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GENERAL WELL BEING AND COPING DURING LOCKDOWN IN THE COVID-19 PANDEMIC

Community Medicine

Dr. Saumya Kaushik* MBBS Intern, Subharti Medical College, Meerut.*Corresponding Author

Dr. C.K. Gupta Assisstant Professor, Department of Community Medicine, Subharti Medical College, Meerut

ABSTRACT

The COVID-19 pandemic resulted in major measures being taken to curb the transmission of the virus, one of which was , the lockdown. The current study aims to assess the general well being and coping mechanisms of the self isolated population of Meerut in Uttar Pradesh. A cross sectional study was conducted using online forms on 432 participants .The questionnaire consisted of 3 sections- sociodemographic variables with COVID stressors; General health questionnaire 12 and Brief COPE scale. The mean scores of the GHQ scores and coping scale were computed. The results show that mean GHQ score of the population was 10.72. The major coping behaviors of the respondents were by self distraction, active coping,use of emotional support, positive reframing, planning, acceptance and religion; while denial and substance abuse had the lowest scores. The respondents scored the highest for acceptance as a way of coping.

KEYWORDS

coping, mental health, COVID stressors

INTRODUCTION

The first case of COVID-19 infection was reported in India on 30th January, 2020 [1]. Since then, there have been several public health measures undertaken to prevent its spread, some of which include social distancing and lockdown.

While the infection has its effect on physical health of the people , there are effects on the general well being as well as the mental health too, especially due to measures like confinement. The impact of extended periods of confinement, constant stress and disruption in daily routine and physical activity may have a bigger psychological effect than expected. A pandemic induces an environment of stress in that there is constant worrying over contracting the disease, as well as worry for the loved ones, with loneliness due to lockdown adding to it. Studies have shown that daily stress has an adverse effect on the mood and health of people[2].

The effects on the mental health of people have been studied during previous epidemics and pandemics, mainly the SARS and H1N1 pandemics. The studies showed rise in levels of stress, anxiety, depression , psychological distress, sleep difficulties and paranoia [3,4,5]. Studies even indicate an increase in the levels of anger, guilt, grief and loss, post-traumatic stress [6].

The coping strategies adopted to deal with the situation have also been studied previously. Coping is defined as "constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person"[7]. The studies examined different coping techniques people use in response to the stress produced due to the pandemic. While some people coped using problem-focused approaches , others used social support , avoidance strategies etc. [6]

Studies even show a stress buffering response of the coping strategies [8]. Different types of coping strategies have also been found to be associated with different effects on life satisfaction and psychological symptoms during an outbreak[8].

The increasing impact of the pandemic everyday makes it crucial to investigate its psychological impact. Hence, the authors decided to study the well being of the people and their coping strategies during lockdown.

OBJECTIVES

1. To assess the general well being of the population in self-isolation.
2.To assess the different coping techniques used by the self isolated population in Meerut.

METHODOLOGY

This was a cross- sectional study conducted on the residents of Meerut, Uttar Pradesh. Data was collected using purposive sampling through an online form , designed using Google forms. The link to the online form was sent to the contacts of the authors using e-mails and WhatsApp messages. The questionnaire was in English , along with an informed consent page attached to it. The link opened to an informed consent page, following which the form consisted of 3 sections; the socio demographic variables and COVID related stressors, GHQ-12 and Brief COPE Scale. Only those participants who were 18 years and above, could understand English and gave their informed consent, were included in the study. the survey was conducted for 5 days and concluded with 432 participants, with exclusion of incomplete responses. Confidentiality and anonymity were appropriately maintained throughout the study.

The socio demographic details were provided by the respondents in the first section of the questionnaire. It consisted of details about their age, gender and occupation.

COVID- related stressors were also included, like, their ability to work from home; if they were staying with their family during lockdown and any delays in important projects or vacations due to the lockdown.

Section-2 consisted of questions assessing the participants' general well being, using pre-validated General Health Questionnaire-12(GHQ-12). GHQ-12 comprises of 12 questions that measure psychological distress using a 4-point scale (0 to 3). The total score, generated by summing up the individual scores, could range from 0-36.

Section-3 of the questionnaire assessed the coping strategies of the participants, through the Brief COPE Scale[9]. It was devised by Charles S. Carver[10] and it assesses different coping styles used in response to stressful life events. The scale is divided into 14 sub-scales: self distraction, active coping, denial, substance abuse, use of emotional support, use of instrumental support, behavioral disengagement, venting, positive reframing, planning, humor, acceptance, religion and self blame. Each sub-scale is measured using 2 questions, the responses to which were recorded using a 4-point likert scale(1- I haven't been doing this at all to 4- I've been doing this a lot). We measured 13 coping styles, excluding the questions measuring 'self-blame', as it had no significance in our study.

The data obtained from the online survey was analyzed using MS Excel and SPSS version 19.0.

RESULTS

The study consisted of 432 participants , with 258 (59.72%) female respondents and 174(40.27%) male respondents.

Table1- ***Means, SD, Skewness and Kurtosis of GHQ scores and Coping behaviors***

Variable	N	Mean	SD	Skewness	Kurtosis
GHQ Score	432	10.72	6.58	1.12	4.5
Self Distraction	432	4.52	1.57	0.09	2.29
Active Coping	432	4.56	1.6	0.31	2.47
Denial	432	2.88	1.35	1.71	5.61
Substance Abuse	432	2.39	1.01	2.72	10.08
Use of emotional support	432	4.31	1.76	0.44	2.37
Use of instrumental support	432	3.91	1.64	0.7	2.98
Behavioral Disengagement	432	3.25	1.51	1.12	3.53
Venting	432	3.46	1.44	0.99	3.55
Positive reframing	432	5.01	1.77	0.14	2.21
Planning	432	4.65	1.64	0.13	2.32
Humor	432	3.3	1.62	1.15	3.51
Acceptance	432	5.39	1.66	-0.2	2.34
Religion	432	4.3	1.82	0.45	2.28

Table 1 shows the means, standard deviation, skewness and kurtosis of the major variables of the study. The mean GHQ score of the population came out to be 10.72.

The table also shows that the major coping behaviors of the population were through self distraction, active coping,use of emotional support, positive reframing, planning, acceptance and religion; with mean scores of 4.52, 4.56, 4.31, 5.01, 4.65 , 5.39 and 4.3 respectively. The scores were highest for acceptance as a method of coping(5.39) while the respondents scores the lowest for substance abuse as a way of coping (2.39).

DISCUSSION

The study aims to assess the general well being and coping mechanisms of the people, during lockdown in the COVID-19 pandemic.

The GHQ-12 scores range fom 0-36, with higher scores indicating more psychological distress. The mean GHQ score in the present study was found to be 10.72. In a study conducted by Jianyin Qiu et al[11] in China(n=52,730), it was found that almost 35% of the respondents experienced psychological distress. Other studies also indicate an effect on the mental health during pandemics[3,12].

Higher scores in different coping mechanisms like acceptance, planning, positive reframing, self distraction, active coping, religion might have reuslted in the lower mean GHQ score. A study by Alexandra Main and Qing Zhou in China[8] has indicated a positive correlation beteween coping and psychological adjustment.

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