

Psychological perspectives of the Indian diaspora on social well-being during the COVID-19 pandemic

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BRIEF. This article examines the Indian diaspora in the United States during the COVID-19 pandemic, a group that underwent many changes in both the social and psychological aspects of their lives during this time.

ABSTRACT. This research investigates the social effects brought about by the COVID-19 pandemic on the Indian diaspora. Methods for primary research included 218 interviews (face-to-face, phone, and web-based) with members of the Indian diaspora living in the US to determine the impact of COVID-19 on their extended family living abroad as well as their social implications. Data was collected via questionnaire format around the peak of the pandemic and thereafter (2021-2022 timeframe). Results show that all participants were fully vaccinated, rating themselves highly regarding precautionary measures. Government-imposed travel restrictions significantly affected their psychological well-being, with all participants reporting increased stress, loneliness, isolation, and anxiety. However, levels of fear diminished as the pandemic progressed. Social interactions were influenced by vaccination rates and mask usage at gatherings. Information sources, predominantly the Centers for Disease Control, played a key role in decision-making. In conclusion, cultural factors and the location of extended family members influenced participants' levels of caution. The findings also suggest that perceived social isolation significantly affected overall well-being. As fear declined or completely subsided over time, it was anticipated that other contributors to anxiety and general well-being would revert to normal as societies adapted, vaccine efficacy improved, and coronavirus became manageable.

INTRODUCTION.

The Indian diaspora in the United States, comprising 3 million non-resident Indians [1], faced significant psychological and social challenges during the COVID-19 pandemic. The impact of lockdowns, travel restrictions, vaccinations, and social distancing measures have been significant.

COVID-19 emerged as a threat in the beginning of December 2019. Since then, the disease has profoundly affected global, social, and economic trends. While there has been prolific research on scientific, financial, and social aspects of the disease, there is sparse investigation on the effects of COVID-19 on populations living away from their homeland, particularly the diaspora of the Indian Subcontinent. According to the United Nations, Indians living outside their homeland represent the largest diaspora population in the world with 18 million non-resident Indians.

COVID-19 presented this large diaspora population with challenges unique to an international diaspora, such as global travel restrictions that prohibited visiting elderly family members in India. International travel restrictions between the U.S. and India were in place for nearly two years, only coming to an end in March 2022 [3]. Prior to the pandemic, in 2018, approximately 7 million non-resident Indians visited India. However, this number saw a significant decline of 48.6%, dropping to 3.5 million in 2020 as a result of the pandemic [4]. The pandemic had a great impact on the population, socially and psychologically.

MATERIALS AND METHODS.

Primary social research was conducted with 217 non-resident Indians (i.e., of South Asian descent). This data was collected when Covid-19 was still extremely pervasive throughout the world, from 2021-2022. All individuals consented to use their responses in an anonymized fashion. Face-to-face/video conference-style interviews were conducted with 53 people (24.3%). When using video conferencing, surveys tended to have a duration of 15-20 minutes. Forty surveys (18.3%) were completed via direct response where the respondent received a paper copy of the questionnaire to fill out. The remainder (125, or 57.3%) completed an online questionnaire using SurveyMonkey. Participants were solicited via social media outreach channels. 3 methods of surveyance were used in order for the study to reach the maximum number of participants, through both online and in-person interviewing. All were asked the same questions, which included Likert scale items, multiple choice options, and open-ended survey responses, regardless of the outreach channel or answer collection method.

Survey questions began with queries about basic demographics, age, which generation of immigrant, U.S. immigration year, Indian city of origin, Covid-19 diagnosis and frequency, and vaccination status. Subsequent questions asked about travel back and forth between India and the U.S. and how these tendencies changed during the Coronavirus. The levels of cautiousness participants had in the midst of the pandemic was another area of inquiry. These were asked using Likert scales and multiple-choice questions studying how participants felt and what actions they took during Covid-19. Final questions asked about primary sources of information for the pandemic, whether from new channels (Indian or American), websites, specific persons, or another source. They were asked about resources used to deal with their limiting situation. Some options included video conferencing, home delivery or curbside pickup grocery apps, and COVID contact tracing apps. There was also space left to write about other options not included on the survey. The participants' wellbeing was assessed pre-pandemic and during pandemic. Wellbeing included several factors such as stress, fear, and isolation among others. Graphs and figures were derived from these statistics.

This study was limited to those above age 18 and currently residing in the U.S. with cultural roots in the Indian Subcontinent. This study was designed to provide researchers with a broad sample conducive to a descriptive quantitative survey. Thus, there were no limitations on occupation, education level, or political opinion. Participants provided consent to use their responses for publication in an anonymized fashion.

RESULTS.

The survey reached people from 15 U.S. states originating from 27 different cities across India. Table 1 presents the participant breakdown based on demographics.

Of the 218 participants, 95% of respondents self-identified as a first-generation immigrant, i.e., those who immigrated to the US, were born in India, and have parents living in India. The remainder were second-generation immigrants, i.e. those born in the US with cultural roots in India such as a parent or grandparent who immigrated from India.

Table 1. Participant demographics

Attribute	Value
Number of final participants	217
Gender	125 males (57.6%) 91 females (41.9%) 1 non-binary (0.5%)
Number of years living in US	24.4 ± 12.4
Vaccination Status	100%

Vaccination status. Participants were asked about their immunization level. At the time of data collection, a full vaccination was considered as having two doses of the BioNTech/Pfizer or Moderna vaccine, or one dose of the Johnson & Johnson vaccine. All these vaccines were FDA-approved in the U.S. by early 2022. All participants were fully vaccinated. For comparison, approximately 67.2% of the US population was vaccinated as of June 2022 according to the Center for Disease Control, and 60.7% of the Indian population was vaccinated [2]. Despite being fully vaccinated, 21 respondents (9.6%) contracted COVID-19 once while 3 people (1.3%) had this virus more than once. When this survey was collected, the major variants were Delta and Omicron.

Psychological impact of isolation. The results show 95% of survey participants reported an increase in their use of video conferencing apps like Zoom, FaceTime, and Google Meet during the pandemic. However, many older relatives in India had limited access or familiarity with these tools, which exacerbated feelings of isolation. Anxiety-related emotions surged significantly, with loneliness increasing from 13% before the pandemic to 56% and feelings of isolation rising from 10% to 63%.

Social gatherings and cautiousness. Only 6.9% of respondents felt that the pandemic had no impact on social gatherings, such as weddings and parties. Most participants (53.2%) limited their attendance to gatherings with familiar people, while about 44.4% to 48.6% preferred events where mask-wearing and vaccination proof were required. Overall, participants rated their cautiousness at an average of 7.75 out of 10, reflecting a high level of care that corresponded with a 100% vaccination rate within the group.

Sources of pandemic information. The CDC served as the primary source of COVID-19 information for participants, followed by renowned physicians rather than personal family doctors. Participants preferred local English news channels over Indian news for updates and relied on a wide array of sources, including medical journals, newspapers, and podcasts. The percentages of utilization for various sources of information are shown in Figure 1.

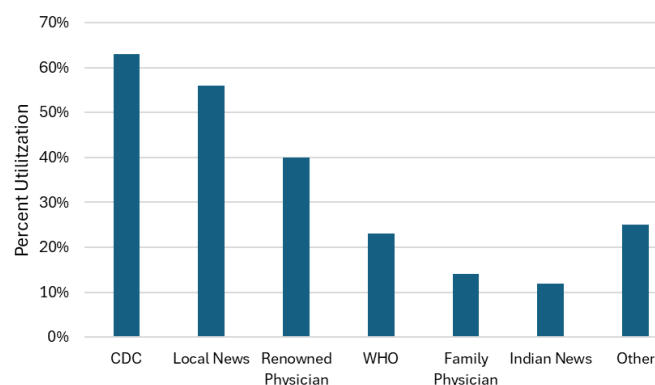
DISCUSSION.

The COVID-19 pandemic severely disrupted international travel and strained relationships within the Indian diaspora, particularly between the U.S. and India. Prolonged travel restrictions not only separated families but also caused a sharp decline in visits from the diaspora to India. A popular decision for individuals was to limit or postpone trips, especially out of concern for transmitting the virus to vulnerable family members.

Typically, respondents visited India annually or at least every few years; however, beyond government-imposed restrictions, the risk of virus spread to at-risk relatives further deterred them from making these visits.

Another constraint is the psychological aspect of such isolation. Families that regularly met at least once a year were now unable to traverse the globe. Many of the family members in India were elderly parents or relatives while the younger generation (adult children) were working in the US. Much of the younger generation could easily avail modern communication technologies such as Zoom or Skype for social interactions amongst themselves.

Despite the use of technology among the younger generation, the lack of face-to-face meetings and gatherings indeed had an impact on the

**Figure 1.** Sources of pandemic information for survey participants.

general well-being of survey participants as shown in Figure 3. Almost all anxiety-related feelings increased pre-pandemic (defined as January 2017 to January 2020) as compared to during-pandemic (defined as January 2020 to January 2022). The most significant increase was loneliness (13% pre to 56% during) and isolation (10% pre to 63% during). This was expected as the contagious disease restricted large social gatherings and limited contact. The increase in perceived social isolation, particularly among young adults, was also observed in other studies and is largely attributable to stay-at-home orders, quarantine rules, and social distancing [6].

Perceived fear reduced substantially (95% pre to 66% during). This may be attributable to greater awareness of virus countermeasures, availability of vaccines, or acclimation to social characteristics of the virus.

The psychological impact of this separation was profound, particularly among families that were accustomed to regular in-person visits. Heightened feelings of isolation were experienced on both sides due to trouble with video calling for older persons in India, as mentioned before, either in terms of accessibility or familiarity with those technologies. Consequently, survey participants reported an increase in anxiety-related feelings during the pandemic, with loneliness and isolation emerging as prominent concerns.

Social gatherings were also impacted, with a shift towards smaller, selective gatherings and an increased preference for settings where attendees were known or where safety protocols such as mask-wearing and vaccination proof were enforced. This cautious approach reflects a heightened awareness of health risks, consistent with high vaccination rates among participants.

Information sources played a critical role in shaping participants' responses to the pandemic. The dissemination of empirical and factual information about COVID-19 spread, prevention, and treatment plans was important for mitigating the ongoing pandemic and alleviating general stress and anxiety about it [5].

According to data, the Center for Disease Control (CDC) was the primary source of information on COVID-19 for the interviewed party. The data also showed that more of the participants relied on renowned physicians for their COVID-19 information instead of their family physician if they had one. They also preferred to watch the local English news channel instead of the Indian news channel for updates on the virus. The CDC was also utilized much more for COVID information than the World Health Organization. This could be on account of the CDC being much more popular among the interviewed Indian Diaspora. Other sources where participants got their COVID-19 information were websites like the Illinois Academy of Family Physicians, medical journals such as the Journal of the American Medical Association, newspapers like Wall Street Journal or New York Times, podcasts,

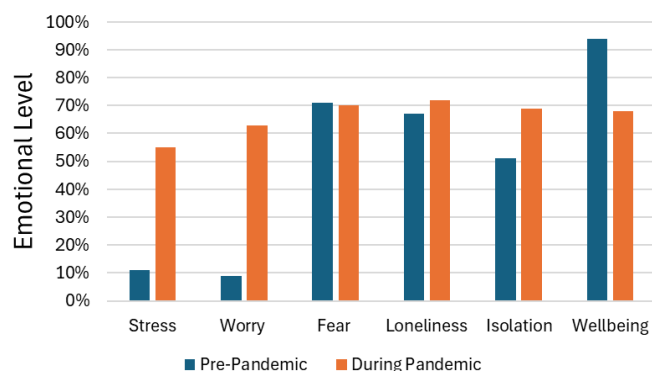


Figure 2. Various emotional levels pre-pandemic and during the pandemic.

publications, other family members who are doctors, and data from the Johns Hopkins University.

These combined factors influenced the emotional levels of the participants. A summary of the emotional state is shown in Figure 2.

CONCLUSION.

This research solely involved individuals from the Indian diaspora who currently reside in the United States. Cultural factors and the location of extended family members played a role in their level of caution. This study also indicates that perceived social isolation had a substantial impact on overall social well-being, split into the factors shown above in Figure 2.

A next step in this research would be to investigate how emotional states and travel behaviors have changed since the pandemic was officially concluded.

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