



ASSESSMENT OF THE PRACTICES AND DIFFICULTIES FACED DURING LOCKDOWN PERIOD OF COVID-19 PANDEMIC AMONG URBAN POPULATION OF ROHTAK, HARYANA

Community Medicine

Dr. B.M.Vashisht	Professor, Dept. of Community Medicine, Pt. B.D. Sharma Post Graduate Institute of Medical Sciences, Rohtak
Dr. Dhriti Bapna*	Senior Resident, Dept. of Community Medicine, Pt. B.D. Sharma Post Graduate Institute of Medical Sciences, Rohtak *Corresponding Author
Dr. Anil Kumar	Junior Resident, Dept. of Community Medicine, Pt. B.D. Sharma Post Graduate Institute of Medical Sciences, Rohtak
Dr. Ravish Ranjan	Junior Resident, Dept. of Community Medicine, Pt. B.D. Sharma Post Graduate Institute of Medical Sciences, Rohtak
Dr. Aman Sachdeva	Junior Resident, Dept. of Community Medicine, Pt. B.D. Sharma Post Graduate Institute of Medical Sciences, Rohtak
Dr. Navraj Singh Tiwana	Junior Resident, Dept. of Community Medicine, Pt. B.D. Sharma Post Graduate Institute of Medical Sciences, Rohtak

ABSTRACT

The novel corona virus disease has spread rapidly throughout the world. Health emergencies can lead to detrimental consequences due to disease related anxiety, social isolation and abundance of misinformation on social media.

A cross-sectional survey was conducted to assess practices and difficulties faced during lockdown among urban population of Rohtak. 234 participants were interviewed using a semi-structured interview schedule. Data were analysed using Microsoft Excel version 2010 and Statistical Package for Social Sciences ver.24 (SPSS.24).

24.8% subjects went to market daily for purchasing essential items. The common precautions practiced were use of mask (94.9%) followed by social distancing (22.2%), sanitizer (17.5%), hand washing (12.4%) and bathing after returning home (2.1%).

6.4% of participants experienced stress, sleep difficulties, disinterest in self-care or diet and 72.6% affirmed that their earning was reduced. Problems faced by the people should be addressed effectively by collective efforts. Information, education and communication activities should be strengthened so that community practices are improved leading to reduction in COVID-19 cases.

KEYWORDS

practices, difficulties, COVID-19, lockdown

INTRODUCTION

The corona virus disease (COVID-2019), caused by a novel corona virus (2019- SARS CoV-2) originated from Wuhan, China in December 2019. It has spread rapidly throughout the world causing huge morbidity and mortality. The Director General of World Health Organization (WHO) declared this outbreak a Public Health Emergency of International Concern on January 30, 2020 [1]. The first case of COVID-19 in India was reported on 30 January, 2020 from Kerala state [2]. On 11th March, WHO declared COVID-19 "a pandemic" as by then, about 114 countries were affected.[3]

COVID-19 causes symptoms like fever, cough, difficulty in breathing and other problems. The disease spreads from person to person through respiratory droplets which can land on objects and surfaces around the patient. People can become infected by touching their eyes, nose or mouth after touching the objects or surfaces having such droplets. [4]. The disease is prevented by frequent hand washing or using an alcohol based sanitizer, wearing mask, following respiratory etiquette and physical distancing.

The key strategies promoted for containment of this pandemic are isolation and country wise lockdown. The state of lock-down in many parts of the world led to the halting of services and product delivery. This led to a break in the global supply chain and thus, affected the global economy adversely [5].

As on July 1, 2020 India registered a total of 585,493 cases with 17,400 deaths due to COVID-19.[6] There were total 573 cases and seven deaths reported in Rohtak district of Haryana as on May 31, 2020.[7]

Besides its impact on health and the dynamics of social structure, COVID-19 has had debilitating impact on many families around the world.[8] The practices of the people are expected to largely influence the clinical outcome. Hence, it is important to study these domains and the difficulties faced during lockdown by the general population. There is paucity of research that studied these factors during this pandemic in Haryana. Hence, this study was aimed to assess the

practices in the community during the coronavirus pandemic and various difficulties faced by the people during lockdown in Rohtak, Haryana.

METHODOLOGY

It was a cross-sectional survey conducted among the adult population (more than 18 years of age). The study was conducted from 1st to 31st May, 2020. The study was conducted in urban field practice area attached to the Department of Community Medicine of a tertiary care centre of Rohtak, Haryana. Taking the prevalence of poor practices related to COVID-19 as 33% from a study conducted by Alobuia et al[8], relative precision as 20% and non-response rate of 10%, the minimum sample size was found to be 217.

A semi-structured interview schedule consisting of identification, socio-demographic details and questions related to practices and difficulties faced during lockdown period was used to obtain information from the study participants through house to house visit by using simple random sampling technique from household survey register. Social distancing was maintained and personal protective measures were used while interviewing the subjects. The purpose of the study was explained to each participant by the investigator. Data were collected by the investigators from 234 study participants after obtaining informed consent.

Inclusion criteria were:

- Those present at the time of data collection
- Those willing to give informed consent for the study.

Statistical analysis:

Data were entered and analysed using Microsoft Excel version 2010 and Statistical Package for Social Sciences ver.24 (SPSS.24) and the results were expressed as proportion.

RESULTS

A total of 234 subjects were interviewed for the purpose of the study. The mean age of the study participants was 36.6± 13.7 years. There were 129 (55.1%) males and 105 (44.9%) females.

Table 1: Family occupation and educational status of study participants

Family occupation	Frequency (N=234)	Percentage (%)
Business and self-employed	85	36.3
Government job	54	23.1
Private job	37	15.8
Labourer	27	11.5
Agriculture	19	8.1
Teacher	12	5.1
Educational status		
Illiterate	13	5.6
Primary	13	5.6
Middle	25	10.7
Secondary	41	17.5
Senior secondary	46	19.7
Graduate and above	96	41

As shown in Table 1, more than two-fifth (41%) of the subjects had completed their graduation or higher studies and 36.3% were engaged in business or self-employment.

I Practices during COVID-19 Pandemic

During lockdown, family members of almost three-fourth of the study subjects (73.1%) spent their time watching television, while, around one-fourth (23.1%) of them played indoor games. 17.5% of their family members spent time with kids, whereas, 15% were busy in reading and mobile surfing. A few (5.6%) of them took rest, while 4.7% worked from home. Others (15.4%) were busy in domestic work, gardening, praying or taking care of their cattle.

Among 82.9% of the participants, only one family member went out to purchase household items while two and three members went out among 15.4% and 1.3% subjects respectively. In 70.5% families, younger members went out more often. Among the families where older (29.1%) went out more often, 60.3% went by their choice, while, 39.7% went out due to necessity. 97.9% subjects followed precautions while going outside home. The common precautions followed were use of mask (94.9%), social distancing (22.2%), sanitizer (17.5%), hand washing (12.4%) and taking bath after returning home (2.1%). More than a third (35.4%) of the respondents washed cloth mask after use, 56.4% discarded disposable mask in dustbin, 3.4% discarded in yellow bag in municipality van, 4.3% burnt after use and 0.4% buried mask in ground.

69.7% subjects bought things in bulk. The frequency of visiting market for essential items was observed to be daily in around one-fourth (24.8%) of the respondents, once in 2-7 days in 63.2% and 8-30 days in 10.3% subjects. Very few (1.7%) participants never went outside. 17.1% respondents went out to socialize locally for meeting their relatives and friends.

More than two-third (68.2%) of the responders washed items (vegetables, fruits, milk packets) purchased from outside with only plain water, whereas, around one-fourth (23.1%) washed them in hot water. 3.8% subjects used saline water and the same proportion used soap solution for washing. 8.5% subjects dried the items in sunlight after washing.

More than two-fifth (42.3%) of the respondents confessed sharing of domestic work by male members in the form of cooking, cleaning, washing clothes, child rearing, gardening, cattle rearing, etc.

II Difficulties faced during lockdown period

Around one-eighth (12.8%) of them found difficulty in getting some items from market like grocery including fruits and vegetables, household appliances, alcohol, building material, some medicines and diagnostics. Some of the suggestions to overcome these difficulties were opening of more number of shops, eating pulses instead of vegetables, etc.

72.6% responders told that their earning was reduced during lockdown. Only 10.7% respondents got support from government or Non- Governmental Organizations in the form of free ration, while 2.1% got financial support and 3.8% got both. Around one-fourth (26.1%) subjects told that their expenditure was raised during lockdown due to increase in price of the items.

Online classes for students were conducted among 64.5% of the participants and 44% had to pay school or college fees during lockdown.

Almost one-fifth (19.7%) of the respondents faced problems due to lockdown regarding religious activities, social functions, birthday celebration, marriage ceremonies and death rituals. Of these, 41.3% had to cancel the event, 30.4% did not go to the function, 15.2% postponed the event and 13% organised the function with limited number of guests.

During lockdown, 6.4% of the participants experienced stress, sleep difficulties, disinterest in self-care and diet. Of these, almost half (53.3%) of the subjects were counselled at home and one was already on treatment for depression.

The study showed that 10.3% of the subjects found difficulty in getting medicines and 16.2% faced problems for receiving treatment for non-COVID ailments. Less than a third (29.9%) subjects told that health functionaries visited their homes during lockdown. The visit was done for screening of COVID-19 among 15% subjects, routine visit for 12.8%, COVID awareness for 1.3%, postnatal check-up for 0.4% and quarantine of suspect cases in 0.4% subjects.

2.1% respondents found difficulty in clearing waste material. Problems in getting important documents, licence or their renewal or filing police complaints or court case were faced by 13.7% of the participants. Around one-third (32.1%) responders faced problems due to cessation of mobility and transportation to different areas. Due to closure of shops, problem for getting repair was faced by 28.7% subjects of which almost half (53.7%) had problems in repair of household and electronic appliances, while 41.8% and 4.5% had problems related to automobiles and building material respectively. 4.7% responders had difficulty in payment of electricity and telephone bills or getting banking services.

More than one-third (37.6%) participants faced problems due to closure of saloons or beauty parlours. It was found that 28.2% subjects had no haircut, 1.3% went to barber's home or called him at their home and 8.1% had trimmed their hair themselves.

DISCUSSION

In the present study, 94.9% of the participants wore masks while going out in recent days. This is almost similar to a Chinese study conducted by Zhong et al where 98% subjects wore masks [9]. This could be primarily attributed to the vast broadcasting by the government and greater awareness of the people about high infectivity of SARS CoV-2. Regarding the practices during COVID-19, an overall score of 89% was achieved among the study population in an Iranian study by Erfani et al [10]. However, 67% of the participants followed good practices related to this disease in a study by Alobuia et al [8]. These differences in good practice scores may be attributed to different geographical settings and time period during which the studies were conducted.

Around one-fourth (24.8%) of the participants went out daily to purchase essential items. This figure suggests considerable degree of ignorance on their part and may predispose them to higher risk of getting infection than those visiting market less frequently.

The current study showed that 69.7% subjects bought things in bulk. This figure was higher than a study by Roy et al [11] where 33% of the people felt obliged to buy and stock essentials at home.

The present study demonstrated that 82.9% of the study population avoided going out for socialization. This finding is similar to a study by Roy et al [11] where 82% participants reduced social contact.

In the present study, 72.6% responders told that their earning was reduced during lockdown. Only 10.7% respondents got support from government or Non- Governmental Organizations in the form of free ration, while 2.1% got financial support and 3.8% got both. This figure indicates that a major section of the society was affected economically and did not get adequate support or help during adversity.

During lockdown, 6.4% of the study participants experienced stress, sleep difficulties, disinterest in self-care and diet, whereas, in an Indian study by Roy et al [11], sleep difficulties were reported in 12.5% of the respondents.

Health emergencies such as pandemic can lead to detrimental and long lasting psychological consequences, due to disease related fear and anxiety, social isolation and the abundance of misinformation on social media and elsewhere [12]. Hence, the above mentioned issues must be considered by the policy makers while devising strategies for combating such pandemic situation.

CONCLUSION

The common precautions practiced were use of mask (94.9%) followed by social distancing (22.2%), sanitizer (17.5%), hand washing (12.4%) and bathing after returning home (2.1%). 6.4% of the study participants experienced stress, sleep difficulties, disinterest in self-care and diet. Information, education and communication activities should be strengthened so that community practices are improved leading to reduction in COVID-19 cases. This would also reduce the burden on health system. Problems faced by the people during lockdown should be addressed timely in an effective and responsive manner so that physical and mental well-being of the community is maintained.

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