INTRODUCTION

The outburst of COVID-19 is a representation of how unforeseeable our lives are or can be. The virus has brought a drastic change in everybody life in some way or the other. People never thought of social distancing, avoiding mass gathering, staying inside their houses in the lockdown period, switching over to a new way of leading a life, adapting to a new work style of working from home, the life which changed completely from real to the virtual one. Coronavirus is causing a lot of distress, anxiety and fright among people but now this has become a new normal and everyone is trying to cope with this unusual situation. Stress is a natural emotion or a feeling of not being able to cope with demands and circumstances. It is a destructive and weakening force. It is very important to manage stress or else it can be fatal. In an inadequate and inconstant world, such as ours, it is impossible to avoid stress. However, being vigilant to the effects of stress may help people to manage more effectively. Some stress can even lead to serious consequences, because of long-running trouble. One should indeed learn how to deal with the difficult times and progress, as adversities and sufferings are a part of life. Nevertheless, while that process of acquiring knowledge through our thoughts, experiences, and senses is in progress, we depend on sympathetic and empathetic relationships with one another throughout. Therefore notable and trusted people, close relatives play a vital role in helping and understanding the needs, desires and minimizing the anxiety and fear. This is an unparallel time for all of us. Each one of them, be it children, youth, adults, or older people, everybody is undergoing worry and fear and their mental health have been impacted. Some can cope with the prevailing situation and many are not able to cope and the after-effects in some cases are depressing and fearful.
LITERATURE REVIEW

The consequences of COVID-19 have proved to be fatal for all the segments of the population. Its impact on the mental health on different age groups of people varies. At one side the pandemic has brought strain in day-to-day lives, the contingency has paralyzed all professions, occupations, and economic activities that contribute to the economy resulting in the closure, closedown, out of work and unemployment. The quick turn down in the Indian economy and the elongated delay will have an unfavourable effect on youth, with the obvious reduction in the job openings. “The young people are likely to bear the burden or endure to this huge worklessness. Even before the crisis, this was the oversized headache for leaders across the world”.

The younger people are committing suicide after being diagnosed positive. The Times of India reported: “A 22-year-old covid-19 positive ended his life by hanging in his covid care centre room in a district of Tamil Nadu”. There are many such cases which have taken place in different parts of India and across India”. The younger generation is found to be more depressed and frustrated because of this ongoing pandemic because there are fewer jobs or it can also be said that there are no jobs for them and on top of that if they are diagnosed positive with coronavirus they feel how in their latter days they will face their friends and how will they be treated by their friends and other known people. Not able to tolerate all this, they bring an end to their lives. Elderly people are also committing suicide because of depression as they are not able to withstand or hold out against the fear of COVID-19. As you get older you are at a higher risk of getting an illness from COVID-19. The best way to reduce the risk of getting the illness from this pandemic is to: limit your interaction with others, take precautionary steps, Avoid going to such places where social distancing cannot be maintained. Use sanitizers, wear masks, wash hands often etc. Sticking to a regular schedule is key, even when you are at home all day. For example, getting up, good nutrition, proper rest, going to bed around the same time every day is very important. These things can help to cope with stress. Spending quality time with children is equally essential and will serve the purpose of understanding the children and building good and harmonious relations with them, especially if they have had a stressful day. Talking with their children, knowing their issues and requirements will let their children come closer to them. The coronavirus disease has deeply affected life around the globe. Heightened terror and the pressure of social distancing and separation may adversely impact the wellness of millions of people who are already feeling the weight by the results of the recently come into existence coronavirus pandemic. “During this current pandemic, concentrating attentiveness on how our social distancing is safeguarding the common good and checking in others by telephone or video conference could counteract some of the bad results of strain and panic, says Cole”. The best way to overcome such dreadful situations is to keep yourself fit by doing yoga and meditation and making your immunity strong. Try spending more time doing something creative. It will help to learn something new and will teach new ways to solve a problem. The more we create, the better we are and we respect our inner nature and can express more clearly in front of others. Jacqui Smith, who is a professor affiliated with the Michigan Center for the Demography of Aging and Institute of Social Research says that if throughout the day one listens to the continual steady flow of bad news, it will not be good, so it is advisable to older adults that they should talk to their friends and family and spend more doing something which gives them happiness and keep them fit. Smith mentions that staying informed is good but too much absorbing yourself in such kind of things which gives you stress and strain should be avoided and utilizing your time in doing something like reading, baking etc will help you to lose track of time. Coronavirus disease, apart from its distressing consequences on human life it has seriously hampered the economy not only of China, USA, or India but also of the world as a whole. Hence, healthcare workers, governments and the public, in general, need to show unity and work together for the elimination and containment of the pandemic.

Everyone can do something by showing little acts of kindness, stimulating hope for a healthier future. Parents should introspect themselves and know where they are lacking and what can be done for self-improvement for building a better relationship with their children. Instruct children on the right way to wash their hands and simple measures, such as maintaining physical distance, washing hands frequently and wearing a mask are imperative if the fight against COVID-19 is to be won. It is very important for parents to be happy for only the happy parents can create happy generation. We should help for poor and needy people especially at this time when we all are fighting from this covid-19 pandemic in lockdown. These people are hungry and feel homeless. If you wish to help them then you can give food, cloth and donate money and also you can give mask gloves for protection.

We can also offer help by spreading community awareness. Find opportunities to volunteer in your community. If there are older people or immune-suppressed people help them out. Assist vulnerable people in your community to pick up their groceries and medicine. Support and help provided to others will let them face this difficult time bravely.

MATERIAL AND METHODS

In this pandemic time, the change in behaviour, argument tendency, depression, anxiety disorder etc. were developed in many persons. This study was done to analyse the behav-
our change of the people. For this study total, 3779 persons were selected. COVID-19, coronavirus pandemic had been associated with the mental health of the children. During the timing of complete lockdown due to pandemic, the people were at home. They could not go out for attending their office, shopping and other necessary work. It becomes a reason for adverse mental or behavioural health conditions, anxiety disorder and trauma-related disorder etc. For this study, the parameters which were taken for the people were age groups; educational level, different regions, income slabs, employment level etc were selected. The selection had been done in such a way that the people of all categories were included in this study. The people were selected which belong to the poor, middle and rich family. The period of this study was from 1 to 30 April 2020. The people were also taken from different states of India. The argument nature, depression, stress-related disorder, brain, behavioural change, nervousness disorder have been discussed with the people. The classification of people was done concerning gender (male and female), age groups (18 to 25 yrs., 46 to 55 yrs, 56 to 65 yrs and above 65 yrs.), education, region (10th to 12th class students, graduate courses, postgraduate courses and greater than postgraduate courses), region (north, east, south and west and also rural, urban), Income (less than Rs. 20 thousand, 20 to 40 thousand, 40 to 75 thousand, 75 thousand to 1 Lakh, 1 lakh to 2 lakh, above 2 lakh, unknown), employment (Unemployed, employed service class persons, employed business class person, retired person).

**OBSERVATIONS**

Table 1: Health monitoring of people during lockdown (1 to 30 April 2020)

| Characteristics          | Respondents (%) | Argument nature | Depression | Stress-Related Disorder | Brain problem | Behavioural change | Nervousness disorder |
|--------------------------|-----------------|-----------------|------------|-------------------------|---------------|-------------------|---------------------|
| **Gender**               |                 |                 |            |                         |               |                   |                     |
| Male                     | 1945 (51.5)     | 923 (47.7)      | 179 (9.2)  | 138 (7)                 | 257 (13.2)    | 253 (13)          | 152 (7.8)           |
| Female                   | 1834 (48.5)     | 409 (22.3)      | 297 (16.1) | 253 (13.8)              | 251 (13.68)   | 347 (18.9)        | 277 (15.1)          |
| **Age groups**           |                 |                 |            |                         |               |                   |                     |
| 18 to 25 years           | 1996 (52.8)     | 794 (39.7)      | 149 (7.4)  | 124 (6.2)               | 203 (10.1)    | 196 (9.8)         | 530 (26.5)          |
| 26 to 45 years           | 1074 (28.4)     | 389 (36.2)      | 77 (7.1)   | 97 (9)                  | 113 (10.5)    | 136 (12.6)        | 262 (24.3)          |
| 46 to 55 years           | 303 (8)         | 77 (25.4)       | 37 (12.2)  | 49 (16.1)               | 39 (12.8)     | 95 (31.3)         | 6 (2)               |
| 56 to 65 years           | 294 (7.8)       | 99 (33.6)       | 47 (15.9)  | 37 (12.5)               | 19 (6.4)      | 76 (25.8)         | 16 (5.4)            |
| Greater than 65 years    | 112 (2.9)       | 35 (31.25)      | 16 (14.2)  | 24 (21.4)               | 11 (9.8)      | 17 (15)           | 9 (8)               |
| **Education**            |                 |                 |            |                         |               |                   |                     |
| 10th to 12th class students | 1978 (52.3)    | 965 (47.7)      | 369 (18.6) | 104 (5.2)               | 77 (3.8)      | 303 (15.3)        | 160 (8)             |
| Graduate courses         | 976 (25.8)      | 437 (44.7)      | 182 (18.6) | 102 (10)                | 83 (8.5)      | 93 (9.5)          | 79 (8)              |
| Post graduate courses    | 664 (17.5)      | 215 (32.3)      | 79 (12)    | 106 (16)                | 98 (14.7)     | 99 (14.9)         | 67 (10)             |
| Greater than post graduate course | 161 (4.2) | 47 (29)         | 28 (17.3)  | 27 (16.7)               | 39 (24)       | 17 (10)           | 3 (1)               |
| **Region**               |                 |                 |            |                         |               |                   |                     |
| North                    | 1246 (32.9)     | 482 (38.7)      | 186 (15)   | 49 (4)                  | 179 (14.3)    | 168 (13.4)        | 182 (14.6)          |
| East                     | 739 (19.5)      | 293 (39.6)      | 139 (18.8) | 73 (9.8)                | 59 (8)        | 126 (17)          | 49 (6.6)            |
| South                    | 876 (23)        | 284 (32.4)      | 127 (14.4) | 94 (10.7)               | 38 (4.3)      | 119 (13.5)        | 214 (24.4)          |
| West                     | 918 (24)        | 198 (21.5)      | 207 (22.5) | 104 (11.3)              | 186 (20)      | 68 (7.4)          | 155 (16.9)          |
| **Rural-Urban classification** |            |                 |            |                         |               |                   |                     |
| Rural                    | 1569 (41.5)     | 527 (33.5)      | 369 (23.5) | 168 (10.7)              | 266 (16.9)    | 178 (11.3)        | 61 (3.9)            |
| Urban                    | 2210 (58.5)     | 894 (40.4)      | 264 (12)   | 249 (11.2)              | 204 (9.2)     | 297 (13.4)        | 302 (13.6)          |
| **Household income (Rs.)** |            |                 |            |                         |               |                   |                     |
| Less than 19,999/-       | 1065 (28)       | 416 (39)        | 177 (16.6) | 145 (13.6)              | 103 (9.6)     | 97 (9.1)          | 127 (11.9)          |
| 20,000/- to 39,999/-     | 827 (21.8)      | 315 (38)        | 107 (12.9) | 68 (8)                  | 117 (14)      | 98 (11.8)         | 122 (14.7)          |
RESULTS AND DISCUSSION

Table 1 represents that out of 3779 people, 51.5% male and 48.5% female have responded in this study. This study is done for the lockdown period. In this period, people could not go out of the house. Due to this, the behaviours of the people were changed. The behaviour and health were observed during this lockdown period. Argument nature, depression, Stress-related disorder, brain problem, behavioural change, nervousness disorder are developed 47.7%, 9.2%, 7%, 13.2%, 13%, 7.8% in male respectively. 22.3%, 16%, 13.8%, 13.6%, 18.9%, 15% are produced in female respectively.

Table 1 represents that in this lockdown period, the behaviour change is studied for many age group persons. When this study is done for 18-25 years people, It is seen that argument nature, depression, Stress-related disorder, brain problem, behavioural change, nervousness disorder are developed in 39.7%, 7.4%, 6.2%, 10.1%, 9.8% and 26.5% respectively. For 26 to 45 years age group, the above mentioned problems are found in 36.2%, 7.1%, 9%, 10.5%, 12.6%, 24.3% people respectively. In 46 to 55 years people, 25.4%, 12.2%, 16.1%, 12.8%, 31.3% and 2% suffered the above problems respectively. 33.6%, 15.9%, 12.5%, 6.4%, 25.8%, 5.4 persons suffered the above mentioned problems by 56 to 65 years age group people. Above 65 years people suffered the above problems by 31.25%, 14.2%, 21.4%, 9.8%, 15% and 8% respectively. For the different educational level person, 10th to 12th class students responded only by 52.3%, graduate students by 25.8%, postgraduate students by 17.5% and greater than postgraduate students by 42%. The argument nature, depression, stress-related disorder, brain problem, behavioural change, nervousness disorder were found in 47.7%, 18.6%, 5.2%, 3.8%, 15.3% and 8% students of 10th to 12th class students. 44.7%, 18.6%, 10%, 8.5%, 9.5%, 8% graduate students were found above mentioned problem. 32.3%, 12%, 16%, 14.7%, 14.9%, 10% postgraduate students suffered above problems. The students having above post-graduate qualifications suffered 29%, 17.3%, 16.7%, 24%, 10%, 1% problems. The behavioural changes were also studied for different region persons. 32.9%, 19.5%, 23% and 24% people from north, east, south and west direction responded in this survey. 38.7%, 15%, 4%, 14.3%, 13.4%, 14.6% people from north side had faced above mentioned problems respectively. While 39.6%, 18.8%, 9.8%, 8%, 17%, 6.6% people from east region had suffered above problem respectively. In the south and west directions’ people, the percentage of the brain and behavioural changes had been increased. The analytical survey of a rural and urban person’s represented that except nervousness brain problems, all the health symptoms were increased respectively. To check whether the mental status depends upon the income of people, the survey was done for different income group people. The survey stated that the mental status of different income groups person was the same during the lockdown. In all known and unknown income group persons, the percentage of argument tendency was increased maximum and percentage of brain problem found minimum during the lockdown. As the mental status of the unemployed person, employed service class and business class person and retired persons were different. Thus the behaviours of above category person became different at the time of lockdown. It is observed that 22.8%, 38%, 25% and 14% were responded by the above category person. In all category persons, the percentages of argument tendency were increased maximum while the percentage of behaviour change and nervousness were minimum.

CONCLUSION

From the above analysis, it is concluded that the lockdown has influenced the world in numerous ways. The lack of information, the necessity for precise and error-free information and the quickness of its spreading are important, as this pandemic requires the working together of the entire population. It was observed that in the male students of 10th to 12th standard and young male (age group 18 to 25 years) of north
side urban area who had income less than 20,000/- increased argument behaviour. The maximum percentage of depression problem was found in females (age above 65 years) of west rural areas. In girls students from 10th to graduate courses and middle-income group servicewomen were also faced depression problem. After analysis of depression data, it is observed that the females (age group 56 to 65 yrs) having qualification 10th to graduate service class west urban area living were found depressive disorder problems. Maximum stress-related problems were found in females (age group 46 to 55 yrs) of the west region who were from service class. Maximum brain-related disorders were found in females of the rural area having middle age and income. Behaviour changes were found in middle age male students and retired persons of the east urban region. The maximum percentage of educated businesswomen of the south urban region have faced the problems of nervousness disorder due to the fear of this lockdown. The collective (people) get an exceedingly large amount of particulars from a social platform such as What’s App and medical fraternity and government need to formulate strategies to make certain that precise information needs to roll out in these forums. The public consciousness is quite high and it is important that the understanding of communication channels be known and be given the highest level of importance throughout the pandemic.

REFERENCES

1. Oboho IK, Tomczyk SM, Al-Asmari AM, Banjar AA, Al-Mugti H, Aloraini MS, Alkhaldi KZ, Almohammadi EL, Alraddadi BM, Gerber SI. MERS-CoV Outbreak in Jeddah—A Link to Health Care Facilities. N. Engl. J. Med. 2015; 372: 846–854.
2. Kampf G, Todt D, Pfaender S, Steinmann E. Persistence of coronaviruses on inanimate surfaces and their inactivation with biocidal agents. J of Hospital Infection, 2020; 104: 246-251.
3. Challenges and burden of the Coronavirus 2019 (COVID-19) pandemic for child and adolescent mental health: a narrative review to highlight clinical and research needs in the acute phase and the long return to normality. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7216870/
4. The Korean Society of Infectious Diseases; Korean Society for Healthcare-associated Infection Control and Prevention. An Unexpected Outbreak of Middle East Respiratory Syndrome Coronavirus Infection in the Republic of Korea, 2015. Infect. Chemother. 2015, 47:120–122.
5. How to keep your child safe online while stuck at home during the COVID-19 outbreak. https://www.unicef.org/coronavirus/

keep-your-child-safe-online-at-home-covid-19, accessed August 30, 2020
6. Yen MY, Lu Y C, Huang PH, Chen CM, Chen Y C, Lin Y E. Quantitative evaluation of infection control models in the prevention of nosocomial transmission of SARS virus to health care workers: implication to nosocomial viral infection control for health care workers, Scand J Infect Dis, 2010; 42: 510-5.
7. Alshammari M, Reynold K A, Verhoughstraete M, O’Rourke M K. Comparison of persisted and observed and hygiene compliance in health care workers in MERS- CoV endemic regions. Health care (Basel, Switzerland) 2018; 6: 122.
8. Nine Ways To Help Your Kids Manage Stress During the Lockdown https://www.healthifyme.com/blog/9-ways-to-help-your-kids-manage-stress-during-the-lockdown/
9. Huang et al, The Lancet, January 24, 2020, Clinical features of patients infected with 2019 novel coronavirus in Wuhan, China.
10. Wang et al Clinical characteristics of 138 hospitalized patients with 2019 novel coronavirus-infected Pneumonia in Wuhan China-JAMA, February 7 2020.
11. WHO, Coronavirus Disease 2019 (COVID-19). WHO; 2020. Situation Report 23.
12. Psychosocial Support for Children during COVID-19 A Manual for Parents and Caregivers https://www.unicef.org/india/media/3401/file/PPS-COVID19-Manual-ChildLine.pdf.
13. Jin YH, Cai L, Cheng ZS, Cheng H, Deng T, Fan YP, et al. A rapid advice guideline for the diagnosis and treatment of 2019 novel coronavirus (2019-nCoV) infected pneumonia (standard version). Military Medical Research, 2020; 7 (1): 4.
14. Mahtani S, Berger M, O’Grady S, Iati M. Hundreds of evacuees to be held on bases in California; Hong Kong and Taiwan restrict travel from mainland China. The Washington Post. Archived from the original on 7 February 2020. Retrieved 11 February 2020.
15. Chen N, Zhou M, Dong X, Qu J, Gong F, Han Y, et al. Epidemiological and clinical characteristics of 99 cases of 2019 novel coronavirus pneumonia in Wuhan, China: a descriptive study. Lancet. 2020;395:507–513.
16. World Health Organization. Coronavirus disease 2019 (COVID-19): situation report, 47”.WHO; 2020, March 2020.
17. Stress Free Parenting in 21st Century, https://gurukul.org/blog/21st-century-parenting/stress-free-parenting-in-21st-century/?gclid=Cj0KCQjw7Ngj5BRCZARIsABwxDKKXv6rv7p91FHp29lJe3oYFhglZ7QsH19CdvNL0qT3OXFio-H9JNYAaD3EALw_wcB.
18. Czeisler ME, Mental health, substance use, and suicidal ideation during the COVID-19 pandemic—United States, Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report,2020; 69 (32):24-30.
19. Kannamani R, Jayakumar S, Govindasamy C, COVID-19 Situation at Chennai City – Forecasting for the Better Pandemic Management, International Journal of Current Research and Review, 2020; 12 (16): 37-47.