

Psychosocial impact of COVID-19 Quarantine in South India: A online cross-sectional survey

Running title: Psychosocial COVID-19 Quarantine survey

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Ethical approval

The Ethics Committee of Siddha Central Research Institute, Chennai approved our study protocol, procedures, information sheet and consent statement (IHEC/SCRI (CCRS)-1/2020-21/02) and the same was registered in Clinical Trial Registry of India as an Observational study

(CTRI/2020/05/025194). Participants who gave consent to willingly participate in the survey would click the 'Continue' button and would then be directed to complete the self-administered questionnaire.

Financial support and sponsorship:

Nil.

Conflicts of interest:

There are no conflicts of interest.

Acknowledgement:

We would like to express our appreciation to Dr. M. S. Shree Devi, SCRI, CCRS, Chennai for their assistance in this survey. We would like to express thanks to Siddha Central Research Institute and Santhigiri Siddha Medical College, Thiruvananthapuram for their support to carry out the work. The authors thank all the participants involved in this study for their cooperation and support.

ABSTRACT

Background:

COVID-19 has been recognized as a pandemic by the World Health Organization, originated from China and has rapidly crossed borders, infecting people throughout the whole world. The present study sought to determine knowledge, attitude and behavior (KAB) of South Indian population toward COVID-19 Quarantine.

Methods: An online cross sectional, semi-structured questionnaire was undertaken through google forms among South Indian population (SIPs). SIPs aged 18 years and above constituted the study population. Data was analyzed using SPSS Software

Results: Totally 280 responses were received. The responders had a moderate level of knowledge about the COVID-19 infection and adequate knowledge about its preventive aspects. The attitude towards COVID-19 showed peoples' willingness to follow government guidelines on quarantine and social distancing. 32% of Participants have felt stressed during quarantine and 32.4% of participant had sleep disturbance. Alarming 32% are not anxious and feel free to roam around in public places without protective measures like mask and gloves. In this study, panic about acquiring COVID-19 infection during purchase and travel were reported in 29.5% and 11% participants respectively. The perceived Physical healthcare need was seen in more than 69% of participants.

Conclusions: COVID-19 Quarantine knowledge is gained mainly through media channels, Newspaper, which have strengths and weaknesses. Although the government has taken major steps to educate the public and limit the spread of the disease, there is a need to intensify the alertness of people during this COVID-19 Quarantine.

Keywords: Knowledge, Attitude, Behavior, COVID-19, Quarantine, South India

1. INTRODUCTION:

COVID-19 emerged in Wuhan, China in December 2019. After that, it has spread to 200 countries and has been declared a global pandemic by the World Health Organization. To date, there are more than 7.4 million positive COVID-19 cases recorded with at least 41,8294 deaths globally [1]. India's first COVID-19 case was reported on January 30, 2020 [2] in Kerala and by February 03, 2020 the number of cases increased to three in number and they were the students of Wuhan University. Until March there was no significant increase in number of cases. Due to International travelers a significant increase was reported in India by Mid-March and some super spreader were also found in those International travelers who have attended many public gatherings. Due to the significant rise in number of COVID-19 cases in India, Indian Government declared a whole Nation lockdown Janata Curfew on March 22, 2020 and it was being extended for furthermore 21 days from March 25 to prevent corona spread. Some states like Kerala started their lockdown from March 22 onwards and other states including Tamilnadu the Lockdown was imposed from 25th of March onwards. There were many epidemic and pandemic episodes had reported before in India [3] but a lockdown like pattern has never been imposed before by Indian Government. On 31st of March many cases were identified with a tracing history towards a particular gathering held in Delhi [4]. The number of COVID-19 cases increased enormously with this tracing history in many regions of India. Due to constant increase in number all over the country a fear and stress developed within people. The lives of people were drastically affected with this new culture that is lockdown and quarantine and fear related to the disease, consequent effects and transmission. The fear due to COVID 19 is on the rise because of the increasing death tolls and global spread. Due to its During lockdown, since all commercial shops have been closed and daily routine has been changed, many of the people had difficulty in physical, psychological and economical aspects [5]. Many are confused with the way of transmission

and preventive measures that to be adopted during this lockdown period. Hence investigators decided to evaluate the psychosocial impacts among general public in South India during lockdown 1.0. The state of lock-down in many parts of the India, which are contributing largely to the economy has led to the stumbling of services and products. This has led to a break in the global supply chains and thus, affected the economy viciously [6]. The outcome of the study potentially helps the policy makers in formulating comprehensive interventions further

2. METHODOLOGY:

Study Design

A cross-sectional survey was designed for the present study. The study was conducted in March 2020 among South Indian Population. The survey was conducted through a link shared on e-mail and social networking sites.

Study Procedure

Owing to the country's lockdown at the time of data collection, we opted to use e-mail and social networking sites for enrolling potential participants. A total of 350 populations were approached to participate in the study. An online data collection tool was designed and executed using Google Forms (via docs.google.com/forms). The Google Form link to the questionnaire was sent to the enrolled participants via the e-mail and social networking sites.

Study Population

Inclusion criteria for the study is the availability of internet access and the age criteria has been fixed in between 18 - 60 years of age since they are the age group, supposed to use more of internet and considered to be economically independent and also facing the above-mentioned problems during quarantine during lockdown.

Exclusion criteria are the people who are COVID-19 positive cases and people in isolation and home quarantine. The participants of the study are people who are not been in any home quarantine or institutional/government quarantines. These people are self-quarantine people, and no one is being a COVID-19 positive person.

Study Tool

The survey questionnaire was designed in English language, and it covered the socio-demographic characteristics, Knowledge, Attitude and Behavior of people regarding COVID-19 and quarantine.

Data Management and Analyses

Fully completed questionnaires were extracted from Google Forms and exported to a Microsoft Excel 2016 for cleaning and coding. The cleaned data was exported to Statistical Package for the Social Sciences (SPSS Inc. Chicago, IL) Version 20.0 Windows for Descriptive analysis.

Ethical approval

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(CTRI/2020/05/025194). Participants who gave consent to willingly participate in the survey would click the 'Continue' button and would then be directed to complete the self-administered questionnaire.

3. RESULTS

Null Hypothesis: Statistically there is no association between the variables and stake holders.

alternate Hypothesis: Statistically there is an association between the variables and stake holders.

Baseline characteristics of 281 enrolled participants in the study.

The survey has been carried out in South India, and the state wise percentage of responses received are: 41 % from Tamilnadu, 39% from Kerala, 13% from Puducherry, 4% from Andhra Pradesh, 2% from Karnataka and 1% from Telangana. The respondents were between the age limit 18-30 that is about 60.1% and 31.7% are between the age limit 30-50 years of age 8.2% are between 50-70 years of age limit. As of Gender concern 56.6% are female and 43.4% are male responded. Among the participants 50.6% are not doing work from home, 31.3% do work from home and 18.1% of people sometimes do work from home related to their profession.

Since the p-value is less than 0.05, it tells us that there is statistically significant association between the variables and stake holders. That is there is unequal distribution of variables among the categories.

In case of pre-existing illness (comorbidity) 4.3% are reported to be diabetic, 2.8% have hormonal disorders, 2.5% are having hypertension, 0.7% have cardiac illness and 0.7 have all the three diabetic, hypertension and cardiac illness and 88.6% have no such preexisting illness. Since the p-value is less than 0.05, it tells us that there is statistically significant association. The people with all such preexisting illness should be much cautious about certain factors including acquiring infection, the risk of developing respiratory and systemic complications owing to COVID-19 since all these conditions are enlisted under comorbidity COVID-19. This data of the current study relates to the similar studies which have been conducted earlier [7].

Information on comorbidities and other details regarding COVID-19 are being updated through the medias like newspaper, television and social media. Study report reflects that 33.8% of participants are updating information from all the three media and 21.7% are from social media alone, 21.4% are from television alone, 14.6% are from social media and

television, 3.2% from social media and newspaper, 2.8% from newspaper alone, and 2.5% are from both television and newspaper.

Regarding quarantine 98.6% of the participants are fully aware about the necessity of quarantine which shows that the awareness of the people about the lockdown and quarantine are significantly high in South India. 98.2% of the participants are aware about the precautionary measures while 1.8% is not aware about those measures. State and Central government are taking necessary measures and giving instructions every now and then so as to make people to be aware of COVID 19 and related protective, precautionary measures. In this case 97.9% are aware and 2.1% are unaware about the instructions prescribed by government from time to time. The COVID-19 complications and transmission occur only when the people are not aware about the symptoms of COVID-19, among our participants 96.8% are aware and 3.2% are not aware about the symptoms of COVID-19. Govt. of India made necessary steps to update the daily count of COVID-19 in India through medias regularly and 94.7% of the participants are aware about the statistics on daily death count, while 5.3% are not aware about this count. 47.3% feels updating the daily count is causing panic among them [8]. The persons with comorbidity conditions are prominent in getting the disease. In that scenario the disease like Diabetes, Hypertension, Cardiac Illness and COPD are included in the comorbidity of COVID-19 stated by WHO. 88.6% of the participants in this study are aware of the risk of comorbidity conditions and 11.4% are not aware about the comorbidity conditions and this unawareness may cause risk and prone to develop COVID19 and its complications such as pneumonia, respiratory failure, multi vascular thrombosis, multi organ failure etc. All those cases having the p-value less than 0.05, there is statistically significant association between the Knowledge related variables and stake holders. That is there is unequal distribution of variables among the categories. In all other cases having the p-value greater than 0.05, there is no statistically significant association between the Knowledge related variables and stake holders. That is there is almost equal distribution of variables among the stake holders.

Among the participants 18.9% have felt increased work burden, 34.5% have no difference in case of work burden and it is as usual and nearly 46.6% have no work during this lockdown period [Table 3]. Technology also plays a vital role in the current world situation. 92.9% of the participants feel technology helps a lot during this quarantine period and helps in sharing information regarding the situation to friends and relatives. In this study, 85.1% of participants share the information with the help of this technology and stay informed [Table 3]. 90.7% of our participants agreed that social media have helped much in this context during lockdown period [Table 2]. 90.4% of participants feel that they should be aware about the presence of COVID-19 patients in their surrounding area. Government of India has developed Arogya Setu mobile app for the public to know exactly about the COVID-19 infected people in their surroundings. Even if, 10% of study participants are not aware of COVID-19 patients in their surroundings, which may invite some risk in this cause [Table 3]. This lockdown has a huge impact in business and commercial activities. 65.5% of the participants feel the quarantine developed stress and fear regarding the economic crisis [10][Table 3]. Government had initiated measure to compensate the economic issues of

people and 88.6% of our participants are aware and 11.4% are not aware about the financial support aided by the government [Table 2]. 29.9% of the participants feel insecure due to the reduced supply of essential things and very limited essential services during lockdown period [Table 3]. Due to this, people started doing panic purchase during this quarantine. 96.1% of participants are aware about the essential services available during lockdown period [Table 2]. 9.6% are not aware about the risk factors prevailing in panic purchases and panic travel during lockdown and this may influence the transmission process of disease [Table 2].

Though people update themselves about COVID-19 daily, 54.8% feels that media also circulates fake information about COVID-19 [Table 3]. Now-a-days the usages of electronic gadgets are getting increased massively and also found to be favorable in getting updated about all information. However, usage of such electronic applications for hours together may lead to health issues like nomophobia [9], dry eye syndrome and sleeping disturbances. Among our participants it is observed that nearly 46.3% spend more than 5 hours/ day, 26.7% for 3-4 hours 10.7% for 2-3 hours and 16.4% spent 1-2 hours in a day [Table 4]. Precautionary measures stated by WHO such as washing hands either with alcohol-based sanitizers or soap in every 2 hours, maintaining social distance in public places, are mandatory practices to be followed by the people to protect themselves from all sort of complications during COVID-19 outbreak. From this study it is affirmed that, 27% of the participants are washing their hands for more than 10 times/day, 23.5% are washing their hands for 5-8times, 32.4% are washing for 3-5 times and 17% are washing for 1-3 times [Table 4]. Among the participants 18.9% of people update themselves for more than 4 times a day, 7.5% for 3-4 times / day, 27.8% for 2-3 times / day, 38.1% for 1-2 times / day and 7.8% are not updating themselves regarding COVID-19 in a day. The spread was observed in the areas where the people have gathered in huge numbers, and following this, the government has started giving announcements to avoid public meetings/gatherings. 30% of the participants agreed that they have involved in panic purchases and 11% in panic travel during this quarantine period. If such situation continues with increase in numbers, the transmission of disease will get much easier in that particular areas and COVID-19 prevention also will become much difficult [Table 4].

Persons with preexisting illness also participated in this survey and found to be taking regular medication for their health issues. 31% of participants feels that the quarantine increases their stress on their health concerns and 35% feels that reduction in supply of medicines and availability of health care facilities are affecting their health status [Table 3].

In case of transportation, many restrictions and regulations were implemented by government and the transportation facilities were hugely reduced during the quarantine period. 41.6% feels that reduced transport facility made them isolated from society and gatherings [Table 3].

In this quarantine period the emotional status of the people is in oscillating state. Among the participants 61.6% had felt happiness, 18.5% had felt insecurity, 8.5% had felt anger and 4.6% had quarrel during this quarantine. 6.8% hadn't answered this question which clearly shows that the lockdown and quarantine have produced different impacts on emotional status of the people. Reduction in physical activity and abrupt changes in lifestyle had caused much stress among people. 32.4% of the participants had felt stress during this quarantine period. 32% of the participants had sleep disturbances and insomnia. Though 36.7% had felt anxiety

and fear during quarantine period, 85% agreed quarantine and lockdown helped them in spending their time with family members much happily [Table 4].

95.7% of participants much aware about the seriousness of quarantine and they believed that it prevents them from COVID-19 infection/transmission [11]. Few positive impacts of this quarantine are also documented. It helped 84% of the participants to learn new skills and make them occupied. People have different opinion about quarantine too. 91.8% feels that the quarantine had changed the daily routine, and 18.5% of participants are not showing interest in further extension of lockdown. 79% of participants feel that home remedies help in preventing the disease [Table 3].

This lockdown had reduced physical activity in day to day life. 30.9% of participants are not having any kind of physical activity. At the same time as 27.8% are doing exercise, 25.3% are involving in walking and 16% are practicing yoga regularly. The negative aspect of reduced physical activity may result in the onset of lifestyle disorders like obesity, metabolic and other health related problems [12]. The WHO recommended that everyone should wear mask in public places in order to prevent the COVID-19 but nearly 32% of the participants are not wearing mask in public places. The spread could be much easier in those areas where people doesn't wear mask in public places [13][Table 4].

4. DISCUSSION

The result clearly shows that the quarantine and lockdown have different impacts on people with respect to their economic and social status. Stress and anxiety are the two emotional responses that developed during this lockdown period. The main reason for this increase is due to the factors like economic crisis, obstacles in daily routines, hamper in getting essentials, growing incidence of COVID19, increase in the risk of transmission and progressing count of COVID-19 in their area. All such issues lead to develop sleep disturbances and insomnia during quarantine. People feel that they are isolated from the society and may develop avoidance behavior in post quarantine period. Physical activity is highly reduced during this quarantine period and this could be a cause for lifestyle diseases in post quarantine period. Any form of physical activity is must to stay healthy during this quarantine. The alarming results are also seen in this trial. The people don't feel anxious for not wearing the mask in public which may lead to the reason for high transmission rate. Participants had agreed that they had did panic purchase and panic travel during this quarantine period which may also become a reason for transmission of COVID-19. In a study conducted in china regarding COVID-19 Infodemics also states due to fake news many people have done panic purchases [14]. Due to this lockdown period the hours for spending on the electronic gadget have increased, however it helps in getting updated and help in stay connected with people, but those who are on high usage of such electronic gadgets may leads to develop diseases like nomophobia and dry eye syndrome. Though work from home is inevitable in quarantine period, but still the long term of maintaining a same position and posture may develop cervical and lumbar vertebrae problems. Though people are aware about the importance of quarantine during this COVID-19 period, since it is very new culture for people in India especially South India, they felt stressed up to live with this quarantine life

and many of the participants are not happy with this quarantine period and COVID-19 which may highly impact over the happiness index of India [15].

5. LIMITATIONS

The study is limited to the people who had smartphones, e-mail IDs and the ability to English. This characterizes the educated population of the country, so it must not be indiscriminate to the complete population. Due to lock down Sampling for the study was conducted via a convenience sample through the networks of the researchers and disseminated through different social media platforms. As a result, there is a chance of bias as neglected populations may not have been able to participate in the study. The Knowledge, attitude, and behavior requirement in uneducated people may be dissimilar from the conclusions of our study.

6. CONCLUSION:

To conclude, as this study discloses, more awareness proper measures should be there among publics, to overwhelmed burden of Quarantine. These findings will be relevant for the planning and development of a comprehensive psychological support policy in a developing country like India. In addition, the high level of knowledge of individuals also positively affects their attitudes. Using media tools for accurate information is one of the basic conditions for preventing and controlling the spread of the disease. During this coronavirus pandemic, possible preventive measures, the importance of social distancing and government initiatives were taken to limit the spread of infection.

There is no study to date that evaluated the psychosocial impact of people during the COVID-19 Quarantine. It is important to study the behavior in various population for planning effective intervention strategies.

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Table 1: Baseline characteristics of 281 enrolled participants in the study.

Baseline Variables\Stake Holders	Healthcare(n=82)	Student(n=128)	Others(n=71)	Total(n=281)	Chi-Square	P value
States						
Andhra pradesh	6(7.3)	5(3.9)	1(1.4)	12(4.3)	53.635 ^a	<0.001**
Karnataka	1(1.2)	2(1.6)	2(2.8)	5(1.8)		
Kerala	20(24.4)	66(51.6)	24(33.8)	110(39.1)		
Pudhuchery	26(31.7)	2(1.6)	7(9.9)	35(12.5)		
Tamilnadu	28(34.1)	52(40.6)	36(50.7)	116(41.3)		
Telegana	1(1.2)	1(0.8)	1(1.4)	3(1.1)		
Age						
18-30	25(30.5)	120(93.8)	24(33.8)	169(60.1)	116.73 ^b	<0.001**
30-50	48(58.5)	8(6.3)	33(46.5)	89(31.7)		
50-70	9(11)	0(0)	14(19.7)	23(8.2)		

Gender						
Female	43(52.4)	91(71.1)	25(35.2)	159(56.6)	24.745 ^b	<0.001**
Male	39(47.6)	37(28.9)	46(64.8)	122(43.4)		
Pre existing Illness						
Missing	1(1.2)	0(0)	0(0)	1(0.4)	22.784 ^c	0.03
Cardiac illness	0(0)	0(0)	2(2.8)	2(0.7)		
Diabetes	7(8.5)	1(0.8)	4(5.6)	12(4.3)		
Diabetes, Hypertension, Cardiac illness	1(1.2)	0(0)	1(1.4)	2(0.7)		
Hormonal disorder	1(1.2)	4(3.1)	3(4.2)	8(2.8)		
Hypertension	3(3.7)	1(0.8)	3(4.2)	7(2.5)		
None of the above	69(84.1)	122(95.3)	58(81.7)	249(88.6)		
Do you perform Work from Home						
No Response	0(0)	4(3.1)	1(1.4)	5(1.8)	16.846 ^d	0.01
At times	20(24.4)	17(13.3)	14(19.7)	51(18.1)		
No	42(51.2)	71(55.5)	24(33.8)	137(48.8)		
Yes	20(24.4)	36(28.1)	32(45.1)	88(31.3)		
a. 8 cells (44.4%) have expected count less than 5. The minimum expected count is .76.						
b. 0 cells (0.0%) have expected count less than 5.						
c. 17 cells (81.0%) have expected count less than 5. The minimum expected count is .25.						
d. 3 cells (25.0%) have expected count less than 5. The minimum expected count is 1.26.						

Table 1:** Significant at 1% level

Table 2: Knowledge vs Stake holders cross tabulation

Knowledge\Stake Holders	Healthcare(n=82)	Student(n=128)	Others(n=71)	Total(n=281)	Chi-Square	P value
Source of Getting Information about COVID19						
News Paper	2(2.4)	3(2.3)	3(4.2)	8(2.8)	11.793 ^a	0.462
Social Media	20(24.4)	27(21.1)	14(19.7)	61(21.7)		
Social Media, News Paper	2(2.4)	3(2.3)	4(5.6)	9(3.2)		
Social Media, Television	17(20.7)	17(13.3)	7(9.9)	41(14.6)		
Social Media, Television, News Paper	27(32.9)	45(35.2)	23(32.4)	95(33.8)		
Television	13(15.9)	31(24.2)	16(22.5)	60(21.4)		
Television, News Paper	1(1.2)	2(1.6)	4(5.6)	7(2.5)		

Do you aware about the Necessary of Quarantine during COVID-19						
No	1(1.2)	3(2.3)	0(0)	4(1.4)	1.822 ^b	0.40 2
Yes	81(98.8)	125(97.7)	71(100)	277(98.6)		
Do you have the awareness of Precautionary measures of COVID-19						
No	1(1.2)	3(2.3)	1(1.4)	5(1.8)	0.436 ^b	0.80 4
Yes	81(98.8)	125(97.7)	70(98.6)	276(98.2)		
Are you aware of the Daily count about COVID-19						
No	5(6.1)	6(4.7)	4(5.6)	15(5.3)	0.213 ^c	0.89 9
Yes	77(93.9)	122(95.3)	67(94.4)	266(94.7)		
Are you aware of the symptoms of COVID-19						
No Response	2(2.4)	0(0)	0(0)	2(0.7)	4.931 ^d	0.29 4
No	2(2.4)	3(2.3)	2(2.8)	7(2.5)		
Yes	78(95.1)	125(97.7)	69(97.2)	272(96.8)		
Are you aware about the people with Comorbidity						
No	1(1.2)	19(14.8)	12(16.9)	32(11.4)	12.056	0.00 2
Yes	81(98.8)	109(85.2)	59(83.1)	249(88.6)		
Are you aware of the instructions given by the central/ State government regarding COVID-19						
No Response	2(2.4)	0(0)	0(0)	2(0.7)	5.910 ^d	0.20 6
No	2(2.4)	1(0.8)	1(1.4)	4(1.4)		
Yes	78(95.1)	127(99.2)	70(98.6)	275(97.9)		
Are you aware of the Essential services that are been provided during Quarantine (Banking, Grocery stores, Hospitals, Food delivery)						
No Response	0(0)	0(0)	1(1.4)	1(0.4)	3.842 ^d	0.42 8
No	2(2.4)	6(4.7)	2(2.8)	10(3.6)		
Yes	80(97.6)	122(95.3)	68(95.8)	270(96.1)		
Are you aware about the risk factors of Panic Purchase and Panic Travels						
No Response	2(2.4)	0(0)	0(0)	2(0.7)	13.030 ^e	0.01 1
No	1(1.2)	15(11.7)	9(12.7)	25(8.9)		
Yes	79(96.3)	113(88.3)	62(87.3)	254(90.4)		
Are you aware about the Economical support aided by the Government						
No Response	0(0)	0(0)	1(1.4)	1(0.4)	3.784 ^e	0.43 6
No	7(8.5)	15(11.7)	9(12.7)	31(11)		
Yes	75(91.5)	113(88.3)	61(85.9)	249(88.6)		

Have you discovered any New Talents of You/Your family members						
No Response	1(1.2)	2(1.6)	1(1.4)	4(1.4)	8.236 ^e	0.083
No	22(26.8)	41(32)	34(47.9)	97(34.5)		
Yes	59(72)	85(66.4)	36(50.7)	180(64.1)		
Does the Development of Social Media help in gaining knowledge and being updated						
No Response	0(0)	0(0)	1(1.4)	1(0.4)	6.562 ^e	0.161
No	7(8.5)	8(6.3)	10(14.1)	25(8.9)		
Yes	75(91.5)	120(93.8)	60(84.5)	255(90.7)		
Are you aware about the COVID-19 patients in and around						
No Response	1(1.2)	0(0)	1(1.4)	2(0.7)	2.858 ^e	0.582
No	13(15.9)	28(21.9)	15(21.1)	56(19.9)		
Yes	68(82.9)	100(78.1)	55(77.5)	223(79.4)		
a. 9 cells (42.9%) have expected count less than 5.						
b. 3 cells (50.0%) have expected count less than 5.						
c. 2 cells (33.3%) have expected count less than 5.						
d. 6 cells (66.7%) have expected count less than 5.						
e. 3 cells (33.3%) have expected count less than 5.						

Table 3: Attitude vs Stake holders' cross tabulation

Attitude\ Stake Holders	Healthcare(n=82)	Student(n=128)	Others(n=71)	Total(n=281)	Chi-Square	P value
Do you feel Media circulates Fake Information's about COVID-19						
No Response	1(1.2)	3(2.3)	2(2.8)	6(2.1)	0.807 ^a	0.938
No	34(41.5)	55(43)	32(45.1)	121(43.1)		
Yes	47(57.3)	70(54.7)	37(52.1)	154(54.8)		
Do you feel Quarantine prevents you from COVID-19						
No Response	0(0)	2(1.6)	1(1.4)	3(1.1)	2.249 ^b	0.69
No	3(3.7)	5(3.9)	1(1.4)	9(3.2)		
Yes	79(96.3)	121(94.5)	69(97.2)	269(95.7)		
According to you which is more convenient in Sanitising						
No Response	0(0)	1(0.8)	2(2.8)	3(1.1)	8.150 ^a	0.419
All of the above	53(64.6)	80(62.5)	41(57.7)	174(61.9)		

Hand Sanitizers	13(15.9)	29(22.7)	11(15.5)	53(18.9)		
Soap Bars	9(11)	8(6.3)	9(12.7)	26(9.3)		
Soap solutions	7(8.5)	10(7.8)	8(11.3)	25(8.9)		
Do you feel insecure by the reduced services during Lockdown period						
No Response	0(0)	4(3.1)	2(2.8)	6(2.1)	4.149 ^a	0.386
No	61(74.4)	82(64.1)	48(67.6)	191(68)		
Yes	21(25.6)	42(32.8)	21(29.6)	84(29.9)		
Updating the Daily Count of COVID-19 causes panic among you						
No Response	0(0)	3(2.3)	2(2.8)	5(1.8)	3.653 ^a	0.455
No	47(57.3)	61(47.7)	35(49.3)	143(50.9)		
Yes	35(42.7)	64(50)	34(47.9)	133(47.3)		
Do you feel Quarantine increase your stress on your Health Concerns						
No Response	0(0)	3(2.3)	2(2.8)	5(1.8)	5.006 ^a	0.287
No	62(75.6)	81(63.3)	46(64.8)	189(67.3)		
Yes	20(24.4)	44(34.4)	23(32.4)	87(31)		
Do you feel Reduced Transport makes you Isolated from your society						
No Response	0(0)	4(3.1)	2(2.8)	6(2.1)	4.638 ^a	0.326
No	45(54.9)	77(60.2)	36(50.7)	158(56.2)		
Yes	37(45.1)	47(36.7)	33(46.5)	117(41.6)		
Do you have felt of Fear in going out for Essential Purchase						
No Response	0(0)	3(2.3)	2(2.8)	5(1.8)	3.113 ^a	0.539
No	44(53.7)	66(51.6)	32(45.1)	142(50.5)		
Yes	38(46.3)	59(46.1)	37(52.1)	134(47.7)		
Do you have the fear and stress for the Economic crisis						
No Response	1(1.2)	3(2.3)	3(4.2)	7(2.5)	6.107 ^a	0.191
No	34(41.5)	38(29.7)	18(25.4)	90(32)		
Yes	47(57.3)	87(68)	50(70.4)	184(65.5)		
Do you think this Quarantine helps in learning New skills and getting occupied						
No Response	0(0)	4(3.1)	2(2.8)	6(2.1)	4.248 ^a	0.373
No	11(13.4)	15(11.7)	13(18.3)	39(13.9)		
Yes	71(86.6)	109(85.2)	56(78.9)	236(84)		
Do you think Technology helps in Quarantine						

No Response	0(0)	3(2.3)	2(2.8)	5(1.8)	8.916 ^c	0.063
No	3(3.7)	4(3.1)	8(11.3)	15(5.3)		
Yes	79(96.3)	121(94.5)	61(85.9)	261(92.9)		
Do you share information's and precautionary measures of COVID-19 to your friends and others by phone or any other means						
No Response	2(2.4)	3(2.3)	2(2.8)	7(2.5)	2.885 ^a	0.577
No	6(7.3)	19(14.8)	10(14.1)	35(12.5)		
Yes	74(90.2)	106(82.8)	59(83.1)	239(85.1)		
Do you think the people should be aware of the COVID-19 Patients around their area						
No Response	0(0)	2(1.6)	2(2.8)	4(1.4)	2.537 ^a	0.638
No	8(9.8)	10(7.8)	5(7)	23(8.2)		
Yes	74(90.2)	116(90.6)	64(90.1)	254(90.4)		
Do you think the Quarantine had changed the Daily routine						
No Response	1(1.2)	2(1.6)	2(2.8)	5(1.8)	4.477 ^d	0.345
No	4(4.9)	6(4.7)	8(11.3)	18(6.4)		
Yes	77(93.9)	120(93.8)	61(85.9)	258(91.8)		
Will that be ok If the Quarantine extended for further more 15 days						
No Response	0(0)	4(3.1)	2(2.8)	6(2.1)	6.025 ^a	0.197
No	10(12.2)	27(21.1)	15(21.1)	52(18.5)		
Yes	72(87.8)	97(75.8)	54(76.1)	223(79.4)		
Information regarding Work from home						
No Response	7(8.5)	7(5.5)	3(4.2)	17(6)	30.53 7 ^e	<0.001* *
No difference felt	38(46.3)	36(28.1)	23(32.4)	97(34.5)		
No work	21(25.6)	71(55.5)	22(31)	114(40.6)		
work burden increased	16(19.5)	14(10.9)	23(32.4)	53(18.9)		
Do you believe Home remedies helps in preventing the disease						
No Response	2(2.4)	3(2.3)	3(4.2)	8(2.8)	16.17 1 ^a	0.003
No	6(7.3)	36(28.1)	10(14.1)	52(18.5)		
Yes	74(90.2)	89(69.5)	58(81.7)	221(78.6)		
Do you feel reduced Health care facilities causes difficulties in getting your regular						

medicines						
No Response	2(2.4)	4(3.1)	2(2.8)	8(2.8)	10.57 5 ^a	0.032
No	60(73.2)	67(52.3)	48(67.6)	175(62.3)		
Yes	20(24.4)	57(44.5)	21(29.6)	98(34.9)		
a. 3 cells (33.3%) have expected count less than 5.						
b. 6 cells (66.7%) have expected count less than 5.						
c. 5 cells (55.6%) have expected count less than 5.						
d. 4 cells (44.4%) have expected count less than 5.						
e. 2 cells (16.7%) have expected count less than 5.						

Table 2: Behaviour vs Stake holders' cross tabulation

BEHAVIOUR\Stake Holders	Healthcare(n=82)	Student(n=128)	Others(n=71)	Total(n=281)	Chi-Square	P value
How many times do you update yourselves about the COVID-19 a day						
No Response	1(1.2)	5(3.9)	1(1.4)	7(2.5)	7.163 a	0.71
0	3(3.7)	8(6.3)	4(5.6)	15(5.3)		
1-2	31(37.8)	45(35.2)	31(43.7)	107(38.1)		
2-3	23(28)	37(28.9)	18(25.4)	78(27.8)		
3-4	4(4.9)	10(7.8)	7(9.9)	21(7.5)		
4+	20(24.4)	23(18)	10(14.1)	53(18.9)		
How many Times you wash your hands a day						
No Response	1(1.2)	4(3.1)	1(1.4)	6(2.1)	32.14 4 ^b	<0.001 **
1-3 times	10(12.2)	26(20.3)	6(8.5)	42(14.9)		
3-5 times	13(15.9)	44(34.4)	34(47.9)	91(32.4)		
5-8 times	27(32.9)	20(15.6)	19(26.8)	66(23.5)		
more than 10	31(37.8)	34(26.6)	11(15.5)	76(27)		
Are you anxious of not wearing masks and gloves in public						
No Response	1(1.2)	5(3.9)	2(2.8)	8(2.8)	2.994 c	0.559
No	24(29.3)	39(30.5)	27(38)	90(32)		
Yes	57(69.5)	84(65.6)	42(59.2)	183(65.1)		
Have you ever done a Panic purchase to cope up with Quarantine						
No Response	2(2.4)	5(3.9)	2(2.8)	9(3.2)	0.593 c	0.964
No	57(69.5)	84(65.6)	48(67.6)	189(67.3)		
Yes	23(28)	39(30.5)	21(29.6)	83(29.5)		
Have you ever made Panic travel to your Native during quarantine						
No Response	1(1.2)	4(3.1)	2(2.8)	7(2.5)	1.251 c	0.87
No	70(85.4)	110(85.9)	62(87.3)	242(86.1)		
Yes	11(13.4)	14(10.9)	7(9.9)	32(11.4)		
How many hours are you spending on your Electronic Gadgets						

No Response	2(2.4)	4(3.1)	3(4.2)	9(3.2)	8.133 ^d	0.421
1-2 hours	14(17.1)	15(11.7)	8(11.3)	37(13.2)		
2-3 hours	10(12.2)	13(10.2)	7(9.9)	30(10.7)		
3-4 hours	26(31.7)	27(21.1)	22(31)	75(26.7)		
5+ hours	30(36.6)	69(53.9)	31(43.7)	130(46.3)		
Do you have sleep disturbances and Insomnia during Quarantine period						
No Response	1(1.2)	5(3.9)	2(2.8)	8(2.8)	10.74 ^{3c}	0.03
No	65(79.3)	74(57.8)	44(62)	183(65.1)		
Yes	16(19.5)	49(38.3)	25(35.2)	90(32)		
Do you feel stressed during this Quarantine period						
No Response	1(1.2)	5(3.9)	2(2.8)	8(2.8)	5.238 ^c	0.264
No	61(74.4)	77(60.2)	44(62)	182(64.8)		
Yes	20(24.4)	46(35.9)	25(35.2)	91(32.4)		
Do this Quarantine creates Anxiety and Fear among your family						
No Response	2(2.4)	5(3.9)	2(2.8)	9(3.2)	0.504 ^c	0.973
No	49(59.8)	76(59.4)	44(62)	169(60.1)		
Yes	31(37.8)	47(36.7)	25(35.2)	103(36.7)		
what kind of physical activity you do during quarantine						
No Response	1(1.2)	5(3.9)	2(2.8)	8(2.8)	20.30 ^{2d}	0.009
Exercise	15(18.3)	41(32)	22(31)	78(27.8)		
None	24(29.3)	38(29.7)	17(23.9)	79(28.1)		
Walking	18(22)	30(23.4)	23(32.4)	71(25.3)		
Yoga	24(29.3)	14(10.9)	7(9.9)	45(16)		
Among the following which has increased during quarantine						
No Response	6(7.3)	9(7)	4(5.6)	19(6.8)	15.65 ^{6d}	0.048
Anger	2(2.4)	16(12.5)	6(8.5)	24(8.5)		
Happiness	56(68.3)	81(63.3)	36(50.7)	173(61.6)		
Insecurity	15(18.3)	16(12.5)	21(29.6)	52(18.5)		
quarrel	3(3.7)	6(4.7)	4(5.6)	13(4.6)		
Does this quarantine help in spending quality time with your loved ones						
No Response	1(1.2)	3(2.3)	2(2.8)	6(2.1)	1.412 ^c	0.842
No	11(13.4)	14(10.9)	11(15.5)	36(12.8)		
Yes	70(85.4)	111(86.7)	58(81.7)	239(85.1)		
a. 5 cells (27.8%) have expected count less than 5.						
b. 3 cells (20.0%) have expected count less than 5.						
c. 3 cells (33.3%) have expected count less than 5.						
d. 3 cells (20.0%) have expected count less than 5.						