

Impact of COVID 19 Lockdown on health risk behaviour of individuals

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Abstract

Background: Specialists worldwide have reacted to COVID 19 by actualising travel limitations, lockdowns, work environment risk controls, and office terminations. ⁽¹⁾ Securing amidst pandemic likewise remembered boycotts for cigarettes and liquor deals, influencing the utilisation patterns of alcohol and tobacco consumption of the purchasers. ⁽²⁾

Objective: Broad Objective- To study impact of COVID -19 lockdown on health risk behaviours (alcohol consumption and smoking) of individuals. **Specific Objective-** To study if alcohol consumption and smoking has been more than usual, same as usual or less than usual since the lockdown and analyse it based on characteristics of respondents. To study the reasons behind change in consumption of alcohol and smoking since the lockdown and analyse based on characteristics of respondents. To know if the individuals are expecting to have a change in their consumption habits post lockdown and analyse the association based on characteristics of respondents.

Results: A total of 206 responses were received. 50.42% respondents who smoke perceived their smoking pattern to be more than usual, 41.18% perceived it as less than usual and 8.40% perceived their smoking pattern to be same as usual during lockdown. On the other hand, 57.78% of the respondents who consume alcohol perceived their drinking pattern to be less than usual, 15.56% perceived it to be more than usual whereas 26.67% of the respondents perceived their drinking pattern to be same as usual during the lockdown. A statistical difference was found in the smoking pattern of respondents with respect to gender ($p = 0.031$), age- group ($p = 0.004$), residence ($p = 0.000$), work- status ($p = 0.000$) and household ($p = 3.86 \times 10^{-6}$). A statistical difference in the alcohol consumption pattern during lockdown was found only with respect to place of residence ($p = 0.000$) and number of persons in the household ($p = 0.02$). It was found that 44.88% respondents were willing to reduce their health risk behaviour after lockdown as they faced positive outcomes on their physical and mental health.

Conclusion: The study helped in knowing the patterns of consumption design amidst lock down and in tossing experiences regarding the psychological conduct and approach of people towards such health risk hazard practices.

Keywords: COVID 19, health risk behaviour, lockdown, smoking pattern, alcohol consumption, health risk hazard practices

1. Introduction

The COVID-19 pandemic, is viewed as the pandemic of coronavirus malady 2019 (COVID 19), brought about by severe acute respiratory syndrome coronavirus 2 (SARS CoV 2) ^[1] The flare-up was first recognised in Wuhan, China, in December 2019 ^[1]. The World Health Organisation announced the flare-up a Public Health Emergency of International Concern on 30 January, and a pandemic on 11 March ^[1]. The infection is fundamentally spread between individuals during close contact, regularly through little droplets created by hacking, sniffing, and talking ^[1]. The droplets as a rule tumble to the ground or onto surfaces as opposed to going through air over significant distances ^[1]. Less regularly, individuals may get tainted by contacting a sullied surface and afterwards contacting their face ^[1]. It is generally infectious during the initial three days after the beginning of side effects, albeit spread is conceivable before manifestations show up, and from individuals who do not show symptoms ^[1]. Basic symptoms incorporate fever, cough, exhaustion, brevity of breath, and loss of smell ^[1]. Intricacies may be pneumonia and intense respiratory trouble ^[1]. The time from presentation to beginning of side effects is regularly around five days yet may go from two to fourteen days ^[1]. There is no known immunisation or explicit antiviral treatment ^[1]. Primary treatment is supportive therapy ^[1]. Suggested preventive measures incorporate hand washing, covering

one's mouth when coughing, keeping up social distancing from others, wearing a face veil in open settings, and observing and self-confinement for individuals who presume they are tainted ^[1]. Specialists worldwide have reacted by actualising travel limitations, lockdowns, work environment risk controls, and office terminations ^[1]. Numerous spots have additionally attempted to expand testing limits and follow contacts of contaminated people ^[1]. The pandemic has caused worldwide social and financial disturbance, including the biggest worldwide downturn since the Great Depression ^[4]. It has prompted the deferment or dropping of donning, strict, political, and social occasions, across the board gracefully deficiencies exacerbated by alarm purchasing, and diminished outflows of toxins and ozone harming substances ^[2]. Schools, colleges, and universities are right now shut either on an across the nation or neighbourhood premise in 177 nations, influencing around 98.6 level of the world's understudy populace ^[1].

Securing amidst pandemic likewise remembered boycotts for cigarettes and liquor deals. A few nations over the world have implemented a severe prohibition on tobacco and liquor deals during the lock-down in a manner influencing the utilisation patterns of alcohol and tobacco consumption of the purchasers ^[2]. The Covid-19 activated lock down has claimed a substantial cost for all the areas of the economy and the 'transgression segment' is no exemption. ⁽²⁾ An

expansion in cost of tobacco and liquor does not influence the interest for it [2]. People who enjoy any of the wellbeing hazard practices, be it liquor consumption or cigarette smoking do as such for nervousness help and stress busting. (2) Remembering this, numerous nations like Switzerland, France, Italy and Spain have permitted the offer of cigarettes and liquor during the lockdown and let little shops stay open so individuals don't need to experience withdrawal indications and adapt to extra nervousness while previously adapting to the pressure of the pandemic. (2) Be that as it may, no such special cases were made in India, where many have needed to manage the inaccessibility of cigarettes and liquor. (3) Lushes and smokers are thinking that it's difficult to take their day by day portion of nicotine as quarantine has secured them with their family, while some are wrestling with withdrawals; others despite everything are utilising the opportunity to kick the butt. (4) Knowing the patterns of consumption design amidst lock down gets enthusiasm for tossing experiences in regards to the psychological conduct and approach of people towards such health risk hazard practices and if a pandemic with lock-down can acquire constructive results in people enjoying cigarette smoking and liquor consumption in this way decreasing the non-communicable disease burden.

2. Materials and Methods

Prior to the implementation of this study, the questionnaire structure, validation, and strategies to enrol individuals who practice health risk behaviours for maximum participation across the globe was discussed. A research proposal was drafted, and the study protocol was followed as mentioned in the proposal, approved by Dr Arindam Das – Associate Professor IIHMR University, Jaipur. The mode of data collection was through the link: <https://docs.google.com/forms/d/16L28P71gcoOitJW3jPUprmFzJpWeysWVRRqYb6tI/edit>. Upon clicking the form, the first page described the objective of the research which was to study if the Health risk behaviours like alcohol consumption and smoking have been more than usual, same as usual or less than usual in the lockdown and the reasons behind change in trends with an analysis based on gender, age group, place of residence, work and household. The consent page of the questionnaire promised on keeping the confidentiality of the participants and that their participation in the study was voluntary. The inclusion criteria for the participants was to have access to internet connection to obtain the questionnaire. Participants having any one of the Health risk behaviours between the age of 18 years - 67 years were included in the study. The exclusion criteria included participants who did not give complete responses of the parts of questionnaire. The duration of the study was from 13th May - 13th June. The questionnaire was purposefully forwarded to individuals who practiced any one of the Health risk behaviours. The questionnaire was broadcasted to friends and relatives staying in India and

Abroad who smoke and consume alcohol. It was also shared on social media platforms like LinkedIn and Facebook. To meet the required sample size of 185 which was estimated by (Z^2pq/ d^2) and maximum participation, one of the owners of a Resto bar was requested to provide with mail IDs of customers who visited the bar in the month of February and the link for the questionnaire was forwarded to them.

The questionnaire focused on aspects like respondent's profile (gender, age group, place of residence), respondent's work status and number of persons living in the household, respondent's health risk behaviour and respondent's attitude after lockdown. The questionnaire consists of 20 questions. Question 1-3 focuses on the profile of the respondent. Questions 4-6 focuses on the work and household of the respondent. Question 7 focuses on the health risk behaviour of the respondent. Respondents who only smoke answer to Part I of the questionnaire (Question 8-12). Respondents who only consume alcohol answer Part II of the questionnaire (Question 13-18). Respondents who indulge in both the health risk behaviour answer to both the parts of the questionnaire. Question 19-20 focuses on the attitude of the respondents after the lockdown.

The data analysis included descriptive statistics of the percentages of individuals under each variable and a Chi-square analysis of the consumption pattern of smoking and drinking alcohol with respect to Gender, Age- group, Residence, Work status and Number of persons in the household was done. Analysis on the perceptive reasons chosen for a change in pattern (less than usual or more than usual in the lockdown) was also projected. The analysis was done using Ms -Excel, R and Minitab Statistical Software.

3. Results

A total of 206 responses were recorded among which 119 were complete responses for smoking (response rate 58%) and 90 were complete responses for alcohol consumption (response rate 44%) that were taken for analysis.

3.1 Demographic characteristics of the respondents

The total number of responses were divided based on respondent's health risk behaviour practiced and the analysis was done. The demographic characteristics has been presented in Table 1. Of the total respondents, 119 had a habit of smoking in which 79% were males and 21% were females, similarly, 90 respondents had a habit of consuming alcohol in which 77% were males and 23% were females. 69% of the respondents who smoke were under the age group of 18-27 years and 21% of the respondents fell under the age group of 28-37 years. 18-27 years respondents showed a greater percentage of alcohol consumption (60%) whereas 33% of the respondents who drink alcohol were 28-37-year-old. Since this study had a global approach, the smoking and drinking pattern seen in India were 67%, 49% respectively. The smoking and drinking pattern Abroad were seen to be 33% and 51% respectively.

Table 1: Demographic characteristics of respondents

Smoking	Characteristics	N	N%
Gender	Female	25	21
	Male	94	79
Age Group	18-27 years	82	69
	28-37 years	25	21
	38-47 years	6	5
	48-57 years	6	5

	58-67 years	0	0
Residence	India	80	67
	Abroad	39	33
Alcohol	Characteristics	N	N%
Gender	Female	21	69
	Male	23	77
Age-group	18-27 years	54	60
	28-37 years	30	33.33
	38-47 years	5	5.56
	48-57 years	1	1.11
	58-67 years	0	0
Residence	India	46	49
	Abroad	44	51

3.2 Work status and Number of persons in household during lockdown of the respondents

It was observed that during lockdown, 61% of the respondents who smoke and 78.89% respondents who drink have been working even during the lockdown. Most of the respondents live in a household with 2-4 persons, 58.8% of the smoke and 50% of them consume alcohol.

Table 2: Work status and household of respondents

Smoking	Characteristics	N	N%
Work status	Yes	73	61
	No	46	39
Household	Living alone	40	33.6
	2-4 persons	70	58.8
	5-6 persons	8	6.7
	more than 7 persons	1	0.8
Alcohol	Characteristics	N	N%
Work status	Yes	71	78.89
	No	19	21.11
Household	Living alone	36	40
	2-4 persons	45	50
	5-6 persons	8	8.89
	more than 7 persons	1	1.11

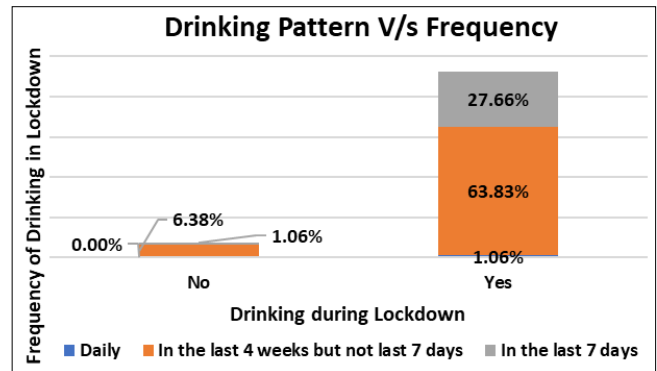


Fig 2: Drinking pattern in lockdown V/s Frequency

Looking at the alcohol consumption pattern in Figure 2, 92.55% of the respondents continued drinking alcohol during lockdown, out of which, only 1.06% of the respondents drank daily, 63.83% drank in the last 4 weeks but not recently and 27.66% drank in the last 7 days.

3.3 Pattern of health risk behaviour and frequency in the lockdown

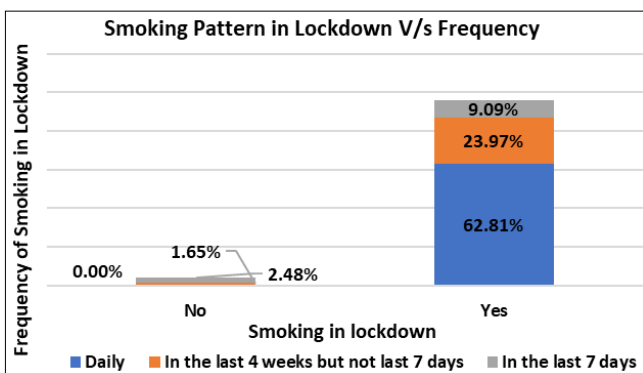


Fig 1: Smoking pattern in lockdown V/s Frequency

As observed in Figure 1, more than two thirds (95.87 %) of the respondents continued smoking during lockdown, out of which 62.81 % smoked daily, 23.97% smoked in the 4 weeks but not anytime recently and 9.09% of the respondents smoked in the last 7 days.

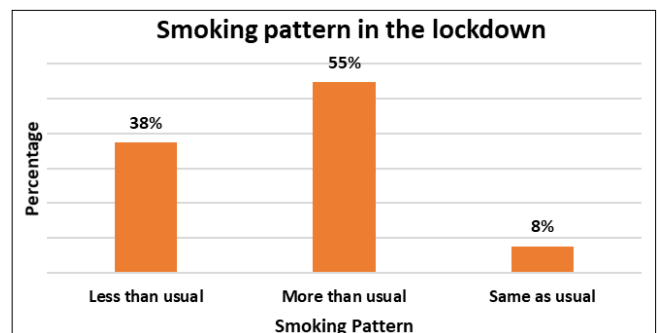


Fig 3: Smoking pattern during lockdown

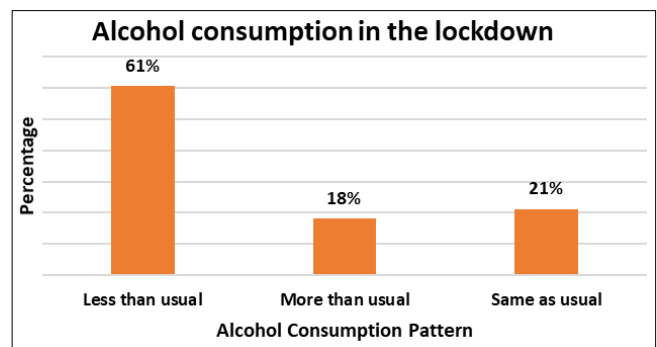


Fig 4: Drinking pattern during lockdown

The health risk behaviour pattern in the lockdown had been presented in Figure 3 and Figure 4. As observed, 55% respondents who smoke perceived their smoking pattern to be more than usual, 38% perceived it as less than usual and

8% perceived their smoking pattern to be same as usual during lockdown. On the other hand, less than two thirds (61%) of the respondents who consume alcohol perceived their drinking pattern to be less than usual, 18% perceived it to be more than usual whereas 21% of the respondents

perceived their drinking pattern to be same as usual during the lockdown.

3.4 Association between characteristics of the respondents with Smoking pattern

Table 3: Association between characteristics of the respondents with Smoking pattern

		Less than usual	More than usual	Same as usual	p-value
	Female	7	18	0	
		28	72	0	
		14.29	30	0	
Gender					
	Male	42	42	10	0.031*
		44.68	44.68	10.64	
		85.71	70	100	
	All	49	60	10	
		41.18	50.42	8.4	
		100	100	100	
	18-27 years	39	37	6	
		47.56	45.12	7.32	
		79.59	61.67	60	
Age group	28-37 years	6	18	1	
		24	72	4	
		12.24	30	10	
	38- 47 years	1	5	0	0.0004*
		16.67	83.33	0	
		2.04	8.33	0	
	48-57 years	3	0	3	
		50	0	50	
		6.12	0	30	
	All	49	60	10	
		41.18	50.42	8.4	
		100	100	100	
	Abroad	3	32	4	
		7.69	82.05	10.26	
		6.12	53.33	40	
					0.000*
Residence	India	46	28	6	
		57.5	35	7.5	
		93.88	46.67	60	
	All	49	60	10	
		41.18	50.42		
		100	100		
	No	32	9	5	
		69.57	19.57	10.87	
		65.31	15	50	
Work status	Yes	17	51	5	0.000*
		23.29	69.86	6.85	
		34.69	85	50	
	All	49	60	10	
		41.18	50.42	8.4	
		100	100	100	
	Living alone	3	34	3	
		7.5	85	7.5	
		6.12	56.67	30	
	2-4 persons	38	25	7	
		54.29	35.71	10	
		77.55	41.67	70	
Household	5-6 persons	7	1	0	3.8*10 ⁻⁶ *
		87.5	12.5	0	
		14.29	1.67	0	
	more than 7 persons	1	0	0	
		100	0	0	
		2.04	0	0	
	All	49	60	10	

		41.18	50.42	8.4	
		100	100	100	
	Cell Contents				
	Count				
	% of Row				
	% of Column				

*p<0.05

As observed in Figure 3, the smoking pattern was perceived to be more than usual by the respondents. A chi square test was carried out to find out the significance of smoking pattern with respondent's profile. Results of the same are being represented in Table 3. It was emerged from the analysis that all the variables like gender, age- group, place

of residence, working status and number of persons in the household influenced the smoking pattern in the lockdown significantly.

3.5 Association between characteristics of the respondents with alcohol consuming pattern

Table 4: Association between characteristics of the respondents with alcohol consuming pattern

		less than usual	more than usual	same than usual	p-value
Gender	Female	12	1	8	0.18
		57.14	4.76	38.1	
		23.08	7.14	33.33	
	Male	40	13	16	
		57.97	18.84	23.19	
		76.92	92.86	66.67	
Age group	All	52	14	24	0.22
		57.78	15.56	26.67	
		100	100	100	
	18-27 years	29	11	14	
		53.7	20.37	25.93	
		55.77	78.57	58.33	
Residence	28-37 years	18	3	9	0*
		60	10	30	
		34.62	21.43	37.5	
	38- 47 years	5	0	0	
		100	0	0	
		9.62	0	0	
Work status	48- 57 years	0	0	1	0.737
		0	0	100	
		0	0	4.17	
	All	52	14	24	
		57.78	15.56	26.67	
		100	100	100	
Living alone	Abroad	22	2	20	0.737
		50	4.55	45.45	
		42.31	14.29	83.33	
	India	30	12	4	
		65.22	26.09	8.7	
		57.69	85.71	16.67	
Work status	All	52	14	24	0.737
		57.78	15.56	26.67	
		100	100	100	
	No	11	2	6	
		57.89	10.53	31.58	
		21.15	14.29	25	
Living alone	Yes	41	12	18	0.737
		57.75	16.9	25.35	
		78.85	85.71	75	
	All	52	14	24	
		57.78	15.56	26.67	
		100	100	100	
Living alone	25	0	11		
	69.44	0	30.56		
	48.08	0	45.83		

	2-4 persons	20	13	12	
		44.44	28.89	26.67	
Household		38.46	92.86	50	
					0.02*
	5-6 persons	6	1	1	
		75	12.5	12.5	
		11.54	7.14	4.17	
	more than 7 persons	1	0	0	
		100	0	0	
		1.92	0	0	
	All	52	14	24	
		57.78	15.56	26.67	
		100	100	100	
	Cell Contents				
	Count				
	% of Row				
	% of Column				

*p<0.05

As observed in Figure 4, the alcohol consumption pattern among respondents during lockdown was perceived to be less than usual. A chi square test was carried out to find out the significance of alcohol consumption pattern with respondent’s profile. Results of the same are being represented in Table 4. It was emerged from the analysis that variables like place of residence and number of persons in the household influenced the alcohol consumption pattern in the lockdown significantly.

3.6 Reasons for smoking less than usual during the lockdown

A question was asked to record the reasons they felt that led to reduce smoking during lockdown. As observed in Table 5, 85.71% of the respondents reported cigarettes were not available during lockdown, as a result they smoked less. Another 46.94% of the respondents mentioned less or no social life lead to reduced smoking pattern during lockdown. More than one-third (38.78%) of the respondents felt the lockdown was a good period to reduce smoking and hence themselves reduced their smoking consumption.

Table 5: Reasons for smoking less during lockdown

Reasons	N%
Financial constraints	12.24%
No cigarettes available	85.71%
No social life	46.94%
Chances of getting COVID 19	8.16%
Living in Smoke free household	32.65%
Suggestions by others to reduce	8.16%
Increased workload	0%
Self-reduction	38.78%

3.7 Association between characteristics and less smoking

A chi square test was carried out to find out the significant reasons with less smoking during lockdown. It was emerged from the analysis that financial constraints among individuals living with 5-6 members in their household reduced their smoking amongst significantly. No or less social life was observed to have significantly reduced the smoking pattern amongst males. 38-47 years age group felt that smoking would increase their chances of getting COVID 19, which significantly reduced their smoking pattern.

3.8 Reasons for smoking more than usual during the

lockdown

A question was asked to record the reasons with more smoking during lockdown. Results of which are presented in Table 6. As observed, 75.86% respondents reported boredom driving them to smoke more than usual in the lockdown. Another 72.41% took on to smoking more than usual to relax themselves in the COVID 19 lockdown. Half (50%) of the respondents have been feeling stressed out and anxious eventually taking on to more cigarettes. Less than one third of the respondents (24.14%) have been socialising with people at home driving them in smoking more than usual during lockdown.

Table 6: Reasons for more smoking during lockdown

Reasons	N%
feeling bored in the lockdown	75.86%
way to relax	72.41%
feeling stressed out	50%
Smoking more with people at home	24.14%
Online occasion	0%
while meeting friends outside	8.62%

3.9 Association between characteristics and more smoking

A chi square test was carried out to find out the significant reasons with more smoking during lockdown. It was emerged from the analysis that boredom was significantly a reason to smoke more amongst the middle-aged group and in India. Smoking was taken as a mode of relaxation amongst individuals in the early 20s and 30s who have been working in the lockdown. Those living alone also stated the above reason significantly associated with increased smoking pattern. More than two-thirds of the females feel stressed out in the lockdown making them smoke more amidst the pandemic. Stress was also seen as a significant reason for the working population and more than half of the individuals living alone in the lockdown. It emerged significantly that more than one third of the males in the early 20s living with less than 4 members in their household have been smoking more with people at their homes taking on to an increased smoking pattern. The above reason has also been found to be significantly associated with individuals not working in the lockdown. Smoking more while meeting friends outside was found as a significant reason to smoke more among individuals in their early 30s.

3.10 Responses on buying cigarettes during lockdown

A question was asked to record the reasons on how people had been getting hold of cigarettes even after the imposed lockdown. It was observed that, more than two-thirds (80%) of the population have been still buying tobacco to meet their daily nicotine requirements from local stores and supermarkets. There were less than one third of population (31.78%) who had stocked up cigarettes before the imposition of the lockdown and another one third have been offered by friends or relatives.

3.11 Reasons for consuming alcohol less than usual during lockdown

Another question was asked to record the reasons on why individuals felt their alcohol consumption was less than usual in the lockdown. The results have been presented in Table 7. As observed, more than two thirds (78.8%) of the population felt less or no social life as one of the main reasons for decreased consumption. Another, two thirds (65.3%) found difficulty in getting hold of alcohol with the on-going restrictions and shops being closed. Less than one third of the population lived in a smoke-free household and did not like drinking around family members. Individuals who were self-driven to reduce their alcohol consumption considering lockdown to be the best time to reduce their alcohol consumption accounted to only 13.4 %.

Table 7: Reasons for consuming less alcohol during lockdown

Reasons for drinking less in the lockdown	N%
No social life	78.85
Financial constraints	9.62
Difficult to get alcohol	65.38
Do not like drinking at home	15.38
Someone suggested on reducing	5.77
Increase workload	3.85
Self-reduction	13.46

3.12 Association between characteristics and less alcohol consumption

A chi-square test was carried out to find the significant reason for drinking less alcohol in the lockdown. It was emerged from the analysis that no or less social life was a significant reason to drink less alcohol amongst individuals Abroad. Financial constraints in the lockdown was seen to be a significant reason for drinking alcohol less amongst individuals living in India. Females found difficulty in getting hold of alcohol in the lockdown as a significant reason to drink less, this was also the case with more than two thirds of the individuals of age group 18-27 years and those who have been working in the lockdown. Indians who live with more than 2 persons in their household don't find it comfortable drinking around family members and this has been seen as a significant reason in reduced alcohol consumption in the lockdown.

3.13 Reasons for consuming alcohol more than usual during lockdown

A question was asked to know the reasons for drinking more alcohol in the lockdown. It was observed, more than two thirds (75%) of the population took on to drinking more alcohol than usual in the lockdown as they have been stressed out in this pandemic and the imposed lockdown has made them more social with people at home creating an

environment of their own with members of their household driving them to drink more alcohol than usual in the pandemic.

3.14 Association between characteristics and more alcohol consumption

A chi-square test was performed to find the significant reason for consuming alcohol more than usual during the lockdown. It was emerged from the analysis that the reasons mentioned by individuals in the table below were not significant enough for a conclusion.

3.15 Responses on getting alcohol during lockdown

A question was asked to know the modes of getting alcohol in the lockdown with ongoing restrictions. It has been observed that more than one thirds (46.15%) of the population had bought enough supplies before the lockdown and were also buying on demand from supermarket or local store. However, it was also observed that another 28.85% of the respondents have been offered alcohol from friends or relatives during lockdown.

3.16 Attitude of respondents towards health risk behaviour post lockdown

Questions were asked to know the attitude of individuals post lockdown towards their health risk behaviour. It was observed that less than half of the population (44.88%) were willing to reduce their health risk behaviour after lockdown as they faced positive outcomes on their physical and mental health and the rest (55.12%) did not consider changing their health risk behaviour.

The reasons presented by more than half (73.39%) of the population for not changing their health risk behaviour, was the habitual urge to drink or smoke. Less than one third (13.76%) of the population have been facing withdrawal symptoms in the lockdown hence they would habitually turn to their health risk behaviour once the lockdown is lifted.

3.17 Association between characteristics and attitude change after lockdown

A chi-square test was carried out to know the significance of changing attitude towards health risk behaviour after lockdown. More than half (57.14%) of the middle-aged population were found to be significantly interested in changing their health risk behaviour post lockdown. The population of India showed significant attitude in health risk behaviour change after the lockdown is lifted. More than half of the population not working in the lockdown (58.51%) and individuals who were not living alone were seen to have a significant positive attitude in changing their health risk behaviours due to improved mental and physical wellbeing with reduced consumption of alcohol and cigarettes in the lockdown.

4. Discussion

The COVID 19 pandemic has been largely disruptive. To contain the spread of novel corona virus, the lockdown was implemented across the globe since mid-March. The lockdown however also took down on the liquor and tobacco supplying shops with their shut down. This has had an impact on the individuals who are binge-alcoholic and smokers. The approach of this study was to find out the status of such individuals and their patterns of smoking and alcohol consumption amidst the lockdown. The study

protocol was adapted from online survey conducted by the health Promotion Agency on the impact of COVID 19. This study included all the individuals who practice health risk behaviour like smoking and alcohol consumption. The online questionnaire consisted of 21 questions and was circulated over the internet. It was observed that, 97.48% individuals continued smoking and 93.33% individuals continued drinking alcohol even in the lockdown with the imposed restrictions.

On further evaluation it was found that there had been discrepancies in the consumption pattern of the individuals during the lockdown. This could be attributed to several reasons which were explored through the study. Smoking was found be practiced more than usual among individual and this was alike results obtained by the survey done by the Health Promotion Agency. 50.42% individuals who smoke were found to have increased their frequency of smoking in the lockdown. Result obtained by The Health Promotion Agency projected a total of 34% individuals smoking more than usual in the lockdown. The frequency of smoking more than usual in the lockdown was seen more amongst females than males. This can be attributed to the increasing trend of smoking among females.^[5] The increased smoking pattern in the lockdown was seen among individuals of age group 38-47 years, followed by individuals of age group 18-27 years. It has been found through surveys that middle aged and younger individuals have a greater smoking rate compared to others.^[6] Smoking was seen to be more among individuals living Abroad than India. Many countries in the Abroad had allowed certain small shops to be opened to supply liquor and tobacco so that people need not face with withdrawal symptoms along with adapting to the negative impacts on the pandemic.^[2] Individuals working in the lockdown were seen to have an increased pattern of smoking attributing to the burn out from work leading to stress, insomnia, breathlessness eventually individuals taking on to smoke more to switch off and relax^[7] Individuals living alone in their house have been associated with increased smoking due to the feeling of being bored in the lockdown and being at home with the restrictions of going out. However, the frequency of smoking has observed to be reduced with individuals living with more than 4 persons in their household due to lack of privacy and unable to go out and socialise in the lockdown.

On seeing the alcohol consumption pattern, it has been less than usual in the lockdown due to the restrictions imposed on the liquor shops and difficult to get hold of alcohol. The difficulty was faced to a greater extend among individuals in India. The younger population however could not get hold of alcohol in the lockdown with the increased prices of liquor imposed on the selling.^[8] Similar to smoking pattern alcohol pattern was seen to be reduced among individuals who stay with more than 4 persons in their household.

Individuals however continued practicing their health risk behaviour as many individuals were seen to have stocked up their dose of cigarettes and alcohol before the lockdown was imposed and a few fetched their daily dose of nicotine on demand from local stores and supermarket.

Stress, anxiety, feeling of switching off or relax were seen to be the reasons perceived by individuals on taking on these health risk behaviours. Lockdown has imposed many offices and workplaces to shut down and lay off many employees to meet the economic crisis.^[8] The individuals who work from home are facing burn out from the work

pressure and the ones been laid out or waiting for recruitment which has been delayed due to lockdown are anxious, stressed thinking about their financial constraints and life stability eventually impacting their mental health.^[8] However, the lockdown has also imposed a positive effect on few individuals where they have been able to socialise much with their family members and in some way, their reduced consumption patterns have had a positive impact on their physical and mental health eventually persuading them to think of changing their habits post lockdown.

5. Conclusion

Lockdown imposed to contain the spread of COVID 19 had it's positive and negative impacts on individuals. Where a few individual perceived their change in behaviour habits to have brought in a positive impact on their mental and physical health and are looking forward to quit their habits hereon, there are individuals who cannot deprive themselves of their daily dose of nicotine and lockdown imposing them with withdrawal symptoms. Pressure from peers and habitual urge to consume alcohol and smoke with their availability post lockdown cannot restrict them from practicing their health risk behaviour. The psychological code of conduct plays a major role in driving individuals towards health risk behaviour. The lockdown has turned to be constructive to the mental health and decreased pattern of smoking and consuming alcohol for a few individuals and for other it has turned into being destructive.

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