

# A Study on Impact of COVID-19 Lockdown on Psychological Health, Economy and Social Life of People in Kashmir

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## ABSTRACT

The 2019 corona virus disease (COVID-19) epidemic is a public health emergency of international concern and poses a challenge to psychological resilience, economy and social life of people. Research data are needed to develop evidence-driven strategies to reduce adverse psychological impacts, economic recession and disturbance of social life during the epidemic. The aim of this study was to survey the general public in Kashmir to better understand their levels of psychological impact, anxiety, depression and stress along with the economic downfall disturbing the social life of people during the initial stage of the COVID-19 outbreak. The results of our study revealed that 76.5% respondents believe that lockdown is the temporary solution to prevent the spread of COVID-19 infection it can result in many new problems such as psychological problems (67.5%), social problems (53.5%), economic problems (48.5%), academic problems if COVID-19 lockdown continues. Further, majority of the respondents (male= 61.5%, 58.5%) were always washing hands after touching contaminated objects, majority of respondents (male= 35.5%, female=39.5%) were occasionally wearing a mask regardless of the presence or absence of symptoms, majority of respondents (male= 79.5%, female=82.5%)

always were covering mouth when coughing and sneezing, majority of respondents (male=43.5%, female=40.5%) were occasionally washing hands immediately after coughing sneezing or rubbing nose and majority of respondents (male= 33.5%, female=29.5%) were occasionally avoiding sharing utensils (e.g., chopsticks) during meals. Statistically, nonsignificant difference in general was observed between male and female respondents regarding precautionary measures adopted by study population in current COVID-19 Lockdown. Majority of the respondents spent maximum time at home checking daily details about COVID-19 spread details (67.5%) worried about their family members and were not satisfied the way Government tackled this problem at the beginning. The study further revealed that respondents were of the opinion that Government should facilitate COVID-19 testing for the safety of the people using random selection (68.5%), cluster selection (72.5%) and testing of whole population (35.5%). The respondents in majority were of the opinion that those who have travel history (94.5%), who are migrant workers (97.5%), who contact with any corona positive (98%), those living in red zones (80.5%) should be tested on priority basis. Finally, it was suggested that to cope with COVID-19 lockdown stress, keep ourselves

busy in physical activities, religious activities and social work.

**Keywords:** anxiety; corona virus; depression; epidemic; precaution; psychological impact; respiratory symptoms; stress, Kashmir; statistics

## 1. INTRODUCTION

The new virus, a global threat (Wang, 2020) caused by a novel corona virus first detected in December 2019 around a seafood market in the Chinese city of Wuhan Hubei Province (Nishiura, 2020) is by far the largest outbreak of atypical pneumonia since the severe acute respiratory syndrome (SARS) outbreak in 2003. The new virus with symptoms of infection including fever, chills, cough, coryza, sore throat, breathing difficulty, myalgia, nausea, vomiting, and diarrhea was named as Severe Acute Respiratory Syndrome –Corona Virus (SARS-CoV2) or novel Coronavirus (2019-nCoV), was designated by the World Health Organization (WHO) on 11<sup>th</sup> February 2020 as coronavirus disease –19 (abbreviated “COVID-19”) and officially declared it as a pandemic on 11<sup>th</sup> March 2020 (WHO, 2020). The total number of cases and deaths caused by COVID-19 exceeded those of SARS within weeks of its initial outbreak (Hawryluck, 2004). It is reported that COVID-19, like SARS, is a beta-coronavirus that can be spread to humans through intermediate hosts such as bats (Paules, et al. 2020), though the actual route of transmission is still debatable worldwide. It has been also reported that Human-to-human spread has been observed via virus-laden respiratory droplets, as a growing number of patients reportedly did not have animal market exposure, and cases have also been found in health care workers (Huang, 2020). Transmissibility of COVID-19 as shown by its reproductive number has been estimated at 4.08 (Cao, 2020), signifying that on average, every case of COVID-19 will create up to 4 new cases. The reporting rate after 17 January 2020 has been measured to have increased 21-fold in comparison to the condition in the first half

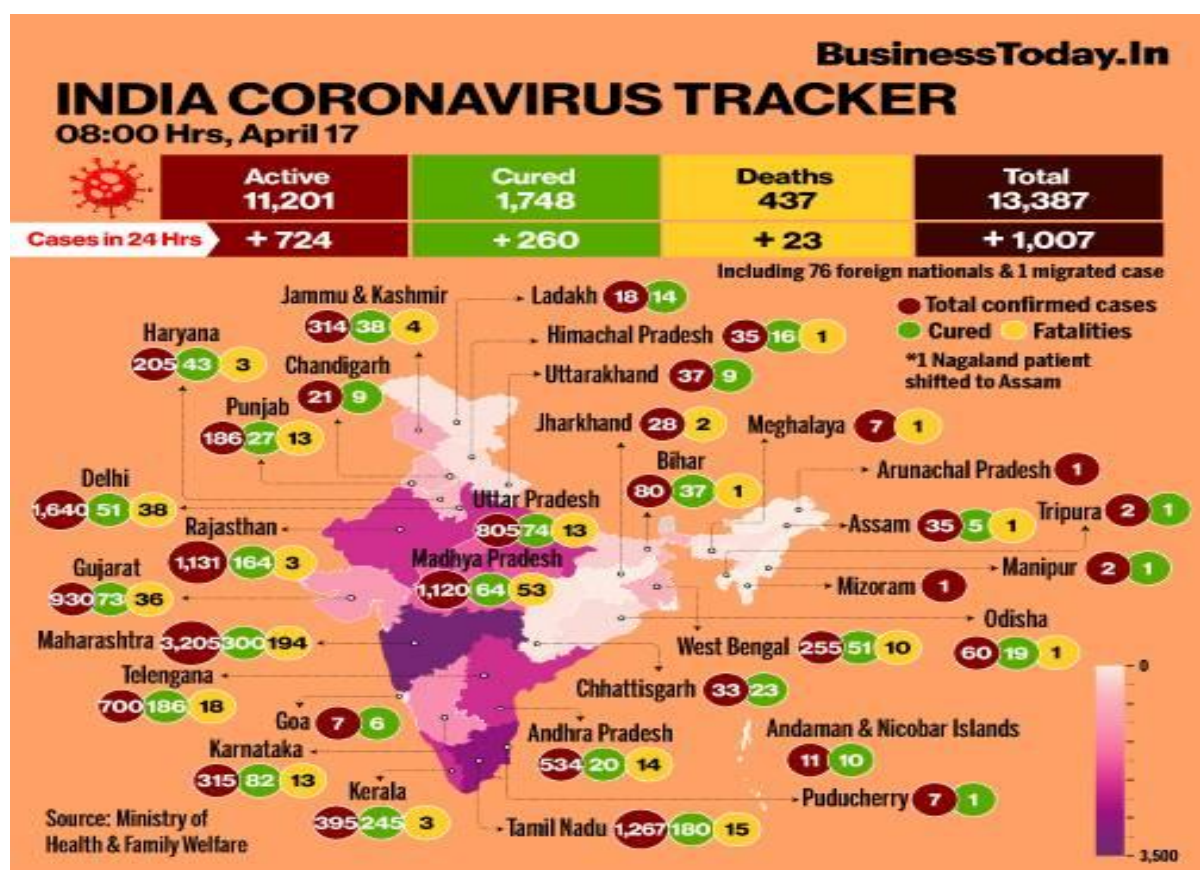
of January 2020 (Zhao, 2020). The average incubation period is estimated to be 5.2 days, with significant variation among various patients (Li, 2020) and it may be capable of asymptomatic spread also (Rothe, 2020). There are no therapeutics and vaccines available and there is presumably no pre-existing immunity in the population. The symptoms of COVID-19 range from no symptoms (asymptomatic) to severe pneumonia and can lead to death. The evidence from analyses of cases to date is that COVID-19 infection causes mild disease (i.e., non-pneumonia or mild pneumonia) in about 80% of cases and most cases recover, 14 % have more severe disease and 6% experience critical illness. It is reported that older men with medical comorbidities are more likely to get infected and that too with worse outcomes (Chen, 2020). Severe cases can even lead to cardiac injury, respiratory failure, acute respiratory distress syndrome and death as well (Holshue, 2020). The provisional case fatality rate by WHO is around 2%, but some researchers also estimate the rate to range from 0.3% to 0.6% (Nishiura, 2020). People experiencing homelessness live in those surroundings that are conducive to a disease epidemic. Many people experiencing homelessness live in congregate living settings- be it formal (i.e., shelters or halfway houses) or even informal (i.e., encampments or abandoned buildings)- and might not have regular access to basic hygiene supplies, all of which could facilitate virus transmission. Many such people experiencing homelessness have found to have chronic mental and physical conditions (Tsai, 2019 ), engage in high rates of substance abuse including sharing of needles (Maremmani et al., 2017), People experiencing homelessness are a susceptible group, and their potential exposure to COVID-19 might negatively affect their ability to be housed as well as their mental and physical health. Such kind of people aged younger than 65 years have all-cause mortality that is 5-10 times higher than that of the general population (Baggett, et al.

2013). If cities continue to impose a lockdown to prevent COVID-19 transmission, there are few emergency preparedness plans to transport and provide shelter for these large number of people experiencing homelessness and are starving. In lockdowns, public spaces are closed, movement outside homes are restricted and major roads of transport might be closed, all of which might negatively affect these poor people. It is unclear how and where unsheltered people will be moved to if quarantines and lockdowns are implemented. In such a scenario, closures of shelters and other high-density communal settings (e.g., drop-in centers and soup kitchens) are possible, which could increase the number of unsheltered people experiencing homelessness and reduce their access to needed services. Lockdowns and disease containment events might also be deleterious to the mental health of people experiencing starvation and homelessness, many of whom have fears around involuntary hospitalization and incarceration (Schutt et. al., 2011). Study conducted by Wang et al 2020, found that 53.8% of respondents rated the psychological impact of the outbreak as moderate or severe; 16.5% specified moderate to severe depressive symptoms; 28.8% reported moderate to severe anxiety symptoms; and 8.1% were found to have moderate to severe stress levels. Most of the respondents spent 20–24 h per day at home (84.7%); were worried about their family members contracting COVID-19 (75.2%); and were content with the amount of health information that was available to them (75.1%). Female gender, student status, specific physical symptoms (e.g., myalgia, dizziness, coryza), as well as the poor self-rated health status were significantly associated with a greater psychological impact of the outbreak and higher levels of stress, anxiety and depression ( $p < 0.05$ ). Specific up-to-date and accurate health information (e.g., treatment, local outbreak situation) and particular precautionary measures (e.g., hand hygiene, wearing a

mask) were also related with a lower psychological impact of the outbreak and lower levels of stress, anxiety, and depression ( $p < 0.05$ ). Functioning, well-resourced health systems are certainly needed to manage the situation effectively. The outbreak is already placing health services in developed countries under extensive strain. The recommendations for maternity services alone, to limit pregnant women's exposure to ill persons, while ensuring that women receive essential care, means categorizing potential cases before entry at health service points, delaying routine appointments and using strict isolation and infection control measures to limit transmission to other patients and staff. In low-resource health systems, putting these recommendations and instructions in place may not always be feasible. Dealing with COVID-19 is likely to create imbalances and other problems in the health care provision, disruption of routine essential services and to require redeployment of scarce health personnel across health services. The impact of the pandemic could also affect routine health care services. Clinic appointments are rare in low-income settings and people can wait long hours at crowded clinic waiting areas for antenatal care, contraceptive counseling or even for the reproductive health services, which will ultimately increase risk of infection transmission. Fear is putting people at greater risk of developing physical as well as mental health issues as fear causes stress and when we are stressed the hormones cortisol and adrenaline increase and they suppress the effectiveness of the immune system. The suppression of immune system leaves the body vulnerable to disease and infection. The intact immune system will get over the novel virus, but with fear and weakened immunity, we are at risk of developing a severe disease. The studies have shown that stress increases the risk of heart attacks and strokes. The stress hormones narrow the blood vessels, and make the blood stickier and thicker and increase the likelihood of blood clotting.

The researchers on the basis of online survey and media reports that emerging studies into Covid-19 together with lessons from past outbreaks suggest that the pandemic could have profound and potentially long-term impacts on psychological health, economic, social and religious life. Rapid and rigorous research accessing the impact of Covid-19 on psychological health of people is needed to limit the impact of the pandemic. The present pandemic is clearly having a major social and psychological impact on the whole population, increasing unemployment, separating families and various other changes which are generally considered as major psychological risk factors for anxiety, depression and self-harm. The recent studies conducted by Bilal et al., (2020) revealed that awareness, attitude and practice of people towards

prevention of COVID-19 is important. We can control COVID-19 spread till some treatment is developed by following religious teachings and advisory of health ministry. Islam stresses on purification and Prophet Muhammad (peace be upon him) said, purification is half of faith. The diagram below shows the coronavirus zones in India and on the date of writing this paper, COVID-19 is affecting 210 countries and territories around the world and 2 international conveyances. The total number of cases involved is more than 2,414, 098, the number of deaths exceeds 165,153 with death rate 21% (<https://www.worldometers.info>) as on 20<sup>th</sup> April 2020. India along with other countries 17 countries of the world is with over 14000 cases and in J&K the statistics of COVID-19 shows positive cases crossed 368 (Jammu=55, Kashmir 313)



Source: businesstoday.in

In view of the above discuss, we conducted the current study to access the Impact of COVID-19 Lockdown on Psychological

Health, Economy and Social Life of People in Kashmir. The study is expected to help policy makers, mental care health providers

and religious scholars to frame strategy to cope with the pandemic.

## 2. MATERIALS AND METHODS

In the present online survey conducted in Kashmir valley a well-developed pretested questionnaire was used to collect the information from a sample of 400 people selected using stratified random sampling technique through Google Classroom, Social media (Facebook and WhatsApp). The people under study were explained the purpose of our study to get their consent. The survey was conducted to assess the concerns about COVID-19, impact of COVID-19 on psychological health of people in lockdown and precautionary measures taken against COVID-19. The information collected by online survey was tabulated and analyzed and interpreted statistically. Statistical software SPSS (version 25) was used for analysis of data.

## 3. RESULTS AND DISCUSSION

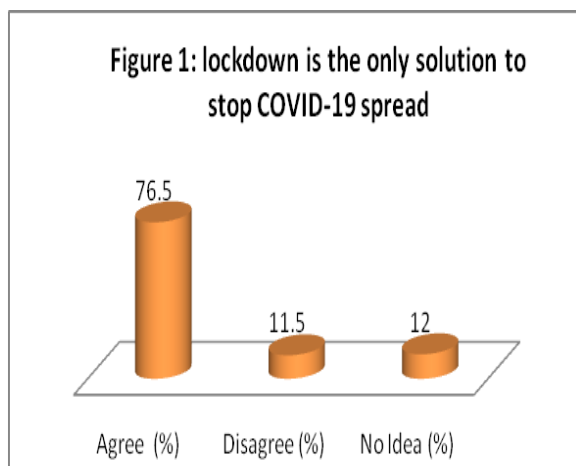
The data collected from 400 respondents (male=200 and female=200) was analysed and presented in Tables and Figures. The data shown in Table 1, reveals

that in response to statement i.e., Washing hands after touching contaminated objects majority of the respondents (male=61.5%, female=58.5%) reported always, in response to statement 2 i.e., Always wearing a mask regardless of the presence or absence of symptoms, majority of the respondents (male=35.5%, female=39.5%) reported occasionally, in response to statement 3 i.e., in response to statement, Always covering mouth when coughing and sneezing, majority of the respondents (male=79.5%, female=82.5%) reported always, in response to statement 4 i.e., Always washing hands immediately after coughing sneezing or rubbing nose, majority of the respondents (male=43.5%, female=40.5%) reported occasionally, and in response to statement 5 i.e., Always avoiding sharing utensils (e.g., chopsticks) during meals, majority of the respondents (male=33.5%, female=29.5%) reported occasionally. Statistically, it has been observed that only in statement 2, there is a significant difference in the practice of male and female respondents ( $p < 0.01$ ), in all other statement asked regarding precautionary measures there was nonsignificant difference in their practices regarding precautionary measures ( $p > 0.05$ ).

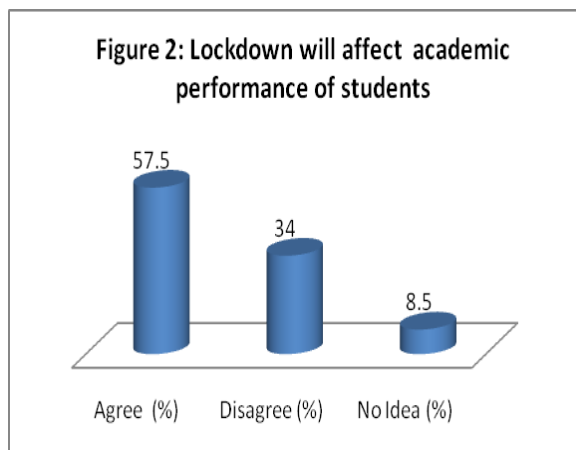
**Table 1: Precautionary Measures adopted by study population in current COVID-19 Lockdown**

S.No	Precautionary Measures	Response	Gender		Chisquare	P-value
			Male (%)	Female (%)		
1.	Washing hands after touching contaminated objects	Always	123 (61.5)	117 (58.5)	2.178	>0.05
		Most of the time	25 (12.5)	30 (15.0)		
		Sometimes	19 (9.5)	15 (7.5)		
		Occasionally	31 (15.5)	27 (13.5)		
		Never	7 (3.5)	11 (5.5)		
2.	Always wearing a mask regardless of the presence or absence of symptoms	Always	37 (18.5)	13 (6.5)	25.697	<0.01
		Most of the time	39 (19.5)	23 (11.5)		
		Sometimes	10 (5.0)	26 (13.0)		
		Occasionally	71 (35.5)	79 (39.5)		
		Never	43 (21.5)	59 (29.5)		
3.	Always covering mouth when coughing and sneezing	Always	159 (79.5)	165 (82.5)	0.794	>0.05
		Most of the time	2 (1.0)	3 (1.5)		
		Sometimes	13 (6.5)	12 (6.0)		
		Occasionally	21 (10.5)	17 (8.5)		
		Never	5 (2.5)	3 (1.5)		
4.	Always washing hands immediately after coughing sneezing or rubbing nose	Always	21 (10.5)	25 (12.5)	1.812	>0.05
		Most of the time	35 (17.5)	39 (19.5)		
		Sometimes	46 (23)	40 (20)		
		Occasionally	87 (43.5)	81 (40.5)		
		Never	11 (5.5)	15 (7.5)		
5	Always avoiding sharing utensils (e.g., chopsticks) during meals	Always	15 (7.5)	12 (6.0)	4.220	>0.05
		Most of the time	63 (31.5)	55 (27.5)		
		Sometimes	34 (17.0)	47 (23.5)		
		Occasionally	67 (33.5)	59 (29.5)		
		Never	21 (10.5)	27 (13.5)		

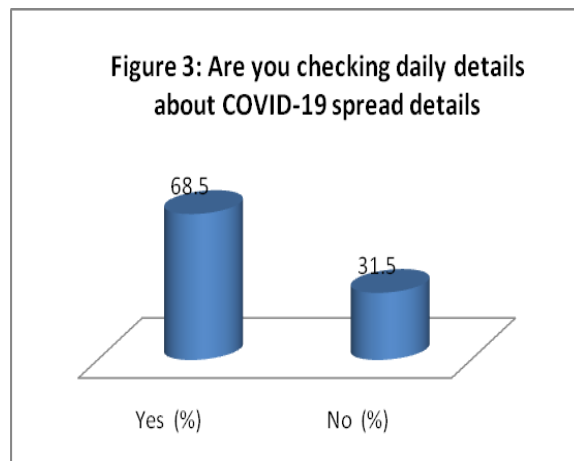
The data shown in Figure 1, reveals that majority of the respondents (76.5%) agreed that COVID-19 lockdown is the only solution to stop the chain of spread of virus. While (11.5%) of the respondents didn't agree that lockdown should be done. And (12%) of the respondents were not able to give any view about its control as the corona virus is the first of kinds of virus to be witnessed by the humans in the world.



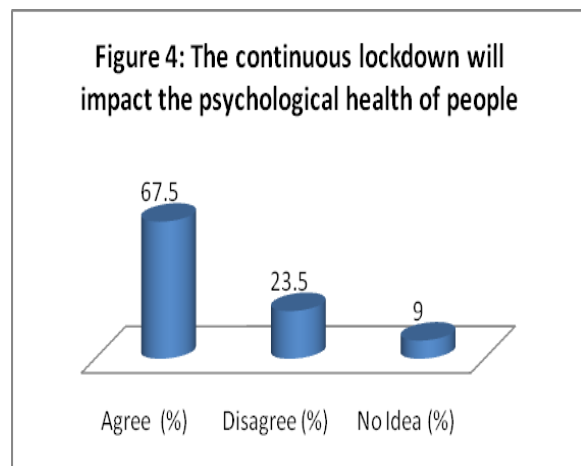
The data shown in Figure 2, reveals that majority of the respondents (57.5%) agreed that COVID-19 lockdown will affect the academic performance of students. However (34%) of the respondents were of the view that through online classes the academic performance of the students can be secured and the future of the students can be saved. A meager section around (8.5%) of the respondents weren't able to express any view regarding the statement.



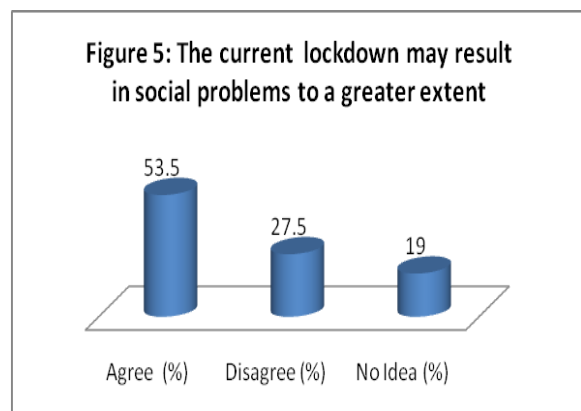
The data shown in Figure 3, reveals that majority of the respondents (68.5%) reported that they are checking daily details about COVID-19 spread. However (31.5%) of the respondents stated that they weren't checking the daily scores of the COVID-19 patients infected as it scared them.



The data shown in Figure 4, reveals that majority of the respondents (67.5%) reported that they believe continuous lockdown may affect the mental health of the people. However (23.5%) of the respondents stated that the lockdown will not have any effect on the mental health as people are in the knowledge of the fact that lockdown is much needed for their protection and the mind sets are made in that direction. A meager section (9%) of the respondents was unable to express their views either way. The World Health Organization (WHO) is working closely with global experts, governments and partners to quickly expand scientific knowledge on this new virus to protect health and prevent the spread of this outbreak ([www.un.org/coronavirus](http://www.un.org/coronavirus)). The continuous COVID-19 lockdown causes stress and stress makes other risk factors like high blood pressure, diabetes and high cholesterol worse. The doctors working in different hospitals of Kashmir revealed to authors via online group discussion that there is increase in health issues like gastrointestinal disorders, respiratory issues and very high increasing rate of mental health issues like anxiety and depression.

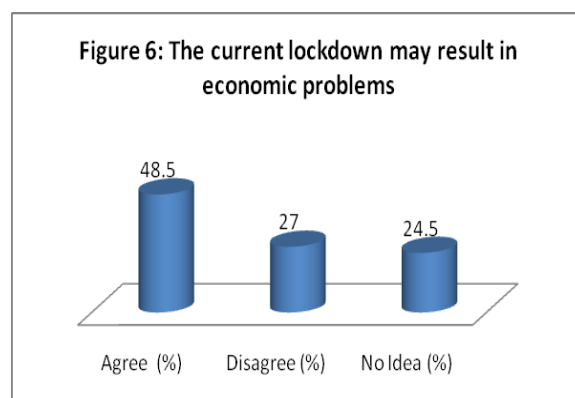


The data shown in Figure 5, reveals that majority of the respondents (53.5%) agreed that the current lockdown may result in social problems to greater extent. However (27.5%) of the respondents didn't agree that the current lockdown will result in social problems as people in lockdown are more in touch with their family members, relatives or friends through various online networking applications. And (9%) of the respondents couldn't express any view either way. The news channels daily report increase in domestic violence due to decrease in income.

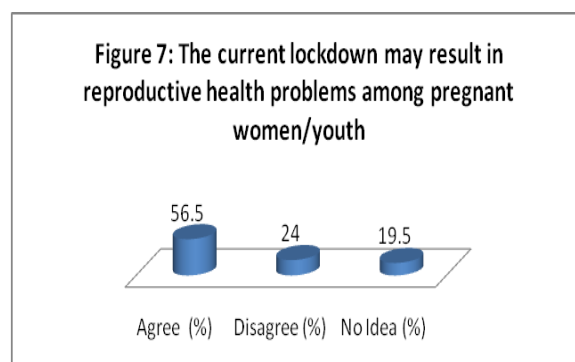


The data shown in Figure 6, reveals that majority of the respondents (48.5%) agreed that the current lockdown if continued for a long time may result in economic problems worldwide. The pandemic has already resulted in income loss due to job loss or reduced income due to lockdown. Recently, news was circulated on social media that mother because of food problem throws her

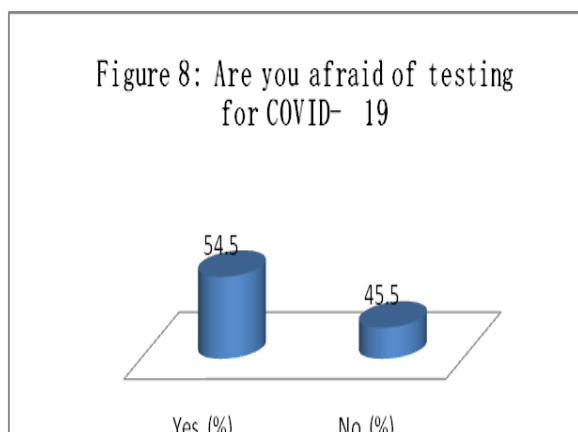
five children into Ganga River (U.P, India) during COVID-19 lockdown. However, (27%) of the respondents expressed a contrary view holding that the economic problems existed prior to the spread of the pandemic virus and the people serving in government sector are getting salaries so they don't have any problem. Another section (24.5%) of the respondents was completely in doubts to express their views either way.



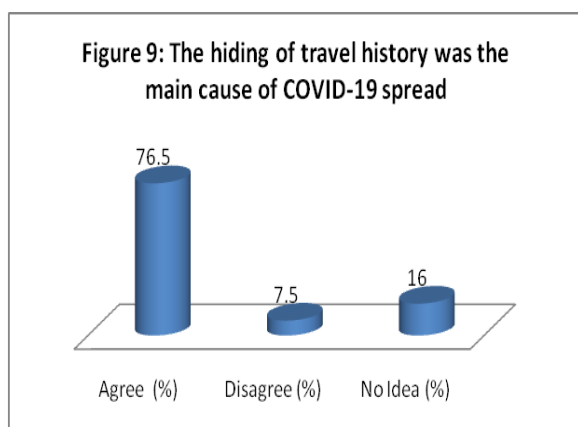
The data shown in Figure 7, reveals that majority of the respondents (56.5%) agreed that the current lockdown if continued for a long time may result reproductive health problems among pregnant women/youth. The absence of medical as well as transport facilities is the main causes. However (24%) of the respondents expressed their views in contrary way as according to them government has maintained ambulance facilities which are available to the patients including the pregnant women, so there can't be such sufferance in the reproductive health sector. Another section of (19.5%) of the respondents didn't express any view either way.



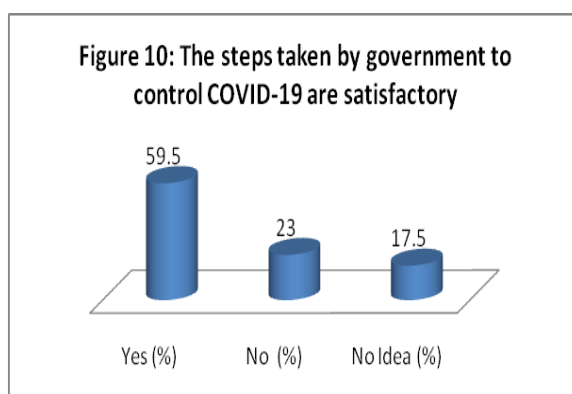
The data shown in Figure 8, reveals that majority of the respondents (54.5%) agreed that they are afraid of testing for COVID-19 where as (45.5%) stated that they weren't afraid of the testing as it helped to save their lives by a pre-detection of the virus and its prevention of being spread to other people. The lack of medical facilities as per respondents is a big issue in J&K.



The data shown in Figure 9, reveals that majority of the respondents (76.5%) agreed that the main cause of COVID-19 spread in Kashmir was hiding of travel history by the people. However (7.5%) stated that it can't be the main cause of the spread of the disease, as there are many other ways for its spread as well. And another section (16%) of the respondents was unable to express their views either way. The journalists of Kashmir as per Kashmir press alleged harassment by government by summoning journalists to police stations and forced to explain their stories.



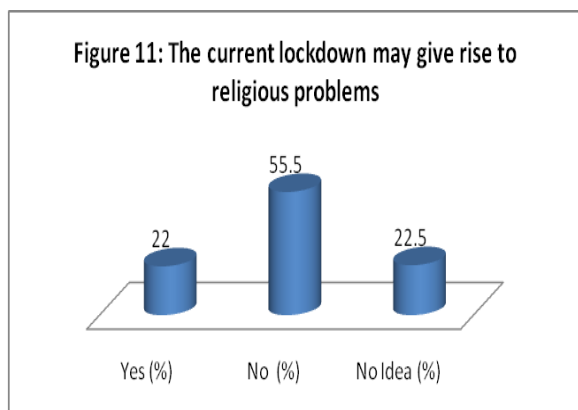
The data shown in Figure 10, reveals that majority of the respondents (59.5%) agreed that the steps taken by the government to control COVID-19 are satisfactory. However, 23% respondents don't agree that steps taken by the government were satisfactory. The government and rich people are responsible for the spread of COVID-19 in Kashmir as both took COVID-19 threat lightly. The students and businessman especially belonging to rich families hide their travel history which resulted in COVID-19 spread in Kashmir. And (17.5%) of the respondents didn't response either way. The media aware people that if anyone have been exposed to novel coronavirus (COVID-19), and have developed any symptoms (cough, fever or difficulty breathing), he should call the Govt. of India helpline 1075 or the state helpline numbers for assistance (Source: Ministry of Health and Family Welfare). The J&K government in practical field is still fighting for rapid COVID-19 testing kits so it is important we all take precautions to avoid OVID-19 infection.



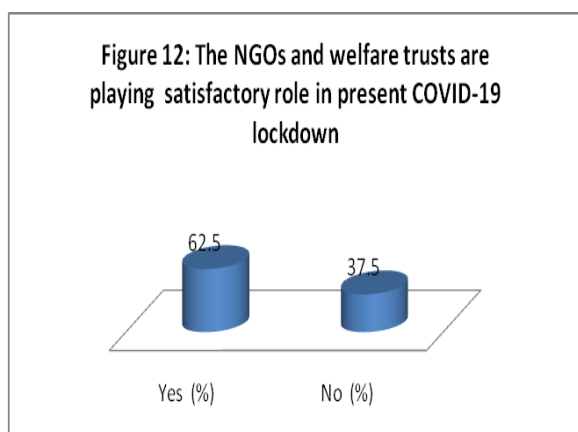
The data shown in Figure 11, reveals that majority of the respondents (55.5%) did not agree that the current lockdown may give rise to religious problems. However, 22% respondents were of the opinion that it may result in religious problems. And (22.5%) of the respondents didn't express either way. The recent incident of Delhi Tableig Jammatt case is an example which created hatred among Muslims and Non Muslims in India (theprint.in, dated 18<sup>th</sup> April 2020).



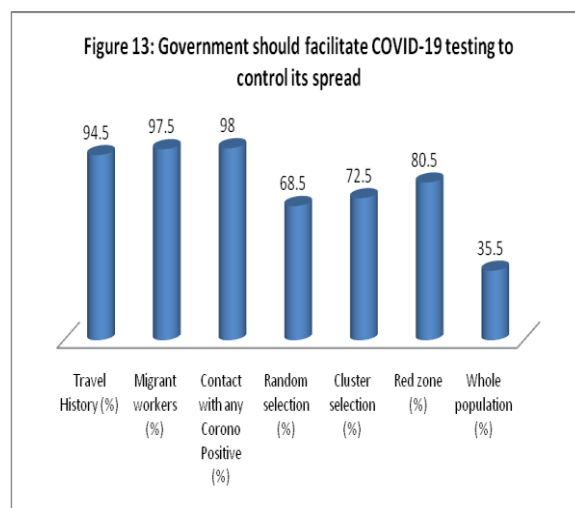
Recently, in India few hospitals refuse to admit Muslims as coronavirus causes Islamophobia surge. Two newborn babies died in Jharkhand and Rajasthan after hospital refused to treat their Muslim mothers (The telegraph, by the Jae Wallen, New Delhi, 19<sup>th</sup> April 2020). The OIC urges Govt of India to stop growing tide of Islamophobia in India (GEO.TV) as it is the time to fight with COVID-19 together.



The data shown in Figure 12, reveals that majority of the respondents (62.5%) agreed that the NGOs and welfare trusts are playing satisfactory role in present COVID-19 lockdown. However, 37.5% respondents were of the opinion that they are not playing satisfactory role as so many deserving help poor people are not helped because of NGOs biasness. Lockdowns are the order of day in Kashmir and people are get used to live without basic necessities of life for days. In Kashmir we have 100s of NGOs who reach to destitute in difficult times.



The data shown in Figure 13, reveals that respondents were of the opinion that Government should facilitate COVID-19 testing to control its spread. The respondents were of the opinion that those who have travel history (94.5%), who are migrant workers (97.5%), who contact with any corona positive (98%), those living in red zones (80.5%) should be tested on priority basis. Further, the responded feel that COVID-19 testing using random selection (68.5%), cluster selection (72.5%) and testing of whole population (35.5%) is needed for the safety of the people of any state.



#### 4. CONCLUSION

The current COVID-19 pandemic is causing widespread concern, depression and anxiety among the people all over the world. The mental problems caused by COVID-19 lockdown impacted the psychological wellbeing of individuals from the entire community including students, casual labours, healthcare professionals and the general population. The elders, females, students, people living in stress condition, healthcare professionals at front-line, and those who are with underlying chronic conditions are at a higher risk. The respondents under study were following precautionary measures to avoid COVID-19 as per WHO and state guidelines on pandemic that is physical distancing and staying home as the only feasible therapy to

control the spread of pandemic. The study revealed that majority of people spent maximum time at home checking daily details about COVID-19 spread, worried about their family members and was not satisfied the way Government tackled this problem at the initial stage of COVID-19 spread. The respondents of our study were of the opinion that Government should facilitate COVID-19 testing for the safety of the people using random selection (68.5%), cluster selection (72.5%) and testing of whole population (35.5%) in red zones at least. The respondents understudy in majority want that people who have travel history (94.5%), who are migrant workers (97.5%), who contact with any corona positive patient (98%), those living in red zones (80.5%) should be tested on priority basis. The respondents understudy in majority were of the opinion that COVID-19 lockdown is a temporary solution to control COVID-19 spread and if it continues for a long time may result in many problems like psychological problems, social problems, economic problems and religious problems. The pandemic resulted in income loss due to job loss or reduced income due to COVID-19 lockdown gave birth to domestic problems. The studies show that fear causes stress and when we are stressed the hormones cortisol and adrenaline increase and they suppress the effectiveness of the immune system. The suppression of immune system leaves the body vulnerable to disease and infection. It is important to aware people that with fear we are at risk of developing a severe disease. COVID-19 does not see race, religion, caste, creed, language before striking so it is important we fight together with COVID-19. The researchers finally suggested that policy makers, mental care health providers and religious scholars provide mental support as is needed at this time to the vulnerable group. Further, it was suggested that to cope with COVID-19 lockdown stress, people should keep themselves busy in physical activities, religious activities and social work. Kashmir a world famous conflict

zone has already seen many disasters so the people understudy in one voice urge India and Pakistan to observe ceasefire and to provide safe space to the people of state until COVID threats get over. The Secretary General of UN amid surging COVID-19 crisis has also appealed for the Global ceasefire.

**Source of Conflict:** All the authors declare that are no conflict of interests.

#### ACKNOWLEDGEMENT

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