RESEARCH ARTICLE

PSYCHO-SOCIAL-SPIRITUAL LIFE OF PEOPLE DURING LOCKDOWN DUE TO COVID-19 PANDEMIC-AN INDIAN SURVEY

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Abstract

Introduction and Background: Imposition of lock down during COVID 19 pandemic by Indian Government has brought many changes in the life of people.

Objective: To explore the psychosocial impact of lockdown in general population with specific focus upon changes observed in day-to-day activities encompassing spiritual and recreational activities.

Methods: The study was conducted on class III and IV employees of a health care Institute selected by purposive sampling technique. Data was collected by administering questionnaire comprising of two parts: a) Socio-demographic profile; b) Questions on psycho-social-spiritual aspects and recreational activities adopted by general population during COVID-19 pandemic.

Results: The study reported increase in the feeling of sadness, irritability and boredom among people during lockdown and decrease in social and religious activities. Participants reported a significant increase in the frequency of watching movies, Netflix series and other programs on television etc. and the time spent on social media such as WhatsApp, facebook, instagram, tik-tok, etc. The screen time spent by the people was more than 2hrs.

Conclusion: There was drastic change in certain variables related to psychological health of people during lockdown.

Introduction:

Owing to the rapid onset of COVID 19 pandemic, the Government of India imposed the lockdown pan India to contain the spread of corona virus infection. A lockdown can be defined as an emergency protocol implemented by the authorities that prevents people from leaving a given area. A full lockdown means that the people in the given area must stay where they are and must not exit or enter a building or given area. This precautionary and preventive measure which indeed was very novel, impacted the psychological and social aspects of the people from all the social strata and age groups differently. The lockdown suddenly created a state of fear/apprehension among the public related to supply of basic amenities, medicines, concerns over sick persons and children care at home etc. The psychological impact of lockdown has been very well addressed in various scientific writings. Kar et al. has reported that lockdown is likely to cause fear, rage, edginess and mood swings, criticism, and blame (self and others), frustration, depression, emotional numbness, and inability to cope among the individuals. Das depicted

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social isolation as an outcome of lockdown leading to stress which can manifest in the form of maladjustments, mental distress/trauma, mental illness/self harm, irrational behaviour and family disintegration.\(^3\)

On the other hand, lockdown as an opportunity to refresh and re strengthen the family bonds has also been reported.\(^4\) However, the reports of rise in domestic violence\(^5\) in the context of lack of personal space and boredom\(^6\) are reported too. There are worst-case scenarios of domestic violence victims who found themselves trapped with the violent perpetrator with limited contact with outside world has also been documented.\(^7\) The inadvertent effects of lockdown like unemployment, reduced income, limited resources, and limited social support are known to compound the domestic violence.\(^4\)

Another pertinent issue which got highlighted during lockdown phase is the surge in use of psychoactive substances and behavioral addiction in both old and new users.\(^8\) These claims are often supported by the reports of an increased number of emergency visits related to alcohol use (including severe alcohol withdrawal syndromes).\(^9\),\(^10\) During the period of lockdown major transitions in work like shift to work from home, school closures and closure of other social activities have also created a great surge in digital platforms leading to significant rise in screen time by at least 25 \%.\(^11\) A print media item from New Delhi reported alarming figure of 100\% increase in screen time among children in the age range of 5-15 years.\(^12\)

Thus, there is hardly any aspect of psychosocial functioning which is untouched by lockdown. The present study was undertaken to explore the psychosocial impact of lockdown in general population with specific focus upon changes observed in day-to-day activities encompassing spiritual and recreational activities.

**Material And Methods:-**

**Study design:**
The research design was descriptive cross-sectional design.

**Study sample:**
The study participants were Class III and IV employees of a health care Institute such as ministerial staff, hospital attendants, sanitation attendants, and security officers. One hundred and fifty-one (151) employees were selected by purposive sampling technique.

**Study instruments:**
A questionnaire to assess health-related challenges, preventive practices and effect of lockdown on basic life activities of general population during COVID -19 pandemic was developed by extensive literature search and validated by experts in the field of nursing and public health. The questionnaire comprised of two parts. Part A was regarding the socio-demographic profile and part B consisted of 22 questions on psycho-social-spiritual aspects and recreational activities adopted by the participants during COVID -19 pandemic. The questionnaire was pilot tested on 10 participants and it revealed that the questions were understandable and it was taking around 20 minutes to fill the questionnaire.

**Data collection:**
After obtaining written informed consent, the participants were given questionnaire to fill and the filled questionnaire was collected next day after confirming on phone call that they have filled it. Weekly telephonic reminder was sent to the non responders for two weeks to fill the form.

**Data analysis:**
The self reported data was coded and analyzed by using SPSS version 20. The various descriptive (e.g., percentage, mean and standard deviation) and inferential (Mc Nemer’s test) statistics were employed to analyze the data.

**Ethical considerations:**
Ethical clearance was obtained from the Institutional Ethics Committee (No. INT/IEC/2020/SPL-894). The participation was voluntary. Informed written consent was sought from each participant. They were given opportunity to clarify any aspect of research. They were also informed that they can withdraw from the study at any time. The confidentiality/anonymity of data was maintained throughout the research process.
Results:
Table 1 shows the socio-demographic profile of the study participants. The mean age of the participants was $38 \pm 10.3$ years with the range of 20-59 years. Twenty-seven percent of the participants were less than 30 years of age while 20% were above 50 years of age. Females (54.3%) outnumbered the males (45.7%). Forty-three percent of the study participants were hospital or sanitation attendants while only 15.2% were working as ministerial staff. As per the educational level, 40.4% of the study participants were graduates and above. Two third of the participants (68.9%) belonged to urban locality; were married (82.1%) and had less than five family members (74.8%). Thirty-four percent of study participants had one of the family members above 60 years of age and 43.7% had children below 10 years of age. The mean family monthly income was Rs. 29229 $\pm$ 18414.60 with the range of Rs. 10,000 to Rs. 85000.

Table 1: Socio-demographic profile of study participants. (N=151).

| Variables                                      | n(%) |
|------------------------------------------------|------|
| **Age (years) [Mean = 38.0 $\pm$ 10.3; Range = 20-59]** |      |
| 20-30                                          | 40 (26.5) |
| 30-40                                          | 54 (35.8) |
| 40-50                                          | 33 (21.9) |
| >50                                            | 24 (15.9) |
| **Gender**                                     |      |
| Male                                           | 69 (45.7) |
| Female                                         | 82 (54.3) |
| **Occupation**                                 |      |
| Ministerial staff                              | 23 (15.2) |
| Security                                       | 08 (5.3) |
| Hospital/Sanitation Attendants                 | 65 (43.0) |
| Other (e.g., principal secretary, personal assistants, hostel mess workers,) | 55 (36.4) |
| **Education**                                  |      |
| Illiterate                                     | 11 (7.3) |
| Below Matric                                   | 10 (6.6) |
| Secondary                                     | 39 (25.8) |
| Higher Secondary                               | 30 (19.9) |
| Graduation and above                           | 61 (40.4) |
| **Marital Status**                             |      |
| Married                                        | 124 (82.1) |
| Unmarried                                      | 27 (17.9) |
| **No. of family members**                      |      |
| < 5                                            | 113 (74.8) |
| > 5                                            | 38 (25.2) |
| **Family member above 60 years age**           |      |
| 52 (34.4)                                      |      |
| **No. of children below 10 years age**         |      |
| 66 (43.7)                                      |      |
| **Family Income (in Rs) [Mean = 29229 $\pm$ 18414.60; Range = 10000-85000]** | |
| 10000-20000                                    | 86 (57.0) |
| 25000-50000                                    | 47 (31.1) |
| >50000                                         | 18 (11.9) |

Table 2 shows the psycho-social and spiritual aspects of day-to-day life among the participants before and during lockdown due to Covid 19. There was a statistically significant change in the negative emotional states viz sadness, irritability and boredom. During lockdown, they significantly started feeling sad (17.2%), irritable (19.9%) and bored (19.2%) quite often as compared to before lockdown (9.3%, 13.2% and 8.6% respectively) (p<0.05). No significant difference has been reported before and during lockdown for verbal arguments with family members (6.0 before lockdown and 9.3 during lockdown) and any kind of torture or violence (5.3 before lockdown and 6.0 during lockdown). The findings show that 39% of the participants were often fearful of corona-virus while 38% were scared a risk of getting Covid 19 infection.
The social issues reported by the participants before and during lockdown were that there was significant reduction in the connectivity of participants with their families, friends, relatives etc. (58.3% before lockdown and 46.4% during lockdown) (p<0.05). Significantly higher percentage of participants stopped visiting the friends and family (41.7% before lockdown and 5.3% during lockdown) and spending time with them (39.7% before lockdown and 6.6% during lockdown) (p<0.05).

The consumption of alcohol remained same before and during lockdown while the reduction was reported in smoking (5.3% before lockdown and 4.6% during lockdown) and any other substance abuse (3.3% before lockdown and 2.6% during lockdown). Further, significant reduction has been reported by the participants regarding the frequency of visiting temple, gurudwara, church or religious places (58.9% before lockdown and 12.6% during lockdown) while the increase was reported in the frequency of praying at home (77.5% before lockdown and 78.8% during lockdown).

Table 2: Psycho-social-spiritual issues among general population during lockdown due to Covid 19 pandemic (N=151).

| Variable | Before Lockdown | During Lockdown | McNemer Tests | p value |
|----------|-----------------|-----------------|---------------|---------|
| Psychological Issues | | | | |
| Feeling of happiness | Often n(%) | Seldom n(%) | Never n(%) | Often n(%) | Seldom n(%) | Never n(%) | p value |
| Feeling of sadness | 14 (9.3) | 71 (47.0) | 66 (43.7) | 26 (17.2) | 73 (48.3) | 52 (34.4) | 0.004 |
| Feeling of irritability | 20 (13.2) | 60 (39.7) | 71 (47.0) | 30 (19.9) | 60 (39.7) | 61 (40.4) | 0.041 |
| Feeling of boredom | 13 (8.6) | 67 (44.4) | 71 (47.0) | 29 (19.2) | 61 (40.4) | 61 (40.4) | 0.002 |
| Verbal arguments with family members | 9 (6.0) | 40 (26.5) | 102 (67.5) | 14 (9.3) | 49 (32.5) | 88 (58.3) | 0.180 |
| Suffered from any kind of torture/violence while staying at home | 8 (5.3) | 33 (21.9) | 110 (72.8) | 9 (6.0) | 34 (22.5) | 108 (71.5) | 1.000 |
| Feeling of risk of getting coronavirus infection | - | - | - | 59 (39.1) | 40 (26.5) | 52 (34.4) | 0.016 |

Social Issues

| Variable | Before Lockdown | During Lockdown | McNemer Tests | p value |
|----------|-----------------|-----------------|---------------|---------|
| Staying connected with family, friends, relatives etc | 88 (58.3) | 50 (33.1) | 13 (8.6) | 70 (46.4) | 36 (23.8) | 45 (29.8) | <0.001 |
| Visiting friends, relatives | 63 (41.7) | 61 (40.4) | 27 (17.9) | 8 (5.3) | 20 (13.2) | 123 (81.5) | <0.01 |
| Attending and spending time with friends, relatives at home | 60 (39.7) | 66 (43.7) | 25 (16.6) | 10 (6.6) | 31 (20.5) | 110 (72.8) | <0.001 |

Substance Abuse

| Variable | Before Lockdown | During Lockdown | McNemer Tests | p value |
|----------|-----------------|-----------------|---------------|---------|
| Alcohol Intake | 12 (7.9) | 30 (19.9) | 109 (72.2) | 12 (7.9) | 30 (19.9) | 109 (72.2) | 1.000 |
| Smoking | 8 (5.3) | 10 (6.6) | 133 (88.1) | 7 (4.6) | 7 (4.6) | 137 (90.7) | 1.000 |
| Any other substance abuse | 5 (3.3) | 6 (4.0) | 140 (92.7) | 4 (2.6) | 3 (2.0) | 144 (95.4) | 1.000 |

Religious Issues

| Variable | Before Lockdown | During Lockdown | McNemer Tests | p value |
|----------|-----------------|-----------------|---------------|---------|
| Visit to temple, gurudwara, church or any other religious place | 89 (58.9) | 46 (30.5) | 19 (10.6) | 19 (12.6) | 25 (16.6) | 107 (70.9) | <0.001 |
| Pray at home | 117 (77.5) | 29 (19.2) | 5 (3.3) | 119 (78.8) | 24 (15.9) | 8 (5.3) | 0.754 |

For calculating McNemer test, seldom/never were merged together
Table 3 shows the involvement of the participants in recreational activities during lockdown due to Covid 19 pandemic. The study findings showed that 41.7% of the study participants were watching movies/Netflix series/TV etc. more often before the lockdown which increased significantly to 56.3% during lockdown (p<0.05). Around 39.7% of them were often spending time on social media such as WhatsApp/ facebook/ Instagram/ tik-tok etc. before lockdown which was increased to 47.7% during lockdown (p<0.05). It has also been reported that number of study participants spending more than 2 hours on screen (TV watching/mobile/laptop etc.) has also increased significantly from 10.6% before lockdown to 25.8% during the lockdown. Around 28% of the study participants believed that they started spending more time in watching TV/movies/Netflix series etc. to kill time while 36.4% believed that they started spending more time on social media during lockdown. Twenty-seven percent of the study participants developed new hobbies or started practicing previous hobbies during lockdown due to Covid 19 pandemic.

Table 3:– Recreational Activities among general population during lockdown due to Covid – 19 pandemic. (N=151)

| Variables | Before lockdown n(%) | During lockdown n(%) | McNemer’s Test |
|-----------|----------------------|----------------------|---------------|
| **Recreational Activities** | | | |
| Frequency of watching movies/Netflix series/T.V./any other* | | | |
| • Often | 63 (41.7) | 85 (56.3) | <0.001 |
| • Seldom | 60 (39.7) | 44 (29.1) | |
| • Never | 28 (18.5) | 22 (14.6) | |
| Spent time on social media such as Whtsapp /facebook/ instagram/tik-tok/ any other* | | | 0.004 |
| • Often | 60 (39.7) | 72 (47.7) | |
| • Seldom | 48 (31.8) | 39 (25.8) | |
| • Never | 43 (28.5) | 40 (26.5) | |
| Approximate screen time spent (T.V. watching/ mobile/laptop etc.) | | | <0.001 |
| • <2 hour | 135 (89.4) | 112 (74.2) | |
| • > 2 hours | 16 (10.6) | 39 (25.8) | |
| Started spending more time watching T.V./Movies/Netflix series etc. to kill time during lockdown? | - | 42 (27.8) | |
| Started spending more time on social media during lockdown? | - | 55 (36.4) | |
| Developed any new hobby or practiced any previous hobby during lockdown | - | 41 (27.2) | |

For calculating McNemer test, seldom/never were merged together

**Discussion:–**

As a result of the emergence of coronavirus disease 2019 (COVID-19) outbreak caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection, Government of India imposed the countrywide lockdown to contain the spread of corona virus infection. The global outbreak and spread of COVID-19 not only seriously threaten public health, but had great psychological impact. Lockdown resulted in socio-economic crisis as well as profound psychological distress among the general public.¹¹

The present study was conducted to explore the psychosocial impact of lockdown in people with specific focus upon changes observed in day-to-day activities encompassing spiritual and recreational activities during pandemic. The study was conducted through a structured questionnaire which was distributed to 151 participants. Majority of the study participants were females (54%). Thirty-six percentage of the participants were in the age group of 30-40 years (Mean = 38.0 ± 10.3).

The study findings revealed a drastic change in certain variables related to psychological health. There was decrease in the feeling of happiness, increase in the feeling of sadness, irritability and boredom during lockdown and verbal arguments with family members. The results of the present study are consistent with a study which stated distress,
boredom, social isolation and frustration are directly related to confinement, abnormally reduced social/physical contact with others, and loss of usual habits.\textsuperscript{11}

In this modern world in which all people want to rapidly travel and communicate has never been forced to the social isolation and restrictions which are related to feelings of frustration and uncertainty. This unusual situation related to COVID-19 outbreak is clearly demonstrating that individuals are largely and emotionally unprepared to the serious effects of covid-19 disaster that are directly showing how everyone may be incapacitated and powerless.\textsuperscript{11} Due to Covid-19 pandemic people have to remain inside of their homes which might have resulted in psycho-social issues. In the present study there was significant decrease in social activities of people after lockdown such as staying connected with family, friends, relatives etc, visiting friends, attending and spending time with friends and relatives.

The COVID-19 crisis had severely affected the mental health and well-being among general public. The immediate impact of physical isolation was distress among people. They were distressed as well as the long-term consequences which could have lasting effect on overall well-being. The present study revealed that 39\% of participants were often scared from coronavirus and 38\% had feeling of risk of getting coronavirus infection. Literature also reported the fear, anxiety and obsession among general public due to Covid-19 pandemic.\textsuperscript{12} In the present study, there was no significant difference in the consumption of alcohol, smoking and any other substance during lockdown. This was may be due to non-availability of it during lockdown.

Social relationships refer to the association between family members, friends, neighbours, co-workers, and other associates. The positive aspects of social relationships were emotional support from others, whereas there are certain negative aspects such as conflict and stress if the quality of social relationship is poor. Social relationship that are comfortable, relaxed and easy are important in a person’s life which will have a great impact on health, and may affect their behavioural, psychosocial, and physiological states.\textsuperscript{13} The finding of the present study let out significant differences in social health of participants before and during lockdown. The participants were often visiting friends, relative before lockdown (41\%) which was reduced to 5\% during lockdown. Similarly, a significant reduction has been seen in variables such as staying connected with their families, friends, relatives etc and attending and spending time with friends, relatives. The results are consistent with a study conducted by Naser AY et al. The study reported the average score of the influence of the COVID-19 pandemic on social relationships among the whole study population was 5.68 (SD: 2.33) out of 10 (equal to 56.8\%), which indicates the marginal strength of the social relationships. Furthermore, around 31.6\% of the participants reported that their social relationships were affected to a high degree by the COVID-19 pandemic. The COVID-19 pandemic is negatively affecting social relationships, which could ultimately lead to negative health implications.\textsuperscript{13}

The COVID-19 pandemic has affected religion in various ways, including the cancellation of the worship services of various faiths and the cancellation of pilgrimages, ceremonies and festivals.\textsuperscript{14} During lockdown, India has closed down its private and government offices, educational institutions, malls, markets and other entertainment spots. The web-based teaching and learning was quite challenging for the teachers as well as students even in the professional institutions.\textsuperscript{15,16} The closure of temple shrines to battle Coronavirus has hit the devotees who wish to visit the religious places. Almost all the big and small places of worship in India were shut down for outsiders.\textsuperscript{17} In the present study the participants reported a significant decrease in the frequency to visit to temple, gurudwara, church or any other religious places and increase in praying at home during lockdown. Literature also revealed that churches have limited (Catholic and Orthodox) or totally suspended (Protestants) their religious life in the actual community-based dimension.\textsuperscript{18}

During lockdown due to Covid-19 pandemic people engaged themselves in variety of recreational activities. In the present study participants reported a significant increase in the frequency of watching movies/ Netflix series/ T.V./ any other (from 41.7\% to 56.3\%) as well as increases in time spent on social media such as Whatsapp /facebook/ instagram/tik-tok/ any other(from 39.7\% to 47.7\%). The screen time (>2hrs) spent (T.V. watching/ mobile/laptop etc.) had also been increased during lockdown. According to an annual study into UK media habits suggested adults who were stuck indoors - on average spent 40\% of their waking hours in front of a screen. At the height of lockdown, adults spent an average of six hours and 25 minutes each day staring at screens. Screen time overall was up almost a third (31\%) on last year. People watched streaming services, such as Netflix, Amazon Prime Video and Disney+, for one hour 11 minutes per day.\textsuperscript{19}
It is concluded that there was drastic change in certain variables related to psychological health of people during lockdown such as decrease in happiness, increase in sadness and boredom. The screen time of people increased they started spending more time in watching TV and social networking. The contact with relatives and friends decreased significantly. Even the change was there in religious practices such reduction in the frequency of visiting religious place and increase in frequency of prayers at home.

The study relied on only the one-time response of the study participants on a structured questionnaire which has its own limitation. More experiences of the participants could be explored using qualitative approach. Thus, recommendations to conduct research on various psychological issues of general public during lockdown due to Covid-19 Pandemic are needed.

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