

# Life Change and its Lockdown Impact due to COVID-19 Eruption

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## ABSTRACT

Unprecedented difficulties caused by COVID-19 are affecting people's lifestyle choices all over the world. COVID-19 pandemic has had a major impression on the Indian population's diet and lifestyle choices.

**Keywords:** life styles, pandemic, covid-19, physical health

## I. INTRODUCTION

World Health Organization declared a global pandemic on March 11, 2020, the coronavirus illness (COVID-19) that originated in Wuhan province in China (1). Later, it spread across borders and influenced people's lifestyles.

In addition to having a negative effect on people's physical health, this epidemic had a major impact on their lifestyles. Even though the country has a well-known health care delivery system, the fact that the vast majority of its population (66.53 percent) lives in rural areas where health care is dispersed unevenly is creating a growing sense of crisis (2). To make matters worse, the epidemic's narrow focus on specific medical conditions has obscured the impact of broader determinants of health, such as individual lifestyle choices.

A rise in cases and an increase in the demand for various protective and preventive tools, such as thermo-regulators, N-95 masks, oximeters, ventilators, and so on, was a direct result of the COVID-19 crisis, and as a result, existing health care facilities and centres were either converted into COVID-19 centres and/or the existing health resources were redirected. Being concerned about the overall health and well-being of a country is paramount, which is why India implemented the world's most stringent lockdown, which included a five-phase partial-unlocking process and recommendations for social and physical seclusion, such as restrictions on independence of movement, quarantining, and other measures of self-isolation.

While the entire country is gradually "unlocking," it is critical to examine the impact COVID-19 has had on people's lifestyle choices as the current state of confinement continues. As a result of these constraints, it is possible that the ranks and file's physical and mental well-being deteriorated due to an increase in physical and mental exhaustion.

## II. METHODOLOGY

COVID-19 (pandemic) impacts on lifestyle, diet, stress and also the physical activity, Rest PubMed and Google Scholar articles illustrate this. Research on the Indian population was included in the assessment, which utilised a selective filtration technique for publications published solely in English.

For this review, search terms and inclusion and exclusion criteria were used by two independent investigators. An agreement was eventually reached on the differences between the researchers. A summary was extracted from each included study that included information on the author(s), sample size, study design, year(s), and study period(s). If the following criteria were met, a study was included or excluded.

### 2.1 Criteria for Inclusion

- Studies on the Indian people have been done.
- During the COVID-19 crisis, studies on lifestyle modifications, nutritional changes, mental stress, Resting patterns, and physical activity levels were conducted.

### 2.2 Criteria for Exclusion

- Other than English language studies.
- Institutional review board approval was not necessary because the current study was based on secondary data.

### III. FINDINGS

Manual searches turned up 49 additional papers in the reference list of the studies that were included in the electronic database, for a grand total of 205 in the database. After eliminating duplicates from the screened articles, we came up with a list of 228 items. After screening the titles and abstracts of all 228 papers, a final list of 89 papers was compiled. It was determined that all 89 relevant articles were available in their entirety and that eligibility had been established. Some 72 papers were excepted from the study because they did not meet the inclusion-exclusion criteria, did not have enough data, or did not meet the objectives of the study. That's why this research Figure-1.

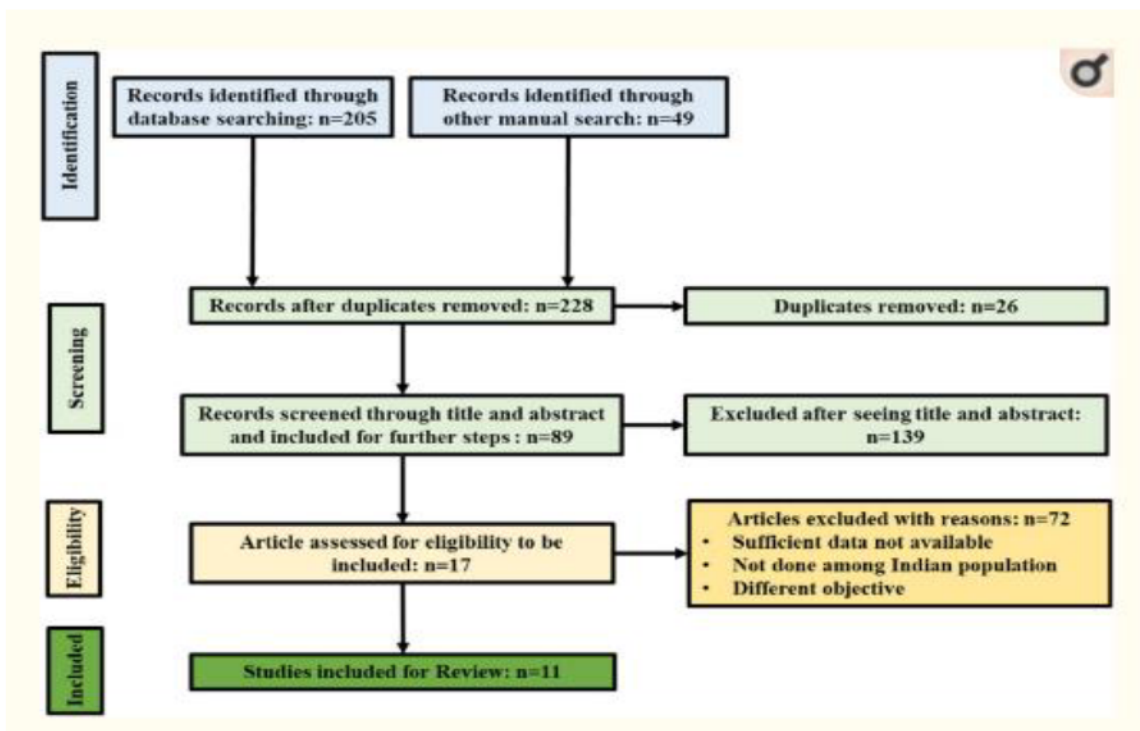


Figure 1: A research flow diagram is required for study collection

Figure 1 shows how to conduct a literature search. There were a total of eleven cross-sectional lessons. Ten community-based initiatives (3, 4, 7, 8, 9, 10, 11, 12) and one hospital-based study (5) in the Indian population were carried out between March 29th and August 30th, 2020, with sample sizes ranging from 110 to 1026 people.

#### Dietary and Eating Habits

The results of all of the surveys conducted were mixed. However, there was a greater-than-usual shift in eating and nutritional habits when it came to overeating. Snacking and eating at meals was found to be more common (5, 6, 8, 9). Participants' immune systems were found to be boosted by herbal tonics, fruits, vitamins, garlic, ginger consumption, and multivitamins, among other things. In addition, hydroxychloroquine was found to be used as a preventative measure by participants (10).

Table 1: Changes in dietary and eating habits are summarized in key points

| Diet   |
|--|
| 17.9% of people ate more, while 8.3% ate less.   |
| Immunity has also been found to be boosted by increased vitamin intake, herbal tonics, and persons becoming vegan.                     |
| Younger patients had a more unhealthy dietary pattern than older patients (p = 0.001).   |
| Vegetable and fruit eating increased by 80.9 percent and 42.7 percent, respectively, while unhealthy snacking decreased by 63 percent. |

| <b>Diet</b>  |
|--|
| 24.5 percent of people said they ate more snacks, fried meals, and processed foods.  |
| 11.8 percent altered their meal schedules.   |
| The number of meals consumed per week increased by 24%.  |
| 54.3 percent of the people ate unhealthily.  |
| During COVID-19, routine eating of meals at regular intervals increased by 7.2 percent (P 0.001).  |
| Strong intake habits such as fruit and vegetable consumption, pulse consumption, egg consumption, meat consumption, and a stable diet all improved significantly (P 0.05). |
| 44% ate less than they had previously  |
| The amount of CHO consumed increased by 21%.   |
| The amount of fat consumed increased by 14%.   |
| Snacking frequency has been improved by 22%.   |
| Fruit eating has grown by 29%.   |
| Meal schedules are disrupted (55 percent )   |
| Sugar consumption has increased among 7% of the population.  |
| Hydroxychloroquine use was found in 19% of the population.   |
| 10.8% of people were found to be using medications without consulting a doctor.  |
| Because of their new lifestyle, 75% of people have modified their eating habits.   |

### Physical Activity

There was a decrease persons' and a rise in weight gain (3, 7, 9), (Table-3).

**Table 2:** The following are key points that summaries the amount of physical exercise

| <b>Physical Activity</b>  |
|---|
| 58.6% of people did very little or no exercise.   |
| 31.2 percent of people gained weight.   |
| Physical activity levels were found to be lower in 12.5 percent, 31.3 percent, and 56.3 percent of those over 65 years old. |
| In 16.7% of cases, rapid weight gain was observed.  |
| Moderate-intensity aerobic exercise participation fell significantly (38.5 percent vs 50.5 percent) (P 0.05).               |
| Exercise time was cut in half by 42%.   |
| There was a 19% increase in weight.   |
| A well changes also in daily routine has been found which also have an impact on the physical workout habits (22%).         |

### Psychosocial or Psychological Distress

According to the 11 studies examined, the most people suffer from some form of mental stress or anxiety. Stressed out people tend to have poor eating habits, according to Sankar P et al. (5). Roy D. and colleagues (12) found that 36.4 percent of participants were distressed by social media, with more than 80 percent of them reporting that they needed mental health and counselling services. Chakraborty K et al. (10) found that 71.8 percent of participants were more fearful, and 24.7 percent were more depressed, which had a negative impact on their overall mental health (64.9 percent). 2 percent were prescribed antidepressants or anti-anxiety medications, and only 2.2% sought out psychiatric assistance (10) Table-4.

**Table 3:** Any type of psychosocial or mental stress can be summarized in a few key points

| <b>Stress</b>  |
|--|
| 39.5 percent said they were stressed in a moderate to severe way.  |
| 1.6 percent of the population reported feelings of hopelessness and suicidality.   |
| In 15.5 percent of the cases, there was an increase in mental stress.  |
| Mental stress and poor rest were associated with unhealthy dietary habits (p = 0.002).   |
| Anxiety levels were reported to be moderate by 34% of participants.  |
| Females had higher levels of anxiety (89 percent) than males (77 percent )   |
| Participants were worried about nothing doing useful because of their careers (46.6 percent), their families (50), and their own health (50). (37.2 percent ). |
| Participants' overall stress levels increased by 3.5 percent (p 0.001).  |
| Psychological stress was reported by 85 percent of the participants.   |
| 71.8 percent and 24.7 percent of respondents, respectively, reported being worried or depressed.   |
| COVID-19 had some effect on the mental health of 64.9 percent of all respondents.  |
| Only 2.2 percent of those polled sought psychiatric help, and 2% began taking anti-anxiety or antidepressant medications.                                      |
| Due to the pandemic's constraints, 52 percent of the individuals felt socially isolated.   |

### Rest

In the majority of research, Rest was found to be impacted. Not just the number of hours spent Resting (6,8,9,11), but also the quality of Rest (3,7,8,10,12) was found to be altered (Table 4 ).

**Table 4:** In key points, a summary of the rest state

| <b>Rest</b>  |
|--|
| Rest was dissatisfied or very dissatisfied with 18.2% of respondents.  |
| In 23.6 percent of cases, the quality of rest was poor.  |
| Prior to the lockout, 21% of respondents were sleeping between the hours of 1 and 3 a.m., rising to 25% after the lockdown.      |
| Surprisingly, those who slept after 3 a.m. saw a 3 percent increase to 17 percent increase.                                      |
| Daily resting hours increased considerably (P 0.001).  |
| While 17.6 percent of respondents reported a rest length of more than 8 hours, 4.1 percent reported a reduction in rest quality. |
| There was a 27% decline in Rest.   |
| A 16 percent increase in rest  |
| 33.1 percent of people had their rest-wake cycle disrupted.  |
| 4.5 percent of those polled were taking sleeping medications.  |
| Since the lockdown, the percentage of people who are awake beyond 8 a.m. has increased from 12% to 42%.                          |
| Due to the epidemic, 12.5 percent of persons reported having difficulty sleeping.  |

#### IV. CONCLUSION

The impact of COVID-19 has brought the world to its laps. Meanwhile, we must maintain a healthy way of life and behaviour while the whole entire world works to stop the COVID-19's chain response and also decrease its growing load. During a crisis, there is a pressing need for the public to be monitored and to receive counselling. Verified information and public awareness must be disseminated through a reliable single health programme platform.

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