

How to Cite:

Adhikari, A., & Ghosh, S. (2022). Lifestyle, mental health and social support of citizens living in India and Nepal during post-COVID-19. *International Journal of Health Sciences*, 6(S2), 6127–6141. <https://doi.org/10.53730/ijhs.v6nS2.6613>

Lifestyle, mental health and social support of citizens living in India and Nepal during post-COVID-19

Abhishek Adhikari

M.A Psychology, School of Social Science and Languages, Lovely Professional University

Dr Sanjay Ghosh

Assistant Professor Psychology, School of Social Science and Languages, Lovely Professional University

Abstract--This study was undertaken to determine the lifestyle, mental health and social support of the citizens living in India and Nepal during post-Covid-19. Two different areas were taken for the present study, i.e. India and Nepal. In Nepal, subjects were taken from the Bagmati district of Kathmandu and the Kapurthala district of Punjab. 100 subjects were taken (50 from Nepal and 50 from India) among Nepal subjects, the equal number of male and female subjects were taken, it was followed among Indian subjects in the same way. The subjects were also matched in age, education and occupation. All the subjects were very cooperative and free from any severe physical or mental illness. Mental Health Battery, Lifestyle Scale and Multidimensional Scale of Perceived Social Support were employed with each of the subjects in two sessions respectively. It revealed that the people of Nepal showed deterioration in mental health compared to the subjects of the Indian population. In the other two dimensions, like lifestyle scale and social support scale, Indian subjects showed less prominence compared to Nepal subjects. Covid pandemic was so unexpected that the people were in a state of severe shock, who survived. Death and disaster made by Covid-19 severe stress on the people. It broke the mental equilibrium and a state of emergency arises among the victims. In this way, mental health, the lifestyle of the persons and access to social support were disturbed. It is obvious that the Covid-19 pandemic is a great disaster for every citizen of the world. It has also made its impact on India and Nepal. Those who are the survivors, have to face severe consequences of psychological characteristics. So, this study aimed to investigate the nature of mental health, lifestyle changes and access to social support after the Covid-19 pandemic.

Keywords---lifestyle, mental health, social support, post-COVID.

Introduction

India after COVID

Unprecedented losses came up with the waves of Covid-19 in India. The poorest marginalized community faced economic crises and health issues. In India, 30 million individuals were infected. Nationwide lockdown in India produced anxiety, and post-traumatic disorders among the citizens of India. The health workers who were supporting the Covid victims also infected by the devastating virus and some are experienced burnout, depression and other associated symptoms.

Nepal after COVID

The drumbeat of the corona pandemic has also been widespread in Nepal. Nepal started suffering in the most abrupt way and major economic activities have been seized due to the outbreak of this virus. The impact has spread to a number of sectors like tourism, trade, production, supply and health. Tourist arrival has declined below 10% from 70% before the Covid-19 outbreak. In the second phase of Covid-19 Nepal has become more vulnerable to livelihood, food security and nutrition and health education and overall protection. Due to lockdown restrictions have been made to attain school, procure food and medicine and access health services and routine vaccination South Asian Women Development Forum (SAWDF).

World Vision International (WVI) has analysed the impact of Covid-19 in Nepal on household things. After the Covid pandemic, maternal mortality has been found 239 per 1 lakh and child mortality was 39 per thousand (D.R. Singh et.al. 2020) Nepal suffer unequal distribution of health care services which seems very hard to reach in rural areas, especially in hill and mountain region. 2/3 of Nepali children found themselves unable to attain a school or access any type of distance learning program. They were deprived of regular meals also. (Devendra Raj Singh et.al. 2020)

Lifestyle and its consequences

According to WHO, 60% of related factors to individual health and quality of life are correlated to lifestyle. (Farahud, 2015) Millions of people have been found that they are following unhealthy lifestyles which lead to illness, disability, and even death. Problems related to metabolic function, joint and skeletal problems, cardiovascular problems, hypertension, overweight, violence and so on. In this regard, lifestyle and health are highly correlated.

Mental health and its consequences

Many people have mental health concerns and it may end up to a mental illness when ongoing signs and symptoms cause frequent stress and affect our ability to function. (Mayo Clinics, 2020) Mental illness, intern, may make our life miserable in family, school or workplace or in relationships. On many occasions, these may

be managed with a combination of medication and psychotherapy. (Mental Health.gov 2020). Generally, mental health problems may cover a broad range of disorders that may affect a person's personality, thought process or social interaction. After the Covid pandemic, mental health has become a predominant indicator of its consequences.

Social Support and its consequences

Social support can become a network that is made up of friends, family and peers. It is different from any support group which is generally a structured meeting run by a leader or mental health professionals. Support groups and support networks both can play an important role in times of stress. It provides the comfort of knowing that anybody's friends are always with them in need. (Mayo Clinics, 2020) (Treatment & care The Project n.d. 2017) Social support can reduce the psychological and physiological consequences of stress and can enhance immunity functions.

So, the purpose of the present study is to determine the lifestyle mental health and social support of citizens living in India and Nepal during post-COVID-19. In the domain of mental health, some interesting results have come out from the previous research findings. Mental health deteriorates with the stress among females (Kasprovicz, 1998). Long term effects of stress can affect females more (Shneidermann, 2003). More deterioration of mental health has also been found among male subjects than females (Nader et.al. 1993). In post-traumatic stress disorder, male subjects show more exposure to stress (Macksound and Aber, 1996). In the same dimension, female subjects showed better coping with stress and expression of higher mental health (Paykel, 2001). Females have also been found better adjusted to life stress and showed more prominence in mental health (Kendler 1999). They also have been found less anxious than males (Besolan et.al. 2005).

Like mental health, adjustment is also a criterion to be affected by prolonged stress. In this dimension, women were found more susceptible to adjustment problems during stress (Barrens 1995). In terms of social adjustment female subjects showed more problems after stress (Fox, 2005) In emotional adjustment, the female subject showed more deterioration compared to male subjects during stress. Contrary studies have also come across, such as women were found more emotionally adjusted after PTSD (Cooper et.al. 1992). They also showed less deterioration after stress in the field of occupational adjustment (Levenson, 2002). Among male subjects, it has been found that they showed more problems in health adjustment after prolonged stress (Sinha, 2001).

Like adjustment, lifestyle also has been greatly disturbed after the Covid pandemic in Nepal and India. Amongst Nepal population, it has been found that females have favourable lifestyle changes compared to males (Azuna et.al. 2021) Contrary studies have also found that lifestyle changes are more common among males (FDA Report, 2020). Male subjects also have to change their professions in Nepal due to pandemics (FDA Report, 2020).

In the section on lifestyle, another important denominator is social support. Interesting results have been found in this domain among Nepal and Indian Subjects after the Covid-19 pandemic. Female subjects have been found less prominence in social support as they avoid large gatherings and mandatory use of other precautionary majors (Bedford et.al. 2020). Male subjects due to their excessive anxiety, apprehensiveness and helpless attitude are seeking much more social support than females (Lippi et.al. 2019).

Research Objectives

1. To study the significant relationship between lifestyle, social support and mental health among the subjects of India and Nepal respectively
2. To see the effect of lifestyle changes on citizens of India and Nepal during the Covid pandemic.
3. To evaluate how Social support is being affected by citizens of India and Nepal.
4. To see how the mental health of people in India and Nepal is being affected due to the Covid pandemic.
5. To do a comparative study of these variables in Indian and Nepal Citizens, how it is interrelated with each other.

Research Hypotheses

1. There will be no effect of lifestyle changes on citizens of India and Nepal during the Covid pandemic.
2. There will be no effect of social support on citizens of India and Nepal during the Covid pandemic.
3. There will be no effect on the mental health of people in India and Nepal due to the Covid pandemic.
4. There will be no comparative effect of those variables (lifestyle, social support and mental health) in Indian and Nepal citizens after the Covid pandemic

Variables: In the present study Social Support is taken as the independent variable, whereas Lifestyle and Mental health are taken as the dependent variable. However, males and females are being treated as demographic variables.

Research Design: The study consists of a quantitative research design and is non-experimental, and correlational in nature.

Sampling Technique: The study consists of 100 adults selected through the convenience sampling method.

Instruments

1. Multidimensional Scale of perceived social support by Zimet, Dalhem and Farley in 1988
2. Mental Health Battery by Dr. Arun Kumar Singh and Dr. Alpana Sengupta (1985)
3. Lifestyle Scale by S.K. Bawa and Sumanpreet Kaur

Result

Table no 1. Showing distribution and “t” value of Indian citizens with respect to mental health

	Male mean	Male S.D	Female Mean	Female S.D	t value	Remarks
Part 1	7.76	2.53	8.76	2.50	1.4023	Not Significant
Part 2	22.32	4.42	22.56	5.07	0.1783	Not Significant
Part 3	8.36	2.27	9.44	2.78	1.5027	Not Significant
Part 4	7.68	2.59	8.04	2.76	0.4752	Not Significant
Part 5	7.48	1.71	8.24	2.16	1.3769	Not Significant
Part 6	18.44	3.76	20.68	4.15	1.9987	Significant at 0.05 Level

Table no 2. Showing distribution and “t” value of Indian citizens with respect to Lifestyle Scale

	Male mean	Male S.D	Female Mean	Female S.D	t value	Remarks
Area 1	17.72	5.67	19.52	5.34	1.1542	Not Significant
Area 2	16.76	5.18	17.08	3.92	0.2461	Not Significant
Area 3	20.4	6.81	21.68	6.32	0.6882	Not Significant
Area 4	19.2	5.46	18.64	4.75	0.3862	Not Significant
Area 5	20.72	5.09	20.6	5.33	0.0813	Not Significant
Area 6	29.08	6.79	29.56	5.41	0.2762	Not Significant

Table no 3. Showing distribution and “t” value of Indian citizens with respect to Social Support

	Male mean	Male S.D	Female Mean	Female S.D	t value	Remarks
Significant others	18.52	5.53	21.12	5.63	1.6461	Not Significant
Family	19.96	4.95	18.36	4.98	1.1386	Not Significant
Friends	20.04	4.06	20.08	4.50	0.6258	Not Significant

Table no 4. Showing distribution and “t” value of Indian citizens with respect to mental health

	Male mean	Male S.D	Female Mean	Female S.D	t value	Remarks
Part 1	8.04	2.8	8.16	2.01	0.1743	Not Significant
Part 2	21.68	4.64	25.32	3.64	3.0796	Significant at 0.01 Level
Part 3	8.16	2.51	9.96	1.54	3.0548	Significant at 0.01 Level

Part 4	7.08	2.37	8.96	1.56	3.2994	Significant at 0.01 Level
Part 5	8	1.93	6.64	1.49	2.7784	Significant at 0.01 Level
Part 6	18.28	4.8	20.52	3.28	1.9240	Not Significant

Table no 5. Showing distribution and “t” value of Indian citizens with respect to Lifestyle Scale

	Male mean	Male S.D	Female Mean	Female S.D	t value	Remarks
Area 1	17.16	4.94	19.76	4.78	1.8880	Not Significant
Area 2	14.32	4.55	20.32	4.38	4.7462	Significant at 0.01 Level
Area 3	18.88	7.5	23.6	3.89	2.7872	Significant at 0.01 Level
Area 4	17.56	5.43	20.16	3.56	2.0005	Not Significant
Area 5	20.08	5.88	21.8	3.57	1.2490	Not Significant
Area 6	29.32	6.72	28.48	3.48	0.5543	Not Significant

Table no 6. Showing distribution and “t” value of Indian citizens with respect to Social Support

	Male mean	Male S.D	Female Mean	Female S.D	t value	Remarks
Significant others	18.28	5.72	19.48	4.27	0.8397	Not Significant
Family	18.48	4.9	22.36	2.28	3.5871	Significant at 0.01 Level
Friends	21.04	4.99	19.32	1.9	1.6081	Not Significant

Discussion

Male subjects of Nepal showed lesser proneness toward mental health compared to their female counterparts (overall mean of Nepal males = 11.87, females = 13.26). From S.D values, (S.D of overall Nepal male subjects = 3.17, female subjects = 2.25). It has come out that male subjects showed more variability in scores compared to female subjects. The “T” value (2.52) has been found significant at 0.05 level. So, the difference between male and female mean scores of Nepal has been found statistically significant.

The present findings are in line with previous research studies (Kasprowiz,1998) which indicate that females are more mentally healthy than males. Contrary findings have also come across in the previous studies. (Nader et.al. 1993) which implies that males are more mentally healthy than that females. In the same dimension, if we see the result variation in Indian subjects, we can find in the present study that female subjects also have found more mentally healthy compared to their male counterparts (Male mean = 12.01, Female mean =12.95). From S.D values (Male S.D = 2.88, Female S.D = 3.23), it refers that female subjects showed more variability of scores compared to male subjects. The “t” value (1.53) has not been found significant. So, we may infer that, the difference between the two means is due to the chance factor.

The above-mentioned findings are similar to previous research studies (Shneidermann, 2003) which indicate females are more mentally healthy than male subjects. Contrary findings also have come across from previous studies (Macksound and Aber 1996) which denote males are more mentally healthy than females. If we take altogether male and female subjects of Nepal in comparison with male and female subjects of India, the results indicate Nepal subjects showed more prominence in mental health compared to Indian subjects (Nepal subjects mean =12.57, Indian subjects mean =12.48) from S.D values (Nepal subjects S.D = 2.71, Indian subjects S.D = 3.01) which suggests that Indian subjects showed more variability of scores compared to Nepal subjects. The t'' value (0.16) has not been found significant. So, the difference between the two means is due to the chance factor.

The above result is in line with other research evidence (Kendler, 2003) which refers that Nepal subjects showed more prominence in mental health compared to Indian subjects. Opposite findings also have been reported by other previous researchers (Azunaet.al. 2021). In this domain, the male subjects of Nepal have shown slightly lesser prominence than female subjects (Male mean = 8.04, female mean = 8.16) which indicates females are more mentally healthy than males. From S.D values (Male S.D = 2.79, Female S. D= 2.01), it refers that male subjects showed more variability in scores compared to their female counterparts. The t'' value (0.17) has not been found significant.

The above results are in close association with the findings of the previous researchers (Cooper et.al. 1992) which suggest that females are more emotionally stable compared to males. Contrary findings also suggest that male subjects are more emotionally stable than females (Sinha 2001). Among the Indian population, in the domain of emotional stability, female subjects have scored higher than the male subjects (male mean =7.76, female mean = 8.76), it indicates that females are more emotionally stable than males. This finding is also similar to the findings of Nepal. From S.D values (Male S.D = 2.53, Female S.D =2.50), imply that male subjects showed slightly more variability of scores compared to female subjects. The t' value (1.40) has not been found significant.

In this domain, the male subjects of Nepal showed lesser prominence compared to female subjects of the present study (male mean = 21.68, Female Mean = 25.32), which implies that female subjects are more overall adjusted in mental health compared to male subjects. From S.D values (Male S.D= 4.64, Female S. D= 3.64), it has come out that male subjects showed more variability of scores compared to female subjects. The t'' value (3.08) has been found significant at 0.01 level. It means the difference between the two means is statistically significant The above finding is similar to the evidence of previous research studies (Basu, 2020) where we can find females are more prone to overall adjustment in the domain of mental health. The dominance of male subjects over females also has come out from other studies (Chakraborty et.al.2020).

In Indian studies, female subjects also showed prominence in overall adjustment compared to their male counterparts in the present study where the mean of female scores is higher than that of the mean of male scores (Male mean =22.32, Female mean=22.56). From S.D values (Male S. D= 4.42, Female S.D.= 5.07) it

has been found that female subjects showed more variability of scores compared to their male counterparts. The “t” value (0.18) has not been found significant. The above finding is very much in line with previous research findings which has expressed that female is more prone to overall adjustment in mental health compared to male subjects (Barens 1995). Males are more prominent in overall adjustment has also come across in previous research studies (Stround 2002).

In this dimension, if we consider Nepal subjects, female subjects scored more than that male subjects (Male mean= 8.16, Female mean= 9.96). It indicates that the females are more prominent in autonomy in the section of mental health compared to their male counterparts. From the S.D value (Male S.D. = 2.51, Female S.D.=1.52), it implies that male subjects showed more variability of scores compared to female subjects. The t” value (3.05) has been found significant at 0.01 level. It refers that the difference between the two means is statistically significant.

In Indian subjects, in the same dimension, we have found that female subjects showed more prominence in autonomy compared to male subjects. It has been found from their mean scores. The mean score of female subjects is higher than that of male subjects. (Male mean= 8.36, Female mean=9.44). From S.D. values (Male S.D. =2.27, Female S.D.=2.78), suggest that female subjects showed more variability of scores compared to male subjects. The „t” values (1.50) have not been found significant. It implies that the difference between male and female means is due to the chance factor.

The present result is very much similar to previous research findings (Levenson, 2002). Contrary results have also been traced among other researchers (Broddy 1990) which express that males are more predominant in the section of autonomy in mental health. In this dimension, if we consider the scores of Nepal subjects, we may see that the female subjects scored higher than that of male subjects (Male mean= 7.08, Female mean=8.96) it implies that females are more expressive in the area of security and insecurity in the mental health scale compared to male subjects.

From S.D. value (Male S.D. =2.37, Female S.D. =1.56), shows that females are more prominent insecurity and insecurity dimensions. The ‘t’ value (3.30) has been found significant at 0.01 level. So, it suggests that the mean difference between two scores is statistically significant. The mean score of female subjects is higher than that of their male counterparts (Male mean= 7.68, Female mean= 8.04). From S.D. values (Male S.D. = 2.59, Female S.D. = 2.76) which refers that female subjects showed more variability of scores than that male subjects. The ‘t’ value (0.48) has not been found significant. It implies that the difference between two means is due to the chance factor.

It has been expressed that the mean of male subjects is higher than their female counterpart. (Male mean = 8.00, Female mean = 6.64). From S.D. values (Male S.D. =1.93, Female S.D. = 1.49) it refers that male subjects showed more variability of scores compared to female subjects. The t” values (2.78) have been found significant at 0.01 level. It suggests that the difference between two scores have been found statistically significant. Among Indian subjects, contrary findings

have come out. It expresses that female subjects showed more prominence in self-concept compared to male subjects, which is evident from their mean scores (Male mean= 7.48, Female mean = 8.24). From S.D. values (Male S.D. =1.71, Female S.D. =2.16), it refers that female subjects showed more variability in results compared to their male counterparts. The t'' value (1.38) has not been found significant. So, it suggests that the difference between the two means is due to the chance factor.

In the section of intelligence, among Nepal subjects, it has been found that female subjects showed more intelligence in this mental health dimension compared to male subjects. It has come out from the mean scores, where mean score of female subjects showed higher scores than that of male subjects (Male mean =18.28, Female mean =20.52). From S.D. values (Male S.D. =4.80, Female S.D. =3.28) it has revealed that male subjects showed more variability of scores compare to female subjects. The t'' values (1.92) have not been found significant. It implies that the mean difference of two scores is due to chance factors. Similar trend has been found among Indian subjects in the same dimension. Here the mean score of female subjects also showed higher scores compared to male subjects (Male mean = 18.44, Female mean =20.68) From S.D. values (Male S.D. =3.76, Female S.D. =4.15), it implies that female subjects showed more variability of scores compared to male subjects. The t'' value (1.99) has not been found significant. The finding is very much in line with previous research studies (Sinha 2006). Though contrary findings have also been traced among other studies (Levenson 2002).

This finding is closely associated with previous research studies (Asmundson, GJG et.al.2020). Opposite findings i.e., males are more mentally healthy than females have also been found in other studies (Lipi G et.al. 2019). In the domain of health consciousness in lifestyle scale, it has been revealed that female subjects scored more compared to male subjects from Nepal. It comes from there mean scores (Male mean = 17.16, Female mean =19.76) it indicates that female subjects are more health conscious in their lifestyle compared to male subjects. From S.D. values (Male S.D. =4.94, Female S.D. =4.78) it implies that the male subjects showed more variability of scores than that of female subjects. The t'' value (1.89) has not been found significant.

In Indian population, the same trend has been observed where the female subjects scored higher than male subjects in this dimension (Male mean =17.72, Female mean =19.52). From S.D. values (Male S.D. = 5.67, Female S.D. = 5.34), it suggests that male subjects showed more variability of scores than their female counterparts. The t'' value (1.15) has not been found significant. The trends of the above-mentioned findings are very much in line with previous research studies (Bedford J, et.al.2020) which refers that female subject are more health-conscious in the domain of lifestyle compared to male subjects. Reverse findings, i.e., males are more prominent about health consciousness are being evidenced by other researchers. (Mahase, 2020)

In this domain, among Nepal subjects, it has been found that females are more oriented to academics in their lifestyle than that of male subjects. It shows from their mean scores, where the mean score of female subjects is higher than that of male subjects (Male mean =14.32, Female mean =20.32). From S.D. values (Male

S.D. =4.60, Female S.D. =4.38) it suggests that the male subjects showed more variability of scores compared to their female counterparts. The t value (4.75) has been found significant at 0.01 level. It implies that the difference between two means is statistically significant. Among Indian subjects, same trend has been observed where female subjects showed more orientation toward academics in their lifestyle than that of male subjects. It is evident from their mean scores, the mean score of female subjects is higher than the mean score of male subjects (Male mean =16.76, Female mean =17.08). From S.D. values (Male S.D. =5.18, Female S.D. =3.92), it shows that male subjects expressed more variability of scores compared to female subjects. The t value (0.25) has not been found significant.

Both the above-mentioned findings indicate that females are more prominent in expressing academic orientation in their lifestyle. The present finding is very much similar to other research studies (Qiu J et.al.2020). Contrary findings also have been observed from other research evidences (The Himalayan times, 2020) where males are expressed more dominance in academic orientation than females. The mean score of female subjects is higher than the mean score of male subjects (Male mean =18.88, Female mean =23.60). From S.D. values (Male S.D. =7.60, Female S.D. =3.89), it may be said that male subjects showed more variability of scores compared to female subjects. The t value (2.79) has been found significant at 0.01 level. It refers that the difference between two means is statistically significant.

The mean score of female subjects is higher than the mean score of male subjects (Male mean =20.40, Female mean =21.68). From S.D. values (Male S.D. =6.81, Female S.D. =6.32), it shows that male subjects showed more variability of scores than that of female subjects. The t value (0.69) has not been found significant. This finding is very much similar to other research evidence (Sinha 2001). Contrary findings have also been reported (Chakraborty et.al.2006). The mean score of female subjects is higher than that of male subjects (Male mean =17.56, Female mean =20.16). From S.D. values (Male S.D. =5.40, Female S.D. =3.56), it implies that male subjects showed more variability of scores compared to female subjects. The t value (2.01) has been found significant at 0.05 level. It indicates that the difference between two means is statistically significant

Among Indian subjects, contrary results have been traced, where male subjects showed more family orientation compared to their female counterparts. It is evident from their mean scores. The mean score of male subjects is higher than that of female subjects (Male mean = 19.20, Female mean =18.64). From S.D. values (Male S.D. =5.46, Female S.D. =4.75), it implies that male subjects showed more variability of scores compared to female subjects. The t value (0.39) has not been found significant.

Research findings showed also contradictory evidences in this regard. Male dominance has been found in some studies (Bedford J et.al. 2020) and female dominance have been traced in other research findings (Mahase E 2020). In this subsection of lifestyle, Nepal subjects showed more predominance of female subjects in this domain. It implies that females are more socially orientated than males which is evident from their mean scores (Male mean =20.08, Female mean

=21.80). From S.D. values (Male S.D. =5.9, Female S.D. =3.57), it refers that male subject more variability of scores compared to female subjects. The t value (1.25) has not been found significant.

Reverse findings have been observed among Indian subjects in this domain. It has been shown that male subjects showed more social orientation than that of female subjects which is evident from their mean scores (Male mean =20.72, Female mean =20.60). From S.D. values (Male S.D. =5.10, Female S.D. =5.33), it indicates that female subjects showed more variability of scores compared to male subjects. The t value (0.08) has not been found significant. Some studies have pointed out males are more predominant in social orientation compared to female subjects (Lipi G et.al. 2019), other studies indicate females are more predominant in this field (Qiu et.al. 2020).

The mean score of male subjects is higher than that of female subjects (Male mean =29.32, Female mean =28.48). From S.D. values (Male S.D. =6.80, Female S.D. =3.48), it seems that male subjects showed more variability of scores compared to female subjects. The t value (0.55) has not been found significant. The mean of female subjects is higher than that of mean of male subjects. (Male mean =29.08, Female mean =29.56). From S.D. values (Male S.D. =6.80, Female S.D. = 5.41) it reveals that male subjects showed more variability of scores compared to female subjects. The t value (0.28) has not been found significant.

Reverse findings have been found among the subjects of Nepal and India respectively. Nepal subjects showed more male dominance, whereas Indian subjects showed more female dominance in this sub section of lifestyle. Similarly contradictory findings have been observed from research studies. Male dominance in this section of trend seeking has been found among some research findings (Barrons 1995) whereas female dominance also have been observed in this field (Stround 2002). In the overall dimension of lifestyle, among Nepal subjects, it has been found that males showed more prone to adjustive towards lifestyle compared to female subjects which is evident from their mean scores (Male mean =24.83, Female mean =22.35).

From S.D. values (Male S.D. =5.87, Female S.D. =3.94), it has come out that male showed more variability of scores compared to female subjects. The t value (2.48) has been found significant at 0.05 level. It implies that the difference between two means is statistically significant. It is evident from their mean scores (Male mean =20.65, Female mean =21.18). From S.D. values (Male S.D. =5.84, Female S.D. =4.85), it implies that male subjects showed more variability of scores compared to female subjects. The t value (0.50) has not been found significant.

Similar reverse literature review has been found where in some studies (Levinson, 2002) expressed that male are superior in showing adjustment in lifestyle whereas in some other studies (Broddy, 1999) expressed that female are better adjusted in the domain of lifestyle. It is evident from their mean scores (Overall mean of Nepal subjects =23.59, Indian subjects =20.91). From S.D. values (Nepal Subjects S.D. =4.91, Indian subjects S.D. =5.31), it may be said that the subjects of Indian population showed more variability of scores than that of Nepal

subjects. The „t“ value (2.61) has been found significant at 0.05 level. It indicates that the difference between two means is statistically significant. The male dominance in the domain of lifestyle has been found in line with other research evidences (Fox 2005). Contrary findings also have been traced (Stround 2002) which refers females are more adjustive in lifestyle.

In this domain, Among Nepal subjects, female subjects showed more prominence in social support compared to their male counterparts. It is evident from their mean scores. The mean score of female subjects is higher than that of male subjects. (Male mean =18.28, Female mean=19.48). From S.D. values (Male S.D. =5.72, Female S.D. =4.27), it refers that male subject showed more variability of results compared to female subjects. The „t“ value (0.84) has not been found significant.

The mean of female subjects is higher than that of male subjects (Male mean =18.52, female mean =21.12). From S.D. values (male S.D. =5.53, Female S.D. =5.63), it shows that female subjects expressed slightly more variability of scores compared to male subjects. The „t“ value (1.65) has not been found significant. The finding is very much associated with previous research studies (Cooper et.al. 1992). Contradictory findings, such as, males are superior to access social support than females have also been traced in other research findings (Barens,1995).

From S.D. values (Male S.D. =4.90, Female S.D. =2.28), it refers that male subject showed more variability of scores compared to female subjects. The t“ value (3.59) has been found significant at 0.01 level. So, it implies that the difference between two means is statistically significant. The mean score of male subjects is higher than that of female subjects (Male mean =19.95, Female mean =18.36). From S.D. values (Male S.D. =4.95, Female S.D. =4.98), it may be said that female subjects showed slightly more variability of scores compared to male subjects. The t“ value (1.14) has not been found significant. Some studies pointed out that female subjects are superior in family support (Kendler, 2003), whereas other studies have stressed on male dominance in the same dimension (Linsky et.al.1995).

In this domain, among Nepal population, it has been found that male subjects showed more prominence in friends' dimension of social support than that of female subjects. It has come out from their mean scores. The mean score of male subjects is higher than that of mean score of female subjects (Male mean =21.04, Female mean =19.32). From S.D. values (Male S.D. =4.99, Female S.D. =1.90), it implies that male subjects showed more variability of scores compared to female subjects. The t“ value (1.61) has not been found significant.

It is evident from their mean scores. The mean score of female subjects is slightly higher than that of male subjects (Male mean =20.04, Female mean=20.08). From S.D. values (Male S.D. =4.06, Female S.D. =4.50), it has come out that female subjects showed more variability of scores than that of male subjects. The t“ value (0.63) has not been found significant. Some studies showed male dominance in this dimension (Zimermen, 2003), whereas among other studies, female dominance have also been found out (Snidermann 2003). The mean score of females is higher than that of male subjects (Male mean =19.27, Female mean

=20.38). From S.D. values (Male S.D. =5.20, Female S.D. =2.82), it refers that male subject showed more variability of scores compared to female subjects. The t value (1.33) has not been found significant. Similar findings have also been come out from Indian population where female subjects showed more accessible toward social support compared to their male counterparts. It reveals from their mean scores. The mean score of female subjects is slightly higher than that of male subjects (Male mean =19.50, Female mean =19.85). From S.D. values (Male S.D. =4.85, Female S.D. =5.03), it implies that female subjects showed more variability of scores compared to male subjects. The t value (0.35) has not been found significant.

The mean score of Nepal subjects is higher than that of the mean score of Indian subjects (Mean of Nepal subjects=19.82, Mean of Indian subjects =19.67). From S.D. values (S.D. of Nepal subjects =4.01, S.D. of Indian subjects =4.94), which shows that Indian subjects expressed more variability of scores compared to Nepal subjects. The t value (0.17) has not been found significant. This finding is very much in line with other previous studies (Macsound and Aber, 1996). Contradictory findings suggest that Indian subjects showed more prominence than Nepal subjects (Paykel 2001). So, the objective findings of their results in different tools are very much in line with the content analysis of the case studies. Similar findings have been traced out in this regard (Bedford J et.al 2020).

So, from the above results it may be summarized as lifestyle, mental health and social support- these variables have been found affecting Indian and Nepal population in different spectrum during post covid-19 scenario. The devastating consequences of covid-19 has been reflected in Nepal and Indian population. Quantitative assessment of tools and qualitative analysis of the case studies have been directed to the serious consequences in the dimension of lifestyle, mental health and social support of the citizens of the both the above-mentioned countries.

Conclusion

It may be concluded there was most severe impact of lifestyle, mental health and social support of citizens of India and Nepal after Covid pandemic. In Nepal population, the lifestyle changes have been found more among males and they showed more prominence than female subjects in the present study. In Indian population female subjects showed more prominence in lifestyle than male subjects. Overall, in comparison of Indian and Nepal subjects, we have found Nepal subjects showed more prominence in lifestyle after Covid-19 compared to Indian subjects.

In the present study relationship between lifestyle, social support and mental health have been observed among the subjects of India and Nepal respectively. It has been found that there was a significant change in lifestyle social support and mental health among both the groups after Covid pandemic. So, the null hypothesis has been rejected and alternative hypothesis has been accepted. It implies that there is a marked effect of those above-mentioned variables on the subjects of India and Nepal respectively.

In the domain of social support, among Nepal subjects, females showed more access to social support compared to males. Similar findings have also been traced among Indian population. Overall Nepal subjects showed more access to social support compared to Indian subjects. In the section of mental health, the female subjects of Nepal showed more mental health prominence compared to male subjects. Similar trends have been traced in Indian population. In the overall dimension of mental health, Indian subjects showed better performance than Nepal subjects.

Therefore, from the above findings, it has been reflected that similar trend have been found among the gender differences between the subjects of Indian and Nepal population. In some situations, Nepal subjects showed deterioration in mental health compared to Indian subjects after Covid-19. In the other spheres like social support and lifestyle, Indian subjects showed more deterioration compared to Nepal subjects.

In this study, the dimension of mental health, lifestyle and social support are found to be the most crucial variables after Covid-19 pandemic among the citizens of India and Nepal. It has also been supported by various research studies on those issues. So, the purpose of the present study is very apt and justified.

Research conflict: No Research conflict

Acknowledgment

I would like to express my gratitude and thanks to all the participants for their cooperation during the data collection and valuable contribution in this present study.

References

- Asmundson, G. J. G., & Taylor, S. (2020). Corona phobia: Fear and the 2019-ncov outbreak. *Journal of Anxiety Disorders*, 70, 102196. <https://doi.org/10.1016/j.janxdis.2020.102196>
- Fox, H. C., Talih, M., Malison, R., Anderson, G. M., Kreek, M. J., & Sinha, R. (2005). Frequency of recent cocaine and alcohol use affects drug craving and associated responses to stress and drug-related cues. *Psychoneuroendocrinology*, 30(9), 880–891. <https://doi.org/10.1016/j.psyneuen.2005.05.002>
- Joshi, K. (2020). *Youth arrested for spreading rumours of covid-19 cases*. The Himalayan Times. Retrieved April 18, 2022, from <https://thehimalayantimes.com/kathmandu/youth-arrested-for-spreading-romours-of-covid-19-cases/>
- Kendler, K. S., Hettema, J. M., Butera, F., Gardner, C. O., & Prescott, C. A. (2003). Life event dimensions of loss, humiliation, entrapment, and danger in the prediction of onsets of major depression and generalized anxiety. *Archives of General Psychiatry*, 60(8), 789. <https://doi.org/10.1001/archpsyc.60.8.789>
- Levenson, R. W., Carstensen, L. L., & Gottman, J. M. (1994). Influence of age and gender on affect, physiology, and their interrelations: A study of long-term

- marriages. *Journal of Personality and Social Psychology*, 67(1), 56–68.
<https://doi.org/10.1037/0022-3514.67.1.56>
- Nader, K. O., Pynoos, R. S., Fairbanks, L. A., Al-Ajeel, M., & Al-Asfour, A. (1993). A preliminary study of PTSD and grief among the children of Kuwait following the Gulf Crisis. *British Journal of Clinical Psychology*, 32(4), 407–416.
<https://doi.org/10.1111/j.2044-8260.1993.tb01075.x>
- Paykel, E. S. (2001). Stress and affective disorders in humans. *Seminars in Clinical Neuropsychiatry*, 6(1), 4–11.
<https://doi.org/10.1053/scnp.2001.19411>
- Qiu, J., Shen, B., Zhao, M., Wang, Z., Xie, B., & Xu, Y. (2020). A nationwide survey of psychological distress among Chinese people in the covid-19 epidemic: Implications and policy recommendations. *General Psychiatry*, 33(2).
<https://doi.org/10.1136/gpsych-2020-100213>
- Sinha, R., Garcia, M., Paliwal, P., Kreek, M. J., & Rounsaville, B. J. (2006). Stress-induced cocaine craving and hypothalamic-pituitary-adrenal responses are predictive of cocaine relapse outcomes. *Archives of General Psychiatry*, 63(3), 324. <https://doi.org/10.1001/archpsyc.63.3.324>
- Zimmermann, P., Wittchen, H.-U., Höfler, M., Pfister, H., Kessler, R. C., & Lieb, R. (2003). Primary anxiety disorders and the development of subsequent Alcohol Use Disorders: A 4-year community study of adolescents and young adults. *Psychological Medicine*, 33(7), 1211–1222.
<https://doi.org/10.1017/s0033291703008158>