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## The influence of COVID-19 on human social behaviour

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### Abstract

While COVID-19 has had massive economic and environmental impacts, the effects on society can't be underestimated.

It is very important to assess the impact of Social behavior and Behavioral changes in response to the Pandemic. People are likely to respond differently in such a situation and it can be visible in their decision making process and social behavior.

Only one outbreak of the virus, and our behavior changed in some ways irrevocably and in some ways temporarily.

Financial insecurity, tendency of suicide and loss of employment are well-known associated factors of the pandemic.

Therefore healthy social behavior particularly among vulnerable populations should be an important public health consideration.

This paper explains the human social and behavioural reactions amid the corona crisis and the importance in government policy making and incentivising cooperative and compliant behaviours of the public, which then contribute to curbing the COVID-19 pandemic in an effective manner.

This Reviewed paper is based on secondary information collected from various sources such as published and unpublished Journal Articles, Newspapers, Books, and Reports of various Government Organizations, Non-Governmental Organizations and Commission. In this reviewed paper, the author has tried to analyze the impact of the COVID- 19 in the social life of humanity as a whole.

**Keywords:** Pandemic, impact, social behavior, effects of COVID-19

### Introduction

The COVID-19 pandemic led to social behavioral changes in human beings. This has led to an increased interest in researchers and educationists to probe into the social and community uneasiness of the population. This increased attention might help in managing the current situation and other possible epidemics and pandemics.

### COVID-19 and Social Relations

In order to avoid the spreading of the Virus, social distancing plays a major role, a new emerging terminology which means to avoid crowds.

Eric Kleinberg, a New York University sociologist, stated that "we've also entered a new period of social pain. There's going to be a level of social suffering related to isolation and the cost of social distancing that very few people are discussing."

Man, being a social animal, social relations and social interactions are integral to human civilization, but, due to the rapid pandemic spread of the virus and the increase of social distancing measures, this web of relationships was severely impacted.

Since these social connections and relations have become integral to our way of life and absence of these connections leads to stressful states of anxiety both in body and in mind. Loneliness, anxiety drives, depression, panic states, mental disorders, health hazards, and many other issues impact the life of the individual and the society as a whole.

This ultimately leads to changes in human behavior.

According to the Center for Disease Control and Prevention (CDC) "The outbreak of Corona Virus disease 2019 (COVID-19) may be stressful for people. Fear and anxiety about a disease can be overwhelming and cause strong emotions in adults and children.

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Coping with stress will make you, the people you care about, and your community stronger.”

Fear and threat are the major cause of the changes in social behavior of the people and this is true when it is associated with COVID. One of the central social responses during a pandemic is fear in which we humans possess a set of defensive systems for combating threats.

Economic activities have been reduced, schools have been closed and business activities stopped, which has been devastating. Extreme poverty has resulted eventually and the number of undernourished people have increased.

Lack of social protection and access to quality health care is one of the reasons why the people around the globe are losing their livelihoods.

People are gripped with fear, uneasiness and anxiety due to the threat of the disease.

Social distancing has led to impaired social and family relationships; increased loneliness, boredom and inactivity; and restricted access to healthcare services, potentially mental illness and increased suicidal behaviours, financial insecurity and loss of employment are associated factors of change in human behavior.

Knowledge of past pandemics is of substantial help when planning for a future one. Significant psychological and social effects can be seen on the population due to COVID-19. Social Behaviour of the most exposed groups, including children, college students, and health workers, have been affected and they are more likely to develop post-traumatic stress disorder, anxiety, depression, and other symptoms of distress.

The social distance and the security measures have affected the relationship among people and their perception of empathy toward others.

The type of activity, the starting and ending time, and the location of each assigned activity are also factors that affect the kind of social behavior. There are six types of activities: home, work, shopping, social recreation, school, and others. The time, duration, and location of activities determines which individuals mix together at the same location at the same time, which is relevant for airborne transmission.

Airborne diseases spread primarily from person to person during close proximity through contact, sneezing, coughing, or via fomites. It is seen that diseases are spread between two individuals when they occupy the same location. Whether or not a susceptible individual becomes infected is based on how long they co-occupy a mixing place, the presence of infectious individuals, a high-level description of the activity they are engaged in, and their age.

In such a situation when people have face-to-face interactions and When an infectious person is in one of those locations with a susceptible person for some time, we estimate a probability of disease transmission.

### Some Behavioral changes seen during Pandemic

1) Washing of hands more frequently, (2) using hand sanitizers and/or (3) wearing a mask in public (prior to legislation). (4) avoiding crowded areas, (5) reducing physical contact, (6) staying home more than usual, (7) distancing from people with flu symptoms, (7) voluntarily changed travel plans, (8) missing or postponed social events, (9) avoiding visiting hospitals and/or healthcare settings, (10) choosing outdoor to indoor venues, (11) distancing from people with recent travel to outbreak countries, (12) distancing from people with possible contact with COVID-19 cases, (13) avoiding places where COVID-19 cases were

reported, (14) storing up more household and/or food supplies, (15) relying more on online shopping (prior to shop closures), and/or (16) avoiding public transport, (17) how to elbow bump, to how to smile with your eyes when your mouth is concealed.

- New etiquette of who gets to pass first when keeping distance?
- Are there ever circumstances when it is acceptable to embrace?
- Can we do a “stop and chat” in a supermarket when there is a queue outside?
- Everyone is thinking and wondering will they be able to gather at weddings, have a booze in public parks, and eat outdoors?
- Will they be able to go out to the beach for a sunshine bath?

Some changes that have been observed in our homes. Women have started decluttering, painting and gardening. Family relationships have become far more intimate and co-dependent. Cooking has become more of an event to structure a day around, as everyone is learning how to bake and cook from scratch.

This corona culture has marked surges in sales of bicycles, gardening utensils, DIY and e-shopping.

Family intimacy has taken alternative modes like whatsapp and Zoom calls, a more sustained way of staying connected to keep kinship alive.

Mitigation strategies based on behavior changes are some of the only options available in the early stages of an emerging epidemic when vaccines are unlikely to be available and there are only limited stockpiles of antiviral medications.

### Review of Literature

Positive behaviors, including affiliations and social bonds, or agonistic behaviors, including aggressive or defensive behaviors are generally identified as social behaviors.

The nature of any social system is ultimately determined by ecological and social circumstances, which is definitely the COVID pandemic. by disrupting the development of important social relationships.

People change their behavior in response to an epidemic threat.

Evidence suggests that in the presence of a deadly disease and lack of pharmaceutical interventions, people will change their behavior to avoid infection [1, 2, 3]. Recent studies have evaluated the impact that non-pharmaceutical interventions, such as school closures, social distancing, and travel restrictions, could have on the spread of the next influenza pandemic [4, 5, 6, 7]. However, none of these studies have incorporated intentional changes in individual behavior, such as avoiding gatherings, increasing hygiene, or staying home. Furthermore, these studies have assumed that these non-pharmaceutical interventions would remain in effect for the duration of the pandemic. Typically, people resume their normal behaviors due to lack of resources or as the perceived risk declines [8]. Recent studies on the impact of basic public health measures implemented during the 1918 pandemic [8] indicate that non-pharmaceutical interventions did not last for the duration of the pandemic.

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In 1918, the public health authorities rapidly recognized the influenza outbreaks as a pandemic similar to that having occurred in 1889-1890 and consequently expected three epidemic waves: the first mild, the second virulent, and the third declining [9]. They knew the incubation period of influenza to be 2-3 days, foresaw problems of over-reporting (confusion between influenza and influenza-like-illness), and feared public panic [10]. In some countries (such as France and Great Britain), the medical establishment was confident that they could control the situation [11, 12], whereas in others (such as Germany and Italy), they were overwhelmed by pessimism and frustration [13, 14]. Experimental treatments were offered and tested and medical profiteering was not rare. In general, however, the reaction of physicians and nurses appears to have been selfless. Accounts of the time bear witness to their untiring efforts.

The prevention measures introduced (or non pharmaceutical interventions, henceforth NPIs) were largely the same as those considered today: school closure, restrictions on public gatherings, isolation and quarantine, health education, and personal hygiene (especially hand-washing and mask-wearing). The American Association of Public Health considered face masks the best prophylaxis after isolation, but recognized the difficulty of using them on a broad scale [15] and in Sydney it was noted that while face masks were compulsory, there were “many fewer” cases of influenza [16].

<http://www.med.umich.edu.medschool/chm/influenza/>

In Canada, the Ontario Board of Health had concluded-before the epidemic invaded the province – that reporting, isolation, and quarantine were “impracticable” [17]. The New York City public health authorities believed in the effectiveness of “rational prevention measures rigidly enforced”, but recognized the “many difficulties” involved [18]. Indeed, some went as far as to say that the harm brought about by NPIs may even have “outweighed their possible good effect”, in particular owing to the dislocation/paralysis of trade and loss of employment [19].

The course of an epidemic through a population is determined by the inter- actions among individuals and the process of transmitting a pathogen is a stochastic (random) process based on the length of time the individuals are in contact with each other and the strength of the contact. Agent-based models can capture this re- alistic contact structure and allow the simulation to explore how contact networks different demographic characteristics affect disease transmission.

The experience of fear and threat has ramifications not only for how people think about them- selves, but also how they feel about and react to others, in particular, out-groups. For instance, being threatened with disease is often associated with higher levels of ethnocentrism; greater fear and perceived threat are associated with greater intolerance and punitive attitudes toward out-groups [20-22]

The information environment around a pandemic underscores the importance of effective science communication. The COVID-19 pandemic has already seen a rise in conspiracy theories, fake news and misinformation [40]. In this context, it is hard for the public to distinguish scientific evidence and facts from less reliable sources of information. In this section, we discuss the challenges associated with different forms of

misinformation during a pandemic, as well as strategies for engaging in effective science communication and persuasion around public health.

The behaviour of individuals living in communities is regulated by moral norms and values [24-28]. People who do what is ‘right’ are respected and publicly admired, while those who do what is ‘wrong’ are devalued and socially excluded [29]. These mechanisms of social enforcement encourage people to embrace and internalize shared guidelines, making them motivated to do what is considered right while avoiding behaviours that seem wrong [30], and do not rely on legal agreements and formal sanctions [31]. In this section, we consider how research on morality and cooperation can encourage pro- social behaviours by individuals and groups.

### Social norms

People’s behaviour is influenced by social norms: what they perceive that others are doing or what they think that others approve or disapprove of. A large literature has distinguished different motives for conformity to norms, including the desire to learn from other people and to gain affiliation or social approval [33]. Although people are influenced by norms, their perceptions are often inaccurate [45]. For example, people can underestimate health-promoting behaviours (for example, hand washing [34] and overestimate unhealthy behaviors [35, 36].

Changing behaviours by correcting such misperceptions can be achieved by public messages reinforcing positive (for example, health-promoting) norms. Providing accurate information about what most people are doing is likely to be helpful if what most people are doing is desirable (health-promoting). But if what most people are doing is not desirable, providing purely descriptive nor- mative information can backfire by reducing positive behaviours among people who already engage in them, unless it is accompanied by information signalling that most people approve of these actions (prescriptive as opposed to descriptive norms) [37].

Studies of pandemics faced over time, such as SARS, Ebola, H1N1, Swine Flu, and the current COVID-19, show that the psychological effects of contagion and quarantine is not limited on the fear of contracting the virus (Barbisch *et al.*, 2015) [38]. There are some elements related to the pandemic that affect more the population, such as separation from loved ones, loss of freedom, uncertainty about the advancement of the disease, and the feeling of helplessness (Li and Wang, 2020; Cao *et al.*, 2020) [39]. These aspects might lead to dramatic consequences (Weir, 2020), such as the rise of suicides (Kawohl and Nordt, 2020). Suicidal behaviors are often related to the feeling of anger associated with the stressful condition widely spread among people who lived/live in the most affected areas [31]. In light of these consequences, a careful evaluation of the potential benefits of the quarantine is needed, taking into account the high psychological costs [40].

### Conclusion

Opening our eyes to the world around us, we see a global pandemic, and in such a situation, avoiding stress altogether is simply not an option. It's not the type or amount of stress that determines its impact, but the mindsets of the people and circumstances that affect stress can change the impact it produces in human behavior.

When the severity of a pandemic increases, the possibility of stress increases and these stressful experiences impact the

social behavior in humans.

These impacts on the mind-sets can be changed with targeted interventions. These interventions do not focus on viewing the stressor (such as the virus) as less of a threat. Instead we can harness the stress response for positive gain which could increase positive emotion, reduce negative health symptoms and boost physiological functioning under acute stress.

Due to the pandemic, the behavioral changes that were found were- People were found in the homes in sudden proximity with their immediate family members. They were in quarantine or self isolation. There were emotional and familial problems which exploded because the whole family was enduring each other for days and months together.

The most effective immediate response during any pandemic was and is, social distancing.

"It was called 'crowding' control" back then. We can give it any name. It worked in 1918- and it works today."

Thus, the faster comprehensive closures and social distancing are put into place, the quicker a pandemic can be brought under control.

Those who lived through the Spanish flu learned that lesson the hard way, according to Carolyn Orbann, a medical anthropologist at the University of Missouri, in Columbia.

"As with all pandemics, in 1918 you had a tension between biological reality and socioeconomic reality," she said. "Biology is not changeable. But behavior is. So yes, social distancing was absolutely a thing in 1918, and where it was practiced, it worked."

But out of fear, panic, mistrust, special interests, and even sheer boredom, Orbann said, many were too slow to get on board and too quick to jump ship.

Thus it confirms that changes in behavior can be effective in reducing the spread of disease. If school closures are implemented for the duration of the pandemic, the clinical attack rate could be reduced by more than 50%. When interventions are stopped too soon, a second wave of infection can occur.

Therefore, this paper provides an insight that it is vital to incorporate the findings and suggestions into government policymaking, because social behavior of humans during this pandemic will definitely curb the overall COVID-19 effects, but will help enhance the effectiveness of governments' existing lockdown policy measures enforcement by governing and controlling individuals' attitudes and behaviours, in response to the viral infection in a more holistic, integrated manner. Last but not least, every individual should be made aware that, in times of the pandemic threat, individual responsibility and collective cooperation is a way out and should prevail over self-interest and gain.

## Discussion

The Corona Culture of adhering to social distancing and understanding new social cues at work has brought massive changes in social behavior in human beings.

In this study, we tried to study how people have adapted their behaviours to minimize COVID-19 transmission. The large majority of participants have undertaken at least one infection control measure, with participants reporting lifestyle changes owing to the pandemic. As might be expected, behavioural changes increased owing to COVID-19.

Health preventive measures were most likely to be adopted by females and those who were married. When we distinguished between preventive (e.g. hand washing) and avoidant (e.g. avoiding crowded areas) behaviours, age emerged as an additional predictor for avoidant behaviours, with youths most

likely to adopt mask-wearing.

The findings highlight how being willing to adopt health-promoting behaviours during a pandemic may contribute to the resilience of these demographic groups.

Departing from prior research and popular belief, however, we found that age was inversely related to the take-up of preventive behaviours. In particular, younger adults were more likely to wear masks than older adults, even before legislation stipulating that masks had to be worn in public. This finding is remarkable for several reasons. First, during SARS, older adults had been more likely to perform a range of preventive behaviours including mask-wearing, handwashing, respiratory hygiene, the using of utensils, and washing after touching contaminated surfaces.

Second, during the current outbreak, several high-profiled events (e.g., coronavirus parties hosted by students) have resulted in the belief that youths are least likely to care about the outbreak, and thereby most likely to ignore infection control measures.

It was seen that instead that this whole pandemic has led to social and behavioral change which was mostly associated with mask-wearing, sanitization, social distancing because the people were likely to worry about getting infected, and thus which led to adopting protective behaviours.

## Suggestion

- Key barriers against social distancing can be studied in a more efficient manner
- To formulate effective policy responses, policymakers, healthcare professionals and researchers need a credible assessment of suicide prevalence during the pandemic.
- However, reliable empirical evidence regarding the link between the COVID-19 pandemic and suicide mortality remains scarce. An inclusive assessment requires harmonised data that cover representative and sufficiently large samples but are collected at a disaggregated level.

## Limitation

Research is needed to see if adopting these mind-sets can help some people harness the stress during a pandemic for positive growth.

The effects of the pandemic might not be evenly distributed across populations. To identify the vulnerable populations, we further analyse heterogeneous impacts across gender and age groups.

## Reference

1. Miller DT, Prentice DA. The construction of social norms and standards. in *Social Psychology: Handbook of Basic Principles* (Guilford Press), 1996, 799-829.
2. Del Valle S, Hethcote H, Hyman JM, Castillo Chavez C. Effects of Behavioral Changes in a smallpox attack model. *Math. Biosc.*, 2005  
doi: 10.1016/j.mbs.2005.03.006
3. Ferguson N. Capturing Human Behavior. *Nature*, 2007. doi:10.1038/44673
4. Ferguson NM, Cummings DA, Cauchemez S, Fraser C, Riley S, Meechai A *et al.*: Strategies for containing an emerging influenza pandemic in Southeast Asia. *Nature*, 2005. doi: 10.1145/1315843.131585
5. Cooper BS, Pitman RJ, Edmunds WJ, Gay NJ. Delaying the international spread of pandemic influenza. *PLoS Med*, 2006. doi: 10.1371/journal.pmed.0030212
6. Germann TC, Kadau K, Longini IM Jr, Macken CA. Mitigation strategies for pandemic influenza in the

- United States. PNAS, 2006  
DOI: 10.1073/pnas.06012661103:  
10.1097/EDE.0b013e31812713b
7. Colizza V, Barratt A, Barthelemy M, Valleron A, Vespignani A. Modeling the world-wide spread of pandemic influenza: Baseline case and containment interventions. PLoS Med. 2007.  
DOI: 10.1371/journal.pmed.0040013
  8. Hatchett RJ, Mecher CE, Lipsitch M. Public Health Interventions and Epidemic Intensity during the 1918 influenza pandemic. PNAS, 2007 DOI: PNAS (2007) DOI: 10.1073/pnas.0610941104
  9. The Lancet, 1919, Nov, 15.
  10. The Lancet, 1919, Mar, 29.
  11. Tomkins SA. The failure of expertise: public health policy in Britain during the 1918-1919 epidemic. Soc. Hist Med 1992;5(3):435-454. [PubMed]
  12. Hildreth ML. The influenza epidemic in France 1918-1919. Soc Hist Med 1991 Aug;42(2):277-94 [PubMed]
  13. Decker N. [The Spanish 'flu in Leipzig 1918-1920] Article in German. Arch Hist Filoz Med 1996;59(1):67-72. [PubMed]
  14. Sabbatini S, Fiorino S. [The Spanish influenza pandemic] Sabbatini S, Fiorino S. Infez Med 2007 Dec;15(4):272-85. [PubMed]  
<http://www.med.umich.edu.medschool/chm/influenza/>
  15. Lancet, 1919, Feb, 8.
  16. Lancet, 1919, May, 3.
  17. Lancet, 1919, Jan, 4.
  18. Lancet, 1919, Mar, 1.
  19. Lancet, 1919, Jul, 5.
  20. Feldman S, Stenner K. Perceived threat and authoritarianism. Polit. Psychol. 1997;18:741-770.
  21. Jackson JC. *et al.* Ecological and cultural factors underlying the global distribution of prejudice. PLoS One 14, e0221953, 2019.
  22. Marcus GE, Sullivan JL, Theiss-Morse E, Wood SL. With Malice Toward Some: How People Make Civil Liberties Judgments. (Cambridge Univ. Press, 1995.
  23. Dr. Rajiv Nehra, Dr. Dwijendar Nath. Hepatic response in COVID-19. Int. J Adv. Biochem Res. 2021;5(2):01-04. DOI: 10.33545/26174693.v.i.65
  24. Greene J. Moral Tribes: Emotion, Reason, and the Gap between Us and Them (Penguin Press), 2013.
  25. Haidt J. The emotional dog and its rational tail: A social intuitionist approach to moral judgment. Psychol. Rev. 2001;108:814-834.
  26. Haidt J. The Righteous Mind: Why Good People Are Divided by Politics and Religion. (Vintage), 2012.
  27. Tomasello, M. Why We Cooperate. (MIT Press), 2009.
  28. Tooby J, Cosmides L. Groups in mind: the coalitional roots of war and morality. in Human Morality and Sociality (ed. Høgh-Olesen, H.), 2010, 191-234.
  29. Leach CW, Bilali R, Pagliaro S. Groups and morality. in APA handbook of Personality and Social Psychology, Group Processes, (American Psychological Association), 2015;2:123-149
  30. Ellemers N. Morality and the Regulation of Social Behavior. (Routledge), 2017.
  31. Ellemers N, Van den Bos K. Morality in groups: On the social-regulatory functions of right and wrong. Soc. Personal. Psychol. Compass. 2012;6:878-889.
  32. Miles S. Kaci Hickox: Public Health and the Politics of Fear. Tratto da Bioethics, 2014. Available online at: <http://www.bioethics.net/2014/11/kaci-hickox-public-health-and-the-politics-of-fear/> (accessed June 2, 2020).
  33. Wood W. Attitude change: persuasion and social influence. Annu. Rev. Psychol. 2000;51:539-570.
  34. Dickie R, Rasmussen S, Cain R, Williams L, MacKay W. The effects of perceived social norms on handwashing behaviour in students. Psychol. Health Med. 2018;23:154-159
  35. Berkowitz AD. An overview of the social norms approach. in Changing the Culture of College Drinking: A Socially Situated Health Communication Campaign (eds. Stewart, L. & Lederman, L. C.) (Hampton Press) 2005, 193-214.
  36. Cialdini RB, Kallgren CA, Reno RR. A focus theory of normative conduct: a theoretical refinement and reevaluation of the role of norms in human behavior. in Advances in Experimental Social Psychology. 1991;24:201-234
  37. Schultz PW, Nolan JM, Cialdini RB, Goldstein NJ, Griskevicius V. The constructive, destructive, and reconstructive power of social norms. Psychol. Sci. 2007;18:429-434.
  38. Barbisch D, Koenig K, Shih F. Is there a case for quarantine? Perspectives from SARS to Ebola. Dis. Med. Pub. Health Prepar. 2015;9:547-553.  
doi: 10.1017/dmp.2015.38 PubMed Abstract | CrossRef Full Text | Google Scholar
  39. Li LZ, Wang S. Prevalence and predictors of general psychiatric disorders and loneliness during COVID-19 in the United Kingdom. Psych. Res. 2020;291:0165-1781. doi: 10.1016/j.psychres.2020.113267  
PubMed Abstract | CrossRef Full Text | Google Scholar
  40. Day T, Park A, Madras N, Gumel A, Wu J. When Is Quarantine a Useful Control Strategy for Emerging Infectious Diseases? Am. J Epidemiol. 2006;163:479-485. doi: 10.1093/aje/kwj056 PubMed Abstract | CrossRef Full Text | Google Scholar
  41. Ellis EG. The coronavirus outbreak is a petri dish for conspiracy theories. Wired, 2020.  
<https://www.wired.com/story/coronavirus-conspiracy-theories/>