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A Comparative Study on the Level of Psychological Well-Being of Young Adults Before and After the COVID-19 Lockdown

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ABSTRACT

This study examined the impact of the COVID-19 Lockdown on the Psychological Well-being of young adults residing in Ahmedabad, India in a one-year long Longitudinal study (February 2020-February 2021). This study was made on a cohort of 60 young adults, who were randomly selected from the age group of 20-30 years for this before-after research design. The sample was further evenly subdivided into 30 males and 30 females. A 50-items Psychological Well-Being Scale (PWBS), constructed by Dr. Devendra Singh Sisodia and Ms. Pooja Chaudhary was utilized as a tool in this study, that had five areas, which were Satisfaction, Efficiency, Sociability, Mental Health, and Interpersonal Relationship. Remarkably, the study uncovered no statistically significant difference in the mean scores of psychological well-being before and after the lockdown. This study sheds light on the psychological resilience, adaptability, healthy coping mechanisms, and robust social support of individuals employed by young adults in the face of unprecedented challenges, offering valuable insights for future research and mental health interventions.

Keywords*: COVID-19, Efficiency, Psychological Well-Being, Resilience, Sociability.*

INTRODUCTION

Pandemics or plague outbreaks have been taking place since forever. The Cholera pandemic was followed by the flu, “Spanish Flu,” and Asian flu, Ebola, SARS, MERS, etc. Recently,

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by January 2020 mankind went through a global pandemic caused by Severe Acute Respiratory Syndrome (SARS-CoV-2), a zoonotic virus that caused COVID-19, that infected a large number of people varying in severity, also resulting in excess mortality. By January 2020, WHO named the #2019nCoV disease as 'C-O-V-I-D hyphen one nine – COVID-19 (WHO China, December 2019). Coronavirus had reached every continent. On the evening of 24th March 2020, the Government of India under the Prime Minister ordered a nationwide lockdown, limiting the movement of the entire 1.38 billion population of India as a precaution against the COVID-19 pandemic in India. *(Times of India, 2020)*

Pandemic is not just a medical emergency, it has affected individuals causing mental health sequelae such as anxiety, stigma, stress, and xenophobia. Isolation and social distancing, closure of institutions, workplaces and entertainment sites consigned people to stay indoors. Isolation and social distancing, closure of institutions, workplaces and entertainment sites consigned people to stay indoors. Such restrictive measures have affected the mental as well as social wellbeing of the people. WHO has emphasized concern for older adults with cognitive decline, who could become angrier, stressed, anxious or withdrawn during this outbreak. *(World Health Organization,2020)*.

An employee from Saath Helpline quotes "During and post-lockdown, there is a mean 20-25% rise within the mental disorders, depression, phobia, obsessive compulsive disorder and isolation. Mental discord is caused by the severe financial crisis, and many numbers of suicide attempts would have not been reported due to the stigma and fear *(Saath Suicide Prevention Centre, March 2021)*. An employee from Jeevan Aastha Helpline quotes "The calls on their helpline are doubled since the outbreak of COVID-19 pandemic and the worst

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affected are women and children. Students who are continuing their schooling via online education due to the pandemic, are experiencing unprecedented uncertainty, depression and anxiety while staying constantly at home under their parent's/elder's strict eyes." The employee also added that the suicidal death of celebrities has also led to copy-cat cases of suicides. *(Jeevan Aastha Suicide Prevention And Mental Health Care Helpline, March 2021)*

Yingfei Zhang and colleagues (2020) conducted a study with an aim to investigate the mental health and quality of life among the local Chinese residents was conducted in China through a social media platform. Participants had to complete a validated questionnaire that inspected the Impact of Event Scale (IES), indicators of negative mental health impacts, social and family support and mental health-related lifestyle changes. The mean IES score of 13.6 ± 7.7, i.e., a mild stress. 7.6% of the participants had an IES score of ≥26. Majority of participants (53.3%) did not feel helpless during the pandemic and 52.1% of participants felt horrified during the pandemic. Additionally, majority of the participants (57.8–77.9%) received increased support and care from friends and family members. (Yingfei Zhang et al., March 2020)

A study by Schafer and colleagues (2020) was aimed to assess the impact of the COVID-19 outbreak on mental health to predict changes in psychopathological symptoms in a German-speaking sample (n =1,591). Bivariate latent change score (BLCS) model was used to analyse pre- to post-outbreak changes in psychopathological symptoms. Overall, there was no change in psychopathological symptoms. However, on an individual-respondent level, 10% experienced a clinically significant increase in psychopathological symptoms

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and 15% met cut-off criteria for COVID-19-related traumatic distress. (Schafer S.K., et al, October 2020)

A systematic study was conducted by Jiaqi Xiong and colleagues (2020) on PubMed, Embase, Medline, Web of Science, and Scopus from inception to 17 May 2020 following the PRISMA guidelines. Relatively high rates of symptoms of anxiety (6.33% to 50.9%), depression (14.6% to 48.3%), post-traumatic stress disorder (7% to 53.8%), psychological distress (34.43% to 38%), and stress (8.1% to 81.9%) are reported in the general population during the COVID-19 pandemic in China, Spain, Italy, Iran, the US, Turkey, Nepal, and Denmark. Risk factors associated with distress measures include female gender, younger age group (≤40 years), presence of chronic/psychiatric illnesses, unemployment, student status, and frequent exposure to social media/news concerning COVID-19. (Jiaqi Xiong et al., August 2020)

When the global focus has mostly been on testing, finding a cure and preventing transmission; people are going through a myriad of psychological problems in adjusting to the current lifestyles and fear of the disease. An online survey 'FEEL-COVID' was conducted by Mohit Varshney and colleagues (2020) using principles of snowballing, and by invitation through text messages to participate. The survey collected data on socio-demographic and clinical variables related to COVID-19 (based on the current knowledge); along with measuring psychological impact with the help of Impact of Event–revised (IES-R) scale. Around 22% respondents were health care professionals. Overall, approximately one third of respondents had significant psychological impact (IES-R score > 24). Higher psychological impact was predicted with younger age, female gender and comorbid

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physical illness. Presence of physical symptoms and contact history predicted higher psychological impact, but did not reach statistical significance. (Mohit Varshney et al., May 2020)

Young adults are facing various consequences of this pandemic, such as closures of educational institutions, losing jobs/pay cuts or shifting the workplace to home, lesser commuting, chilling out and sleep disruptions. During the pandemic, 56% of young adults have reported Anxiety and/or depressive disorders, 25% reported substance abuse and 26% reported having suicidal thoughts *(Nirmita Panchal, Rabah Kamal, Cynthia Cox, Rachel Garfield, 2021).* Bowlby (1973) observed that the family members stayed in close proximity for days or even weeks after the disaster, because of the affiliation that is comforting during this crisis. *(Bowlby, 1973).*

The COVID-19 pandemic and the implementation of the 'social distancing' measures have slowed down social competency and social skills. Avoidance of social contacts would generally be an unnatural sign of difficulty in the long run. Irregularity or the absence of social gatherings with family & friends, low participation in formal groups such as religious networks, clubs and associations, and also the closure of educational as well as work organizations has reduced. Loneliness includes a combination of environmental and innate factors.

The recent studies are showing the psychological burden in the Indians due to the pandemic, yet there are no studies assessing if there is any change in the psychological toll overtime due to the sudden and lockdown and its extensions.

A study including 159 Indian adults was run by Anvita Gopal and colleagues (2020) during the 1st two months of the lockdown, to observe the changes in the level of anxiety, stress

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and depressive symptoms. The study used the multilevel linear regression model of repeated observations within the group. It showed that the anxiety, stress and depressive symptoms increased overtime during the COVID-19 lockdown period. The increase was higher in women than in men. This denotes that society and government need to be sensitive towards the impacts of the mental health of the long-drawn-out lockdown, for such effects will likely have a long-term sequela. The disproportionate result of this study denotes that woman needs immediate attention. *(Anvita Gopal et al., October 2020)*

Overall, the results of a large, well-powered national study by Hannah C. Williamson indicate that the experience of the first weeks of a worldwide pandemic did not erode relationship satisfaction on the average, and other people even became more forgiving and fewer blaming of their partner's negative behaviours by attributing them less to their partner's internal characteristics *(Hannah C. Williamson, November 2020)*.

A study by Leila Ramiz and colleagues found that French citizens showed an increase in anxiety symptoms from 17.3 to 20.1% during lockdown and Covid-19 crisis (Leila R., et al., 2021). Hence, more researches should be done on this aspect. There are not many studies assessing if there is any change in the psychological toll overtime due to the sudden and lockdown and its extensions. So, the objective of the present study was to assess the Psychological Well-being of young adults in a 1-year long Longitudinal research (February 2020-February 2021).

METHODOLOGY

RESEARCH DESIGN

This research was done to find out the impact of the lockdown on a young adult's Psychological Well-Being in Ahmedabad. For this purpose, the subjects were considered

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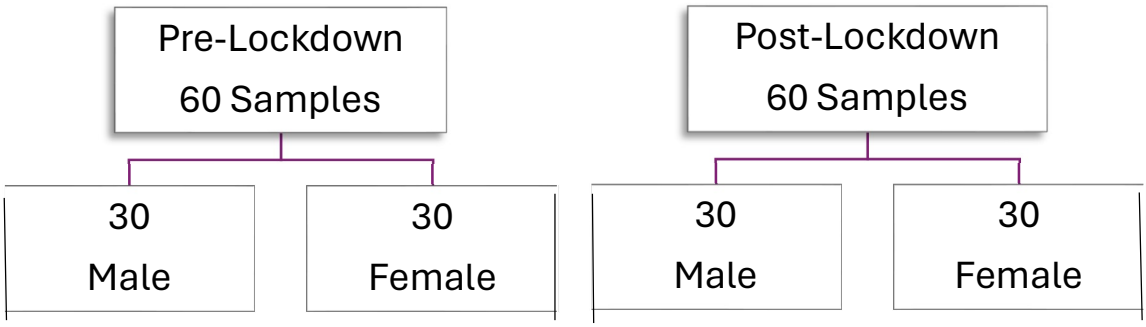
and evaluated on an equal number of male and female young adults. Thus, sample size was decided to be 60. The pre-lockdown data was collected few weeks before the lockdown.

PARTICIPANTS

A Non – Probability & Purposive Sampling method was carried out in this study. A total of 60 subjects from Ahmedabad, aged between 20-30 years were recruited for this study, of which 30 were females and 30 were males.



PROCEDURE OF WORK

This quantitative and longitudinal study was conducted on the samples once before the lockdown, and then again, the data was collected from the same samples after the lockdown. The data was analysed using SPSS software. A paired sample 't' test was used to analyse the data.

INSTRUMENTS

Personal Data Sheet (PDS): It was used to collect information about the young adults like their age, Sex, etc.

Psychological Well-Being Scale (PWBS): Psychological Well-Being Scale, constructed by Dr. Devendra Singh Sisodia and Ms. Pooja Chaudhary, was used in this study. There was total 50

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items in the scale that were of positive manner, measuring 5 areas of Psychological Well-Being that were Satisfaction, Efficiency, Sociability, Mental Health and Interpersonal Relationship. This scale was developed by the Likert technique.

RESULTS

Table 1: Comparison of mean scores of Psychological Well-Being of the young adults before and after the Lockdown.

Groups	Number of participants	Mean	Std. Deviation	t	Sig. (2-tailed)	Sig. Level
Pre-Lockdown	60	186.45	20.759	.612	.543	NS*
Post-Lockdown	60	185.37	19.912			

*Non-Significant

Table 1 shows that 50% of the population showed decrease in their psychological well-being, 48.33% of the population showed an increase in their psychological well-being and 1.7% showed no change. The 't' score is recorded at 0.612, which indicates that it is not significant at 0.05 level.

Table 2: Comparison of mean scores of Satisfaction of the young adults before and after the Lockdown.

Groups	Number of participants	Mean	Std. Deviation	t	Sig. (2-tailed)	Sig. Level
Area 1 – pre	60	37.57	5.788	.112	.911	NS*
Area 1 - post	60	37.50	6.130			

*Non-Significant

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Table 2 shows that 51.7% of the population showed an increase in their level of satisfaction, 45% showed decrease in their level of satisfaction and 3.3% showed no difference at all. The 't' score is recorded at 0.112, which indicates that it is not significant at 0.05 level.

Table 3: Comparison of mean scores of Efficiency of the young adults before and after the Lockdown.

Groups	Number of participants	Mean	Std. Deviation	t	Sig. (2-tailed)	Sig. Level
Area 2 – pre	60	39.60	4.669	.852	.398	NS*
Area 2 – post	60	39.08	5.093			

*Non-Significant

Table 3 shows 51.7% of the participants showed increase in the level of efficiency, 45% showed a decrease in the level of efficiency, and 5% of population showed no difference. The 't' score is recorded at 0.852, which indicates that it is not significant at 0.05 level.

Table 4: Comparison of mean scores of Sociability of the young adults before and after the Lockdown.

Groups	Number of participants	Mean	Std. Deviation	t	Sig. (2-tailed)	Sig. Level
Area 3 Pre	60	36.58	4.183	.424	.673	NS*
Area 3 Post	60	36.33	4.340			

*Non-Significant

Table 4 shows that 48.3% of the population showed an increase in the sociability, 43.4% of population showed decrease in the sociability and 8.3% of population showed no change. The 't' score is recorded at 0.424, which indicates that it is not significant at 0.05 level. It reveals

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that new communication technologies provided opportunities to be social even during this COVID-19 lockdown.

Table 5: Comparison of mean scores of Mental Health of the young adults before and after the Lockdown.

Groups	Number of participants	Mean	Std. Deviation	t	Sig. (2-tailed)	Sig. Level
Area 4 – pre	60	33.53	7.350	.264	.793	NS*
Area 4 - post	60	33.33	6.398			

*Non-Significant

Table 5 shows that 45% of population showed decrease in mental health, 45% of population showed increase in mental and 10% showed no change. The 't' score is recorded at 0.264, which indicates that it is not significant at 0.05 level.

Table 6: Comparison of mean scores of Interpersonal relationship of the young adults before and after the Lockdown.

Groups	Number of participants	Mean	Std. Deviation	t	Sig. (2-tailed)	Sig. Level
Area 5 – pre	60	39.17	4.875	-.867	.389	NS*
Area 5 - post	60	39.67	5.383			

*Non-Significant

Table 6 shows that 48.3% of the population showed decrease in the interpersonal relationship, 40% of population showed increase in the interpersonal relationship and 11.7% of population

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showed no change. The 't' score is recorded at -0.867, which indicates that it is not significant at 0.05 level.

DISCUSSION AND CONCLUSION

According to the present study, following are the conclusions:

There is no significant difference between mean scores of Psychological Well-Being of the young adults before and after the Lockdown. And also there is no significant difference between mean scores of the five areas of the scale, which were Satisfaction, Efficiency, Sociability, Mental Health, Interpersonal relationships of the young adults before and after the Lockdown.

It showed that neither have lockdown made any improvement nor any deterioration in the state of psychological well-being. It revealed that the strategies of resilience, healthy coping and the social support would have helped even the high-risk individuals to stay by a positive well-being. This study also revealed that by the virtue of our India's social structure, the variety palette of personal resources would have mitigated the lockdown crises. One possible reason for this mean difference could also be accounted to the fact that lockdown gave more time for conscious development of a purpose in life.

An Australian study by Cornell S. et al also supports that a large proportion of surveyed Australians reported positive effects resulting from changes to a daily life due to the COVID-19 pandemic. *(Cornell et al, 2020)*

This present study showed no changes in the Psychological Well-Being of the Ahmedabad residents, yet in contrast there is a marked increase in anxiety, depression and suicidal

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tendencies in the population. Hence, more researches should be done on this aspect. In future, studies could be made on a larger population across the country using the probability sampling method.

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