

# 1. EFFECT OF LOCKDOWN ON MENTAL HEALTH: A STUDY OF HARYANA

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## INTRODUCTION

Mental health is defined as the successful performance of mental function, which results in productive activities, fulfilling relationships with other people and the capacity to adjust to changes and cope with difficulties and hardships. From early childhood until late life, mental health is considered the spring board of thinking and communication skills, learning, emotional growth, resilience for recovering quick and self esteem. Mental Health is the balanced development of the total personality which enables one to interact creatively and harmoniously with society (WHO, 1962).

Mental health problems and mental health stigmas are critical problems.(WHO2003) Reported that nearly one million people commitsuicide every year. One in four families has at least one member with mental disorders. Mental health problems affect the whole societynot the small segment.So that they are major challenge to the globe development. Mental health is directly related to the physical, social and health outcomes e.g depression is a root cause for cancer and heart diseases. Now a day's whole world is facing covid-19 pandemic. Corona virus declared pandemic by WHO on 11 March 2020. A pandemic is the worldwide spread of a new disease WHO(2010).This virus has spread to a total of 215 countries so far. First case in India reported in Kerla on 30th January 2020.Gradually the cases of corona virus is increased in India. Doctors and nurses are also infected by this virus. These are not the good signs to control the virus.Only Lockdown can be the best weapon to defeat COVID-19 (Mahendra Kumar and Sachin Dwivedi,2020).Keeping this situation in mind, Prime Minister announced countrywide lockdown on 24 March 2020 with social distancing restriction over the majority of commercial activities and mass gathering including educational and public institutions. In such uncertain situation of the country, we are living in it is crucial to understand how people are adapting to the constrains imposed on by the government. No doubt isolation helps in achieving the goal of reducing infections; reduced access to family, friends and other social support systems but this causes loneliness.This leads to various psychiatric disorders like depression,alcohol abuse, sleep problems, personality disorder and depression (Mustaq,Shaib etal,2016)). Scientists around the world are engaged in finding treatment and vaccine for this virus. Similar researches are also going on in India but there is less research is happening on the people who have sustained mental stress due to the uncertainty created by this virus.(Malhotra and Shah,2015) reported that gender is a critical determinant of mental health and mental illness. White and

Mental health	Gender	N	Mean	Std. Deviation	t-values
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Boor(2020), Shi & Hall (2002) and Pieh&Budimir(2020) studied mental health during the current pandemic situation. Many research works has been done on COVID-19 since March 2020. But on this specific topic no authentic research work has been done. Therefore the present research was designed to study the impact of lockdown during COVID-19 on mental health.

**OBJECTIVE:**

To study the mental health of the subjects as per gender, educational qualification and marital status during lockdown.

**HYPOTHESES:**

1. There will be no significant difference between males and females on mental health during lockdown.
2. There will be no significant difference between married and unmarried subjects on mental health during lockdown.
3. There will be no significant difference of educational qualification on mental health during lockdown.
4. There will be no significant difference between youth and adults on mental health during lockdown.

**METHOD:**

**SAMPLE:** In order to carry out the present investigation a group of 193 educated male and female subjects were selected as sample in this investigation. Age range of the subjects was 17 to 60 years.

Tool: GHQ-12(Goldberg and Hillier, 1979) was used for the present study. Online survey was done with the help of GHQ-12.This is a standardized test and consisted 12 items. This is a brief, simple and easily completed test for the study of mental health. Each item is rated on a four-point scale (less than usual, no more than usual, rather more than usual, or much more than usual).

**PROCEDURE:**

First of all, questionnaire was typed on Google doc.for the survey purpose of the present study. Then the questionnaire was shared with different whatsapp groups and requesting to fill the responses as per instructions given on the survey form. Scoring was done as per norms of GHQ-12.

**RESULTS AND DISCUSSION:**

**Table-1. Comparison between males and females on mental health**

Social dysfunction	female	116	5.22	3.031	2.243*
	Male	77	6.18	2.703	
Anxiety And Depression	female	116	3.43	2.723	.90
	Male	77	3.06	2.788	
Loss Of Confidence	female	116	1.41	1.823	2.06*
	Male	77	.90	1.518	
Overall Mental Health	female	116	10.06	5.873	.097
	Male	77	10.14	5.619	

\*\*p<.01

Table.1 shows that there is significant mean difference between males and females on social dysfunction and loss of confidence. Females are having less social dysfunction as compare to males. But there is no significant difference on anxiety and depression, and overall mental health.

**Table-2. Comparison between married and unmarried subjects on mental health**

Mental health	Marital status	N	Mean	Std. Deviation	t-values
Social dysfunction	Married	89	5.46	2.642	.57
	Unmarried	102	5.71	3.198	
Anxiety And Depression	Married	89	2.26	2.213	5.13**
	Unmarried	102	4.19	2.883	
Loss Of Confidence	Married	89	.58	1.223	5.05**
	Unmarried	102	1.77	1.908	
Overall Mental Health	Married	89	8.30	4.742	4.16**
	Unmarried	102	11.66	6.175	

\*\*p<.01

Table no.2 Results indicate significant mean differences between married and unmarried subjects on anxiety and depression variable, lose of confidence and overall mental health variable. In this context, the significant t-ratio seems to favour anxiety and depression, lose of

confidence and overall mental health but was not found to be significant for social dysfunction. Mean value of married is 2.26 and unmarried mean value is 4.19 on anxiety and depression, loss of confidence and overall psychological distress variables this showed that married are having more anxiety and depression than unmarried.

**Table-3. Comparison between under-graduate and graduate subjects on mental health:-**

Mental health	Study	N	Mean	Std. Deviation	t-values
Social dysfunction	Under graduate	105	5.71	3.112	.41
	Post graduate	32	5.97	2.741	
Anxiety And Depression	Under graduate	105	4.06	2.852	3.45**
	Post graduate	32	2.16	2.259	
Loss of Confidence	Under graduate	105	1.61	1.821	1.75
	Post graduate	32	.97	1.787	
Overall Mental Health	Under graduate	105	11.37	5.902	1.96*
	Post graduate	32	9.09	5.294	

Table no.3 indicated the significant mean difference between under graduate and post graduate subjects on anxiety and depression variable and on overall psychological distress. Results revealed no significant mean difference between under graduates and post graduates on social dysfunction and loss of confidence.

**Table-4. Comparison between under-graduate and post-graduate subjects on mental health:-**

Mental health	Study	N	Mean	Std. Deviation	t-values
Social dysfunction	Under graduate	105	5.71	3.112	.93
	Post graduate	55	5.25	2.682	
Anxiety And Depression	Under graduate	105	4.06	2.852	3.41**
	Post graduate	55	2.53	2.356	
Loss Of Confidence	Under graduate	105	1.61	1.821	3.67**
	Post graduate	55	.60	1.256	
Overall Mental Health	Under graduate	105	11.37	5.902	3.17**
	Post graduate	55	8.38	5.173	

\*\*p<.01

Results presented in table no.4 indicate that there is significant difference on anxiety and depression, loss of confidence and overall psychological distress between under graduate and post graduate subjects at .01 level of significance. But no significant difference was found between under graduates and post graduates on social dysfunction.

Table-5.Comparison between under-graduate and above post-graduate subjects on mental health:-

Mental health	Study	N	Mean	Std. Deviation	t-values
Social dysfunction	Under graduate	32	5.97	2.741	1.19
	Above Post graduate	55	5.25	2.682	
Anxiety And Depression	Under graduate	32	2.16	2.259	.72
	Above Post graduate	55	2.53	2.356	
Loss Of Confidence	Under graduate	32	.97	1.787	1.27
	Above Post graduate	55	.60	1.256	
Overall Mental Health	Under graduate	32	9.09	5.294	.64
	Above Post graduate	55	8.38	5.173	

\*\*p<.01

Above table indicates that UG and above PG subjects shows no significant difference at any level of significance on social dysfunction, loss of confidence anxiety and depression and on overall psychological distress.

**Table-6. Comparison between under-graduate and above post-graduate subjects on mental health:-:**

Mental health	Age category	N	Mean	Std. Deviation	t-value
Social dysfunction	Youth	96	5.58	3.279	.11
	Adult	97	5.63	2.567	
Anxiety And Depression	Youth	96	4.18	2.906	4.73**
	Adult	97	2.40	2.271	
Loss Of Confidence	Youth	96	1.71	1.886	4.19**
	Adult	97	.71	1.384	

Overall Mental Health	Youth	96	11.46	6.263	3.63**
	Adult	97	8.74	4.878	

\*\*p<.01

Table no.6 shows that youth and adults are not showing any significant difference on social dysfunction but there is a significant difference between youth and adults individuals on anxiety and depression, loss of confidence and overall psychological distress at .01 level of significance.

The purpose of the investigation is to study the mental health of the subjects as per gender, educational qualification and marital status during lockdown. The first hypothesis of this study is that there will be no significant difference between males and females on mental health. But table no.1 indicates that females are less socially dysfunctional than male during lockdown situation. Borys and Perlman (1985) results somehow supported the present research. They found that social lives of men are more superficial and less rewarding than women as a result men are more likely than women to be lonely. Most of the females are of working background and having same lifestyle as male during the lockdown this can be the reason for the present findings.

2<sup>nd</sup> hypothesis of the research was that there will be no effect of marital status on mental health during lockdown. Results reveals that no significant difference found between married and unmarried on social dysfunction but significant differences found on anxiety and depression, loss of confidence and overall mental health. Results retained the null hypothesis on social dysfunction but rejected on remaining dimensions of mental health. The reason behind these finding can be that during lockdown married subjects are more relaxed because they spent whole time with their family and are fully satisfied that they are with their family during the pandemic. Results of the present study and many cross-sectional studies reported the protective effects of marriage (Stutzer, A and Frey, B.S., 2004) found that married people reported better mental health than unmarried people.

3<sup>rd</sup> hypothesis of the study was that there will be no significant difference of educational qualifications on mental health. This hypothesis is also rejected because results showed significant difference on some variables of mental health on different educational qualifications. Many studies and present study reported the significant role of education to deal with mental health problems, Halpern-Manners et al (2016) supported the present study.

4<sup>th</sup> hypothesis of the study was that there will be no significant difference between youth and adult subjects on mental health during lockdown. Present research reported non-significant difference between youth and adult on social dysfunction. This attest the hypothesis but on the other hand significant results found on anxiety and depression, loss of confidence and overall mental health. The reason can be that geographical conditions for both populations are same during lockdown so they may not have any difference on social dysfunction. On the other side table no.6 clearly indicates that youth are having more anxiety and depression than adult, they are losing confidence and overall mental health during lockdown. Youth are experiencing

anxiety related to their study, exam and career. Youth are facing challenges in their home, community and interpersonal relationships. Adult are more relaxed than youth because they are not facing much challenges related to career because adults of the present study are well settled. Youth miss their friend circle, outdoor environment they want freedom from home, checks of parents and family members. Youth want to connect physically with their friends but social distancing restriction make them irritation, this make them irritated .Studies on youth indicates that youth are not having coping stetegies to face the lockdown.

### CONCLUSION:

In conclusion, Positive relationship, positive parenting, good communication and positive thinking, positive attitude to face the pandemic, psychological support will increase the mental health. Purpose and meaning of life will certainly help in improving mental health.

Limitations: There are some limitations of the present study. First one was the small sample size so the findings of the study may not be generalized. Secondly, there are few demographical variable more variables can be studied.

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