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EXPERIENCES OF PEOPLE DURING FIRST LOCKDOWN OF COVID-19 PANDEMIC IN DELHI

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Abstract

This study assesses the experiences of people in Delhi during the first nationwide lockdown in the context of coronavirus (COVID-19) pandemic. Forty-five participants between the age group 45-60 were selected from Delhi to assess their experiences during the first lockdown. The lockdown essentially forced people to stay at home and they could go out only for essential services. The analysis of the people's responses was carried out between the 8th and 15th day of the first Lockdown (24th March, 2020 to April 14th, 2020). An open-ended questionnaire was used to collect data from participants regarding their social psychological responses of the current circumstances. The people's responses were mostly positive though a few reported signs of anxiety and depression during the initial phases of the pandemic.

Key words: COVID-19; Delhi; First lockdown;Pandemic; Psychosocial impact, Morale boosting; PM Modi; Psychosocial.

Introduction

The present research arises from the urgent need to develop some understanding of the the psychological impact of the first 'lockdown' in Delhi which was imposed to prevent its spread. World Health Organization declared COVID-19 a pandemic on 11thMarch 2020 ("WHO Director-General's opening remarks at the media briefing on COVID-19 - 11 March 2020". 2020, March 11). India too responded to the COVID situation by enforcing its first 21 day 'lockdown' that resulted in closure of all services except essential items and people were required to stay in home isolation for a period of 21 days. Such a lockdown is expected to have social, and psychological for the affected

population and additionally the consequences would depend on the socio-political context as well. The current study tries to focus on these important issues in the context of the current pandemic.

Although a pandemic like COVID-19 has never been experienced by the world, infectious outbreaks are not so uncommon in India and the world. According to World Health Organization (https://www.who.int/csr/don/archive/country/ind/en/), India has been plagued by many different kinds of infections which have spread to at least some parts of the population in the past as well. These include the Nipah Virus (World Health Organization, 2018), Zika Virus Infection (World Health Organization, 2017), Chikungunya (World Health Organization, 2006), Dengue (World Health Organization, 2006), and Avian influenza (World Health Organization, 2006). These diseases create a lot of fear amongst the people as they not only become the victims but in some instances, they are also the vector through which these diseases are spread.

Home quarantine and isolation is often enforced to prevent the spread of infectious diseases. Many studies indicate that these measures may cause different reactions in different people as some may experience anxiety, others may experience shame while still others may realize the shortcomings of the individual and the society (Verghese, 2004). Other studies indicate that the most common psychological response to home isolation and quarantine includes "fear, denial, stigmatization and loss" (Pappas *et al.* 2009). Jeong *et al.* (2016) observed that isolation for a period of 2-week due to having contact with MERS patients in 2015 in a Korean sample led to feelings of anxiety and anger. In another study of SARS in a Canadian sample, patients who were instructed to be in voluntary quarantine, experienced symptoms of PTSD and depression (Hawryluck *et al.*, 2005). A comprehensive review of the psychological impact of quarantine showed that participants reported mostly negative symptoms including those of "post-traumatic stress symptoms, confusion, and anger. Stressors included longer quarantine duration, infection fears, frustration, boredom, inadequate supplies, inadequate information, financial loss, and stigma". The authors suggest that appeals focusing on altruism would be beneficial for the society (Brooks *et al.* 2020).

The above studies seem to indicate that measures such as lockdown, home isolation and quarantine to prevent the spread of an infectious disease can lead to a lot of negative consequences at the psychological level. Some of these measures were initiated in India also to stop

the spread of the COVID pandemic. However, the results from the previous studies cannot be directly extrapolated to the present study. Coronavirus (COVID-19) is very different as compared to the above diseases as it is a new virus about which our understanding is still evolving and there is extreme uncertainty surrounding it. The human immune system is yet not prepared to fight it, it has significant mortality rate for the vulnerable population and is highly contagious. The spread of the disease at such worldwide scale has rarely been witnessed before. The preventive measures in the present context are more widespread, stricter, have much longer durations and the entire scenario has a lot of uncertainty. Thus, people's experiences and responses to lockdown measures may be very different as compared to the earlier studies.

Research Context: Delhi, The Capital of India

The research was carried out in Delhi, which is the capital of India. India is considered a developing country with its economy projected to grow at 7.1 per cent in fiscal year 2020 before the spread of COVID-19 pandemic ("India projected to grow at 7.1% in FY'20: UN report", 2019, May 21). It is considered as one of the fastest growing economies in the word.

Delhi is well known for its tourist attractions, cultural heritage, marketplaces, centre for commercial activities, shopping centres etc. Delhi (before the lockdown) is often described as always buzzing with all kinds of activities. It is a major hub of commercial activities and people from all parts of India as well as the world travel to visit it. According to the Hindu, "the per capita income of Delhi is estimated to be ₹3,89,143 in 2019-20, which is about three times the national average, which is estimated to be ₹1,34,432 in 2019-20, according to the Economic Survey of Delhi 2019-20 tabled in the Delhi Assembly on Monday" ("Delhi's per capita income 3 times higher than national average", 2020, March 24).

The population density of Delhi is one of the highest in India. As per 2011 Census survey of India, it is 11,320 persons per sq. km. (Economic Survey of Delhi, 2018-19). There are lots of job opportunities and so people travel to and from Delhi on a large scale. This has resulted in the second highest population of interstate migrants in India, according to 2011 census data (Economic Survey of Delhi, 2018-19). The survey also states that the high levels of density puts tremendous pressure on all basic amenities including water supply, sewerage, affordable housing etc. Additionally, about one third of Delhi stay in "sub-standard

housing, which includes 695 slums and Jhuggi-Jhopri Clusters, 1797 unauthorized colonies, old dilapidated areas and 362 villages" (Economic Survey of Delhi, 2018-19). The high density of Delhi has also resulted in a myriad of problems such as pollution, traffic snarls, high crime rate, and many other related problems. Delhi also has dual jurisdiction *i.e.* Union and State Government and that creates problems at times since the two governments belong to different political parties and hence their administrative policies.

Delhi has a cosmopolitan character with people coming from all over India to find jobs and then finally settling down in Delhi. People live in both nuclear and joint family systems often with old parents and other relatives.

Thus, Delhi has its unique character which may have contributed to the spread of the infectious disease. The high population density where people live in close proximity, a large migrant population, a travel hub, a commercial destination and a collectivistic society are only few of these factors.

Design of the Study

The present study tried to focus on the following research question: How did Delhi its respond to the first lockdown imposed during COVID-19 pandemic at a psychosocial level. The lockdown essentially forced people to stay at home and they could go out only for essential services. People's responses to the first lockdown (24th March, 2020 to April 14th, 2020) was carried out between the 8th and 15th day. Anopen-ended questionnaire was used to collect data from 45 participants regarding their social psychological responses of the current circumstances.

Method

Sample

The consequences of a 'lockdown' would be different for different people in the society. To be locked into your 'houses' for twenty one days means that there is an assumption that there is a 'house' in the first place – this is an assumption that unfortunately is not true for many poor Indians who live and eat on the streets. The researchers acknowledge therefore that these marginalized sections of the society were not contacted due to limited resources and accessibility during the COVID-19 times.

All participants were residents of Delhi(n = 45) and belonged to the age range of 45 to 60 (Mode = 55). The majority of them belonged to the higher socio economic group (n = 25, 13.7%), were males (n = 30, 66.6%), married (n = 39, 86.6%), Hindu (n = 28, 69%), graduates (graduation; n = 28, 62.2%), business people (n = 26, 57.7%), and born in Delhi (n = 26, 68.8%). Most families had 2 to 4 (n = 27, 59.9%) family members living under one roof and the majority had 5 rooms in their house (n = 11, 24.4%). The detailed analysis is given below:

Table 1: Frequencies and percentages by age

Age	*Frequency (n=45)*	*Percentage*
46	1	2.4
50	1	2.4
53	23	56.1
54	12	29.3
55	1	2.4
58	1	2.4
60	1	2.4
No specific response (45 to 60)	5	2.6

Table 2: Frequencies and percentages by income

Income (Rs.)	*Frequency (n=45)*	*Percentage*
Above 50 lakhs	25	13.7
30-49	4	6.8
10-29	10	23.9
5 and Below 5 lakhs	6	3.4

Table 3: Frequencies and percentages by gender

Gender	*Frequency (n=45)*	*Percentage*
Male	30	66.6
Female	13	28.8
No response	2	4.4

Table 4: Frequencies and percentages by marital status

Marital Status	*Frequency (n=45)*	*Percentage*
Married	39	86.6
Unmarried	4	8.9
No response	2	4.4

Table 5: Frequencies and percentages by religion

Religion	*Frequency*	*Percentage*
Hindu	28	69.0
Hindu by birth but believe in one God	3	7.1
Sikh	3	7.2
None	3	7.2
Indian	2	4.8
Jainism	1	2.4

Table 6: Frequencies and percentages by educational level

Educational level	*Frequency (n=45)*	*Percentage*
Postgraduate	12	26.6
Graduate	28	62.2
No response	4	8.8

Table 7: Frequencies and percentages by occupation

Occupation	*Frequency*	*Percentage*
Business	26	57.7
Service	9	20.0
Housewife	3	6.6
Social volunteer work	2	4.4
Retired	1	2.2
No response	4	8.8

Table 8: Frequencies and percentages by city of birth

City of birth	*Frequency*	*Percentage*
Delhi	31	68.8
Others	10	22.2
No response	4	8.8

Table 9: Frequencies and percentages by no. of family members living together under one roof

Family members	*Frequency*	*Percentage*
1	5	11.1
2	11	24.4
3	6	13.3
4	10	22.2
5	8	17.7
8	1	2.2
No response	4	8.8

Table 10: Frequencies and percentages by no. of rooms in house

Number of rooms	*Frequency (n=45)*	*Percentage*
2	3	6.7
3	3	6.7
4	10	22.2
5	11	24.4
6	9	20.0
9	2	4.4
10	1	2.2
12	3	6.7
No response	3	6.7

Procedure

As the study was carried out during the lockdown, the participants were contacted online. Semi structured questionnaire was used to collect data. The questionnaire was drafted using Google Documents. Thirteen demographic questions were included along with nine COVID-19 specific questions, which sought to assess changes in daily routine, relationships with family and friends, fears and anxieties, future plans and so on. Ethical clearances were taken. Participants were informed about the purpose of the research and assured about the confidentiality of their responses. They were also informed that they could opt out of the research whenever they felt like and any such decisions would be treated with utmost respect. The questionnaire was sent to 45 participants between the age group 45-60 online via WhatsApp. They were On Google Documents, the responses were conveniently collected in different ways- responses were summarized by question as well as individual responses were shown. This made the analysis quick and efficient. To reduce the biases inherent in google forms the researchers tried to contact the participants individually and probe further by asking "why" and "how" questions.

Analysis and Discussion

The responses were then subjected to a thematic analysis (Braun and Clarke, 2006). One of the main criteria for thematic analysis is that the researcher should immerse herself in the data and that is why the researcher read and re-read the participants' responses repeatedly to familiarize herself with the data. This made the researcher aware of the important sections of the responses, contradictions and ambiguity

in the data. The researcher read the answers line by line drawing out initial codes and sorting them out in themes. Throughout the process the researcher was aware that one's beliefs and assumptions of the world may impact the validity of the study.

The analysis of the responses showed that the participants were experiencing a number of changes at all levels. The lockdown brought with it a lack of physical activities and a severe restriction on movement.

Most respondents stated that they got to know about COVID-19 through news, television or social media. This included News TV & print media, WHO internal updates and News and Facebook. Respondents were aware of the common symptoms- fever, runny nose, dry cough, respiratory difficulties. Some were even aware of fatigue and lack of sense of taste as common symptoms. One participant said, "Itchiness in throat, high fever, effect on sense of smell", another stated "High grade fever, runny nose, itch in throat, infection sore throat difficulty in breathing" while still another said "Cough, High Fever, Runny nose, body aches".

Respondents started practicing social distancing and maintained hygiene- washed hands frequently, used sanitisers and masks once they came to know about the disease. They stopped travelling and started working from home. Some even took initiatives to inform others. One said she used "Face mask, regular use of sanitizer, washing hands many times a day. Avoid shaking hands."Another said, "None initially. Social distancing, basic hygiene & sanitising once disease spread started locally." Still another responded by "Washing hands carefully and teaching others to do so, stopped handshake, started social distancing" and another said "Social distancing, wore mask when I went out, went out only when absolutely necessary."

Most participants said that expenses had gone down due to them staying at home and therefore they had learnt to manage their basic necessities and cut down on the unnecessary or avoidable luxuries. The lockdown also led to many participants working from home and some of the participants found this stressful. Although these participants have been able to shift their jobs to their homes, there are millions of workers who have jobs that cannot be done at home-not only custodial staff and orderlies in hospitals, but also teachers and child-care workers, grocery clerks and supermarket workers, delivery people, factory and farm workers, and restaurant staff, often without adequate personal protection equipment.

The participants reported that during this period many of them started reconnecting with friends through social media. They started kindling old relationships. A number of participants realized that there is a life without the screen of smart phones. Some participants felt that this period brought the families closer. Since restrictions were placed on their movement therefore going out was replaced by cooking, playing board games, gardening and other such activities.

Major change which most respondents experienced in their daily routine was that after the lockdown was enforced, they had to start working from home instead of going to office. For many, outdoor activities and exercise became irregular. Other activities like travelling, socialising stopped. Some even started engaging more in household chores. One respondent stated "Earlier major time was spent in work and travel - some workout - family - friends - eating out - theatre - cinema - music - spirituality - meditation. Now more games with family and workout - music, reading, films and some work." Another stated "Before lockdown daily routine was attend to business, go to bank & also to govt offices. Since lockdown at home I go out once in 3-4 days for essentials. Totally work from home". Still another stated "Full time work! Now I work from home. Doing more household work than before lockdown". Another stated "Working from home and no socializing".

None of the respondents experienced increase in conflicts. For some, it even got better as they spent more quality time with family and interactions with friends and colleagues reduced and became digital. In one participant's words, "Absolute tops - zero conflicts". Another stated "Relationships become better as we are spending more time together. Friends and extended family are also in constant touch." Yet another said "Haven't met friends or colleagues so no conflict. With Family, just spending more time together, no conflicts." One participant felt "Conflicts have reduced in the family. Friends & colleagues no change".

All respondents reported either the same or increase in support from family and friends. They started spending more time with family and started interacting and providing support to friends through social media or other digital platforms like facetime. One participant said, "We are all supporting each other. If somebody is feeling anxious then we together sort out the issue."Another said, "Great support. Do things together or share chores in the house. Friends and colleagues touch base only on chats and other social media platforms."Another said,

"a lot of support from both family and friends" while still another said, "Encouraging and positive".

Some respondents felt lethargic, bored, depressed and anxious about the future. They missed human interactions. One participant said, "Only change is that suddenly you find yourself confined & that causes anxiety at times & also since the situation is not in our control feel a bit anxious about future." Another participant stated "There is a little bit of fatigue setting in, before I was always occupied and did not have so much time with nothing to do. Concern for what will happen and how things are going to change." Whereas, other respondents took it in their stride, didn't mind being home, focused on the positive aspects of life and felt calm and spiritual. One participant said, "No fears and anxieties to be honest - Take it as it comes and live it to the fullest." Another said, "(Earlier) Was always busy - Now I realise nothing is in our control - so just relax - take out more time for yourself and family - do your best and leave the rest - Stress doesn't help :)". Yet another stated "One should not take anything for granted in life."

Respondents used different coping strategies. Most used avoidance as a coping strategy and kept themselves busy by exercising, reading, cooking, watching movies, gardening, and talking to friends and family. One participant said that she tried to not think of the things which she couldn't control and prayed and meditated. Another participant said, "I spend time with family, walking, watching movies." Another said, "I keep busy by reading or watching TV and try not to think too much about future." One participant used spiritual coping, "Counting consciously all our blessings and make sure to do physical exercise." In other participant's words "Always have a positive mind set".

In response to the question "Do you think this experience will change your life in future? If yes, then how?" many participants felt that in the future they will be more grateful, will spend less on luxury items, value things in life and adopt a healthier lifestyle. Whereas, others felt that there will be no change and things will go back to normal. On participant responded to the question by saying "Yes definitely, because these days have taught to enjoy small things of our everyday life. Will give these more importance in future & will give more time to family & friends." Another participant said, "I would like to enjoy the nature, which is now less polluted. Take up an easier lifestyle in the future." Still another participant answered the question by stating, "no, I feel after the lockdown things will fall into place again".

Most participants on the whole seemed quite positive during this first lockdown period despite the obvious stressors, though a few participants did report anxiety and stress. It seems that a number of factors may have played a role but the social support systems seem to be very important in this context. The social support system may have provided four functions in the present context (House, 1981): "emotional" ("provides empathy, trust love and caring"), "tangible" or "instrumental" ("direct help in times of need"), "informational" ("useful information for coping"), and appraisal ("reflects behaviors that transmit information relevant to self-evaluation").

Summary

On the whole the participants reported low levels of stress and anxiety during the initial phases of the pandemic. It is extremely important to note that these findings are applicable to only the present sample which is the people of Delhi who belonged to middle and high socio-economic strata. Different people would respond differently to the same situation. Moreover, the responses of the people would differ in different time periods and hence it is important to carry out regular longitudinal in-depth studies with different samples. Also contacting people online and taking their responses through google forms may not be as effective as carrying out face to face interviews where a lot of probing can be done. To an extent this was overcome by contacting some of them telephonically and asking more probing questions. It is within these limitations that the results of the present study need to be understood.

The results are very tentative but can help throw at least some light on how people respond to measures taken by government to curb the spread of the pandemic. It is important that the governmental policies take into account these responses and their policies as well as leader appeals can be changed accordingly. At the time of writing this article many unforeseen changes are still happening not only in Delhi but in the world. It is important that these changes be assessed so that lessons can be learnt for our future. More such longitudinal studies need to be done to assess the psychosocial responses of the people to the pandemic.

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