phases.

Material & Methods

Study design and study participants: A cross-sectional study was conducted in AIIMS Bhubaneswar, a tertiary health center situated in the capital city of Odisha during the period May 2020 to March 2021. A self-administered questionnaire pertaining to physical, mental, social and

spiritual health components was developed to collect data about the health status of the study participants. The minimum sample size for the study was estimated to be 227, taking an average 50% prevalence (adults stressed during lockdown phase), absolute precision of 6.5% and confidence interval of 95%. Study commenced after obtaining ethical approval from Institute Ethics Committee of AIIMS Bhubaneswar (reference number T/IM-NF/BIOCHEM/20/135). Responses were collected from a total of 227 adults (99 adult males, 90 adult females within the age group of 18 to 60 years and 38 elderly persons of 60 years and above) from the friends, family members, society residents of Bhubaneswar urban area. Healthy adults who gave consent to participate were enrolled using convenient sampling strategy. Informed written consent was obtained from the participants. Confidentiality of participants maintained. Level of stress, inclination towards spiritual life, level of difficulty in availing social support among participants were assessed on self-rating scale between score 0 to 10. Data was entered onto a spread sheet and for statistical analysis. Migrants and children were excluded from this study.

Statistical Analysis: Data were extracted in excel and analyzed using Statistical Package for Social Sciences (SPSS) version 22 (SPSS Inc., Chicago, Ill., USA). Categorical data were presented as proportion or percentages. Continuous variables were presented as median and inter-quartile range. Chi-square and Mann-Whitney U test was used to assess association between the categorical & continuous outcome variables and the demographic variables, respectively. P value less than 0.05 was considered statistically significant.

Results

A total of 227 participants responded. Mean age of the young male, young female and elderly were 34.64 ± 11.78 , 30.59 ± 9.85 , and 61.68 ± 11.85 , respectively. Married (55.0%), Hindu (95.2%), general caste (64.4%), graduate (73.1%), and currently working (70.5%), were the socio-demographic characteristics of the participants. Two-third of the participants were living in nuclear family (68.3%) and only half (51.5%) of the participants were having any type of health insurance scheme. Details of the demographic variables were mentioned in (Table 1).

Impact of lockdown was measured on a self-rating scale by the respondents. During lockdown, around two-third (65.4%) of the participants reported feeling helpless. Elderly felt more helpless than the young adults and it was statistically significant with a p value of 0.002. Majority of the study participants (83.8%) mentioned that their family members shared tasks during lockdown which may be considered as a positive sign observed in this study. Few participants (19.3%) mentioned that they have faced physical or verbal abuse during the lockdown phase. As many as 104 (45.6%) of the participants had taken loan during lockdown. More than 90% of the participants

thought that they can bounce back and restore to normal life after the pandemic. Young adults (91.5%) were found to be more optimistic than the elderly (86.9%). Spiritual health was affected in 68% of the participants and the elderly were the most affected (84.2%). As many as 39.9% of the study participants had parents or children staying away from them and 55.7% of them mentioned that they could not find any alternative care. Social isolation had affected 64.1% of the study participants and mostly elderly (76.3%) reported getting affected. Details of the psychological, social and spiritual health were mentioned in (Table 2).

The study participants reported being more spiritually inclined during lockdown as compared to pre-covid time and this was predominant among the elderly. All the age groups faced difficulty in availing social support (Figure 1). The participants adopted many coping strategies during the lockdown period to overcome the stress. Elderly mostly relied on faith in god, while the young males and females mentioned that their family made them mentally strong. The study participants involved themselves in their hobby, spent time online with friends, watched television, did household work, yoga, and exercise. Acceptance was one of the major coping strategies during the state of confinement. Other coping strategies were appreciating small things in life, live in present and trusting themselves (Figure 2).

One-third (73, 32.6%) of the participants experienced health issues during the lockdown period and 105 (46.3%) of the participants had COVID-19 like symptoms. Elderly faced more health issues than the young ones during the lockdown ($p < 0.001$). young adults (47.0%) reported to have suffered from psychological issues during lockdown in comparison to elderlies ($p = 0.039$). Only 80 (35.2%) of the participants had an opportunity to undergo investigation for chronic disease. Young males and females had more opportunity to undergo investigations than the elderly. Only half (113, 49.8%) of the participants could receive treatment for the same. Two-thirds (144, 63.4%) of the participants had received allopathy treatment, while other form of treatments was assessed by fewer participants. Most of the participants (72, 31.7%) sought allopathy as it was convenient for them. Around half (115, 50.7%) of the participants did not have any accompanying person with them during the visit to health facility. Adequate medication was not available for 11.0% of the participants, while 19.8% could receive adequate medication only sometimes. Details of health-related issues of the young adults and elderlies were mentioned in (Table 3).

Financial stress was palpable as number of earning members were significantly reduced during lockdown Physical exertion increased during the lockdown in all the three groups. Elderly reported facing more difficulty for getting blood investigations done as compared to young males and young females. Level of stress was initially

higher among young females, but elderly experienced more stress than other groups. The increase in stress was statistically significant among all three groups. A higher inclination towards spirituality was seen among all groups, and highest increase was reported among the elderly people. All the three groups faced difficulty in availing social support during the lock down phase. (Table-4).

Discussion

COVID-19 pandemic and emerging lockdown related changing circumstances have affected different domains of people's health. Global epidemiological data have substantiated the role of age, gender, socioeconomic status and lifestyle as determinants of health outcome. A total of 227 people of different age group, socioeconomic status and of both genders provided information regarding the current health survey. In this Study, we investigated the changes in physical, mental health, spiritual and social wellbeing of different age groups people at the time of COVID-19 crises. The government had implemented a number of social distancing measures to reduce interactions between people which could eventually reduce the possibilities of spreading of Severe Acute Respiratory Syndrome Corona Virus-2 (SARS-CoV-2). In this unprecedented time of global pandemic, the disease being evolving time to time, people often develop fear of insecurity and adverse outcomes. In the present study, we ferreted out that, there is confusion, anxiety, loneliness and fear among the public. Unfortunately, these factors are also feeding harmful mental stereotypes. COVID-19 crises and lockdown, increased mental burden to marginalized and poverty-stricken people through socioeconomic disadvantages such as job insecurity, lack of money and other resources, scarcity in food availability and unjustified distinctions between human beings based on the categories to which they are perceived to belong.(14) Two third of the participants felt helpless and it was more found in elderly people. The level of stress increased tremendously during lock down restrictions in all the groups especially in the elderly. There was a sense of fear of getting virus infection and a sense of insecurity. Those whose parents and children were staying away from them, had suffered psychological problems more. As there were restrictions on moving out, most of the participants found ample of time for their hobbies (indoor) and those who spent their time in their hobbies had an improved state of well beings. The study suggests that various advantages on those who have joint family they have received support from family members in household activities and they had a positive thought that they can restore to normal life after pandemic. Adults living with children were more likely to report worse mental health than adults living without children.(15,16) Adults suffered from COVID-19-related symptoms and were more likely to report high levels of mental distress and loneliness than adults who did not have such

symptoms.(17) Worse mental health and wellbeing during the pandemic was reported by young adults and women than older adults and men.(18) Larger increase in loneliness during the pandemic, greater degree of responsibility for family was reported by women, which could partially account for their higher levels of poor mental health compared to men.(19) Adults with pre-existing mental health conditions reported deterioration of mental status than adults without pre-existing mental health conditions, but there is no evidence to suggest that this gap has changed since the start of lockdown.(20,21) During lockdown; closure of gyms, stadiums, pools, dance and fitness studios, physiotherapy centers, parks and playgrounds, made individuals less likely to participate in physical activities outside of their homes. Under such conditions, many tend to lose physical fitness, have longer screen time, irregular sleep patterns as well as worse diets, resulting in weight gain. Low-income families are especially vulnerable to negative effects of stay at home rules as they tend to have sub-standard unhygienic accommodations and more confined spaces, making it difficult to engage in physical exercise and more susceptible to respiratory infections. In the present study, one-third (32.6%) of the participants experienced health issues during the lockdown period and 42.6% of the participants had COVID-19 like symptoms. Elderly faced more health issues but could not go for investigations whereas young males and females had more opportunity to undergo investigations. Elderly people with accompanied person from family members, got opportunity of treatment especially those staying in a joint family and they opted for allopathic treatment, reason being easy accessibility and convenience.(22) Spirituality is an integral part of quality of life and wellbeing.(23) Spiritual practices that involve people's belief, behavior, emotion and attitude, have powerful coping mechanisms to deal with challenges in life. During this pandemic, most of the participants especially elderly people, showed greater spiritual inclination. They developed faith in God and that made them mentally strong. Acceptance of the fact was the major coping strategy during this lockdown phase, (24) and people started appreciating small things in life like spending time with family, planting trees, cooking at home. These spiritual practices made them stronger person from within.(25) Socio-psycho-spiritual aspects have integral role in physical health of an individual. Those who are staying alone, away from parents and children, felt more isolated and insecure, as they did not get any social support during the COVID-19 restrictions. The level of difficulty in social support was more with elderly people. God faith made elderly people more mentally stronger and family support made young male and female mentally stronger. Socioeconomic pressure, a smaller number of earning members with individual financial struggle and fear of

getting SARS-Cov-2 infection were the key reasons of suffering during the COVID-19 lockdown phase.

De-stressor activities need to be implemented at all levels, for every age group and in every sphere of life to build human resilience.

Conclusion

The current study investigated the potential mediating role of lockdown and mobility restriction on physical, mental, spiritual and social well beings of adult male, females and elderly during COVID-19 pandemic. The elderly staying alone, females without family support and families with financial stress were the vulnerable groups that have experienced more adverse effects during first wave of COVID-19 pandemic lock down phase in eastern states of India.

Recommendation

Measures should be taken to ensure that these groups are protected should a subsequent wave occur in the future.

Limitation of the study

The study has few limitations. The samples were selected by non-probabilistic sampling, which can affect the generalizability of the study. For better generalizability, multi-centric study and randomly selected sample can be conducted. Considering the results of the study, future studies are recommended to assess the long-term impact on mental health in all age groups

Relevance of the study

Proper social determinants of health must be included as part of pandemic research priorities, public health goals, and policy implementation.

Authors Contribution

Kumari S and Parida S.P conceived the study. Jena P, Parida S.P helped in acquisition of data. Statistical analysis was done by Sahu D.P. Drafting of the manuscript was done by Kumari S, Parida S.P. All authors reviewed and edited the manuscript.

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Tables

TABLE 1 SOCIO-DEMOGRAPHIC VARIABLES OF THE STUDY POPULATION (N=227)

Variables	Categories	Young (N=189)	Elderly (N=38)	Total (N=227)
Marital status	Married	93 (49.2)	32 (84.2)	125 (55.0)
	Unmarried/ widowed	96 (50.8)	6 (15.8)	102 (45.0)
Religion	Hindu	178 (94.2)	38 (100.0)	216 (95.2)
	Muslim	4 (2.1)	0 (0.0)	4 (1.7)
	Christian	7 (3.7)	0 (0.0)	7 (3.1)
Caste	General	120 (63.5)	26 (68.4)	146 (64.4)
	Other backward caste	54 (28.6)	10 (26.3)	64 (28.1)
	SC/ST	15 (7.9)	2 (5.3)	17 (7.5)
Educational qualification	Up to high school	13 (6.8)	9 (23.6)	22 (9.7)
	Intermediate	31 (16.4)	8 (21.1)	39 (17.2)
	Graduate and above	145 (76.7)	21 (55.3)	166 (73.1)
Currently working	Yes	128 (67.7)	32 (84.2)	160 (70.5)
	No	61 (32.3)	6 (15.8)	67 (29.5)
Ownership of house	Yes	85 (44.9)	12 (31.6)	97 (42.7)
	No	104 (55.1)	26 (68.4)	130 (57.3)
Health insurance scheme	Yes	90 (47.6)	27 (71.1)	117 (51.5)
	No	99 (52.4)	11 (28.9)	110 (48.5)
Type of family	Nuclear	132 (69.8)	23 (60.5)	155 (68.3)
	Joint	67 (30.2)	15 (39.5)	72 (31.7)

TABLE 2 EFFECT OF LOCKDOWN ON PSYCHOLOGICAL, SOCIAL AND SPIRITUAL HEALTH ON THE STUDY PARTICIPANTS (N=227)

Variables		Young (N=189)	Elderly (N=38)	P value	Total (N=227)
Do you feel helpless during this pandemic	Yes	116 (61.4)	33 (86.8)	0.002	149 (65.4)
	No	73 (38.6)	5 (13.2)		79 (34.6)
Are your family members sharing the task (house hold chores) during Lockdown?	Yes	157 (83.0)	34 (89.5)	0.296	191 (83.8)
	No	32 (17.0)	4 (10.5)		37 (16.2)
Do you get enough support from your family during lockdown?	Yes	174 (92.1)	31 (81.6)	0.061	205 (89.9)
	No	15 (7.9)	7 (18.4)		23 (10.1)
Are you facing any Physical or Verbal abuse?	Yes	38 (20.1)	6 (15.8)	0.548	44 (19.3)
	No	151 (79.9)	32 (84.2)		184 (80.7)
Have you taken any loan from anyone?	Yes	80 (42.3)	24 (63.1)	0.017	104 (45.6)
	No	109 (57.7)	14 (36.9)		124 (54.4)
Do you think you will bounce back and restore to normal work life after this pandemic?	Yes	173 (91.5)	33 (86.9)	0.422	206 (90.4)
	No	16 (8.5)	5 (13.1)		21 (9.6)
Do you feel the COVID-19 lockdown phase has affected your spiritual health?	Yes	123 (65.0)	32 (84.2)	0.196	155 (68.0)
	No	66 (35.0)	6 (15.8)		72 (32.0)
	Yes	161 (85.1)	36 (94.7)	0.101	197 (86.4)

Variables		Young (N=189)	Elderly (N=38)	P value	Total (N=227)
Do you think with the spiritual practice you have now, will make you a stronger person with inner strength?	No	28 (14.9)	2 (5.3)		30 (13.6)
Do you have elderly parents/children staying away from you?	Yes	65 (34.3)	26 (68.5)	<0.001	91 (39.9)
	No	124 (65.7)	12 (31.5)		136 (60.1)
Did you find alternative care provider / helping hand for your parents / children?	Yes	83 (43.9)	18 (47.4)	0.676	101 (44.3)
	No	106 (56.1)	20 (52.6)		126 (55.7)
Do you think the social isolation has affected social support that you get in adverse times?	Yes	119 (62.9)	29 (76.3)	0.106	148 (64.1)
	No	70 (37.1)	9 (23.7)		79 (35.1)

TABLE 3 HEALTH ISSUES AMONG THE STUDY PARTICIPANTS DURING LOCK DOWN (N=227)

Variables		Young (n=189)	Elderly (n=38)	P value	Total
Any health issue	Yes	48 (25.3)	25 (65.8)	<0.001	73 (32.6)
	No	141 (74.7)	13 (34.2)		154 (67.4)
COVID-19 symptoms	Yes	74 (39.1)	31 (81.6)	<0.001	105 (46.3)
	No	115 (70.9)	7 (18.4)		122 (53.7)
Had any psychological issues (anxiety, depression) during lockdown	Yes	89 (47.0)	11 (28.9)	0.039	100 (44.1)
	No	100 (53.00)	27 (71.1)		127 (55.1)
Any chronic illness	Yes	46 (24.3)	21 (55.3)	<0.001	67 (29.5)
	No	143 (75.7)	17 (44.7)		160 (71.5)
Had an opportunity to investigate chronic illness during lockdown	Yes	64 (33.8)	16 (42.1)	0.331	80 (35.2)
	No	125 (66.3)	22 (57.9)		147 (64.8)
Get treated for it	Yes	93 (49.2)	20 (52.6)	0.699	113 (49.8)
	No	96 (50.8)	18 (47.4)		114 (50.2)
Any accompanying person for health care facility	Yes	90 (47.6)	25 (65.8)	0.040	115 (50.7)
	No	99 (52.4)	13 (34.2)		112 (49.3)
Type of treatment	Allopathy	117 (61.9)	27 (71.1)	---	144 (63.4)
	Ayurveda	8 (4.2)	2 (5.3)		10 (4.4)
	Homeopathy	13 (6.8)	1 (2.6)		14 (6.2)
	Others	11 (5.8)	0 (0.0)		11 (4.8)
Reason for preference	Accessible	56 (29.6)	16 (42.1)	0.031	72 (31.7)
	Affordable	43 (22.7)	4 (10.5)		47 (20.7)
	Convenient	90 (47.6)	18 (47.4)		108 (43.2)
Always on adequate medication	Yes	106 (56.1)	23 (60.5)	0.126	129 (56.8)
	No	18 (9.5)	7 (18.4)		25 (11.0)
	Sometimes	65 (34.4)	8 (21.1)		73 (32.2)

TABLE 4 EFFECT OF LOCKDOWN AMONG THE THREE DIFFERENT GROUPS (MEDIAN WITH IQR)

Variables	Categories	Before lockdown	During lockdown	P value
Number of earning members	Young male	2.00 (1.00-3.00)	2.00 (1.00-2.00)	0.002
	Young female	2.00 (1.00-2.00)	2.00 (1.00-2.00)	0.023
	Elderly	2 (1.50 – 3.00)	2.00 (1.00-2.50)	0.005
Physical exertion score	Young male	3.00 (2.00-6.00)	6.00 (4.00-8.00)	<0.002
	Young female	4.00 (3.00-5.00)	6.00 (4.00-8.00)	<0.001
	Elderly	3.00 (3.00-5.50)	6.00 (4.00-9.00)	<0.001
Experience as per ease of conducting blood investigations	Young male	3.00 (2.00-5.00)	4.00 (3.00-7.00)	<0.001
	Young female	4.00 (3.00-7.00)	5.00 (3.00-7.75)	0.130
	Elderly	3.00 (1.00-3.50)	7.00 (3.00-9.00)	<0.001
Level of stress	Young male	3.00 (2.00-4.00)	7.00 (4.00-8.00)	<0.001
	Young female	3.00 (3.00-4.00)	6.50 (4.00-8.25)	<0.001
	Elderly	3.00 (2.00-3.00)	7.00 (4.00-9.00)	<0.001
Level of spiritual life	Young male	3.00 (2.00-4.00)	4.00 (2.25-7.00)	0.001
	Young female	4.00 (3.00-5.00)	5.00 (3.00-8.00)	0.005
	Elderly	3.00 (2.00-4.00)	6.00 (4.00-8.00)	0.001
Level of difficulty in availing social support	Young male	3.00 (2.00-4.00)	7.00 (5.50-8.00)	<0.001
	Young female	3.00 (3.00-5.00)	3.00 (3.00-3.00)	<0.001
	Elderly	3.00 (2.00-3.75)	8.00 (6.00-9.00)	<0.001

Figures

FIGURE 1 COMPARISON OF SPIRITUAL LIFE AND DIFFICULTY IN GETTING SOCIAL SUPPORT BEFORE AND DURING LOCKDOWN

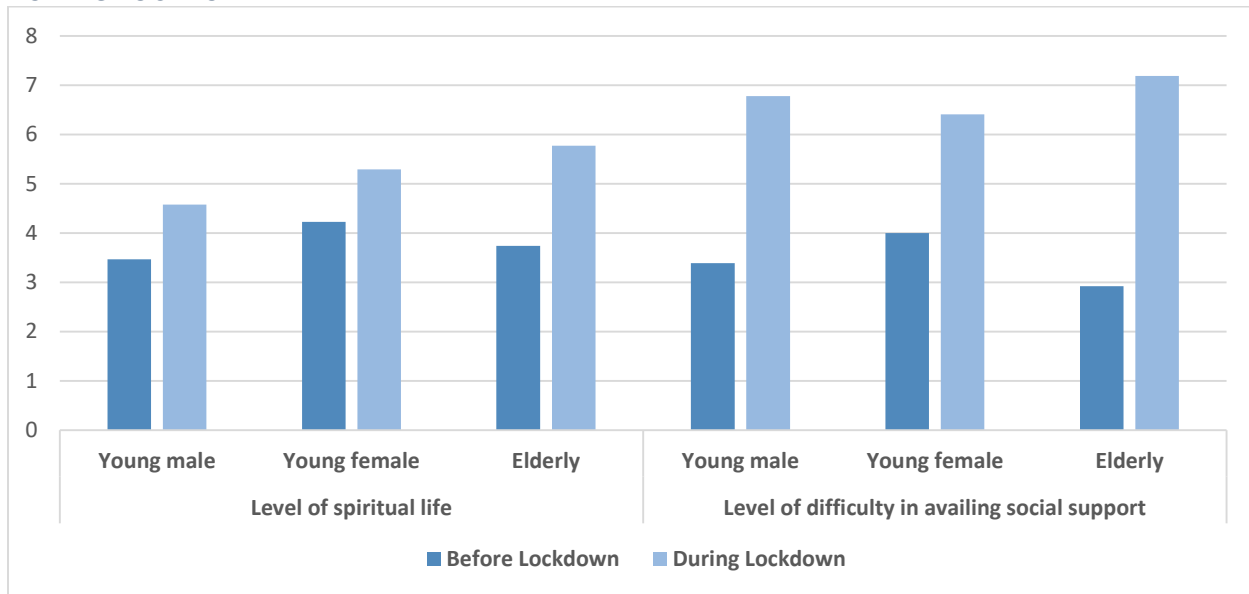


FIGURE 2 COPING STRATEGIES ADOPTED BY STUDY PARTICIPANTS DURING LOCKDOWN

