Social Impact of COVID-19 in India and Among Asian Indians in the United States

Rajeswari Venkatesh

Follow this and additional works at: https://cedar.wwu.edu/wwu_honors

Part of the Psychology Commons

Recommended Citation
https://cedar.wwu.edu/wwu_honors/752
Social Impact of COVID-19 in India and Among Asian Indians In The United States

Rajeswari (Dhanya) Venkatesh

Department of Psychology, Western Washington University

HNRS 490: Senior Project

Dr. Alex Czopp

December 11, 2023
Social Impacts of COVID-19 in India

COVID-19, the pandemic which shook the world and caused the deaths of family members and close ones. Along with the loss of people, humans started to lose the stability they had in their life, and mental health was affected greatly due to social isolation and the fear of tomorrow. In India, the lockdown was accepted by the people, maybe due to their collectivist background, and was imposed with a great level of strictness. There were fines and curfews set up, along with restrictions toward masking and COVID-19 testing. After all these rules and regulations, the deaths were still increasing because the medications, oxygen, and hospital beds were lacking for the number of patients coming in per day.

Along with medical issues, crimes rates were exceedingly high during the pandemic lockdown, especially in domestic violence. Reports of rape and sexual assault decreased during the COVID-19 lockdown, and domestic violence cases increased due to more facetime with family (Bagchi & Paul, 2023). The same pattern was shown for cybercrime, along with an increase in online stalking, cyberbullying, and sex trolling. Sexual assault and other sexual crimes decreased during the lockdown, but other crimes such as disobeying public orders and cybercrime fraud increased; cybercrime fraud was more focused on sexual exploitation and extortion.

In addition to crime and physical issues, there were also challenges like mental health issues and the effect of loneliness and social isolation on the Indian population. Mental health issues include anxiety, depression, and stress, whereas physical health issues include cardiovascular disease and high-level diabetes (Roy et al., 2021). During the pandemic, the mental health issues demonstrated were stress, anxiety, depressive symptoms, insomnia, denial, anger and fear. Along with these mental health issues, there was a rise in suicide cases due to the quarantine with cases reported in Maharashtra, Uttar Pradesh (UP), Assam, and Kerala. These
suicides were not related to COVID-19 cases, rather they were triggered by the loneliness felt during the nationwide lockdown.

There were many solutions for the mental health issues and the psychological disturbances being faced by people, such as religious coping and social media. The COVID-19 lockdown brought people closer together by showing them the power of separation. One of the ways for closeness and connection helped people during a time of separation is social media. One study conducted on social media and its effect on young adults demonstrated that people could reduce loneliness through the positivity and connection found in social media (Rajan et al., 2022). Many people found happiness and peace in religion and during the COVID-19 pandemic, though religious fanatics grew more superstitious causing the formation of unknown gods and impossible religious practices. People part of the Hindu faith used religion as a coping mechanism during the pandemic.

Challenges: Mental Health Awareness and the South-Asian Indian Community

The COVID-19 pandemic was a tough time for everyone, but the mental distress of people increased. Being a collectivist country, India is about social connections with each other and the need for one another during a regular day and times of trouble. The South Asian Indian community, out of fear of COVID-19, had high suicide rates and issues related to mental and physical health due to increased work stress, loneliness, and lack of alcohol. (Lad et al., 2022). Compared to during the pandemic (2020), the pre-pandemic (2017) suicide rate was significantly lower and was about 9.95 suicides per 1,222 people in India. In 2020, the National Record Bureau reported 11.3 suicides per 1,222 people in the Indian population, precisely the value is 1,832 suicides. Mental health experts describe the suicides to be due to financial stress from the pandemic, which could be due to lay-offs and problems related to the
pandemic (Is Economic Distress Causing a Spike in Suicide Deaths in India?, 2023). In particular, the women and the children in the Indian population struggled with the pandemic and had the most psychological distress compared to men (Lad et al., 2022).

The Centers of Disease Control (CDC) and Prevention suggested that patients with underlying diseases, such as heart disease, diabetes, and other chronic diseases were susceptible to COVID-19. In the South-Asian Indian population, chronic diseases are common and cause a high vulnerability toward pandemics. Studies conducted by the CDC communicate that South Asian Indians are prone to heart disease causing low tolerance towards infections (Lad et al., 2022). Due to these lethal, chronic diseases, COVID-19 deaths increased significantly during the first year of the pandemic. There is a possibility that the difference in cultural and dietary values, along with healthcare practices between the Western world and Asia could have been the reason for lack of adaptation toward vaccines and the virus at the beginning of the pandemic.

**Challenges: Effects of Loneliness on Indians**

During the first 30 days of the lockdown in India, loneliness became the biggest mental health problem and caused a lot of suicides in the country. In a study conducted about loneliness’s effect during the COVID-19 lockdown, results demonstrated that out of 554 participants about 57% of them felt lonely although they were surrounded by people and lacked a supportive person (Banerjee & Kohli, 2022). Loneliness was a side effect of the COVID-19 disease and was established in around 30% of the Indian population. In comparison to the United States, the frequency of loneliness in India was much lower, with about 50% of Americans demonstrating the symptoms of loneliness in the first three months of the pandemic, April to June 2020. Students seemed to have experienced the brunt of the lockdown due to the strictness of university management, as well as the lack of communication amongst friends and family.
Loneliness increased through the pandemic around the world, but less in collectivist countries where people spent more time with their loved ones and people they knew, which helps keep a social society together.

Women are seen to be vulnerable people in Indian society and are not provided the same rights as men. Women are only educated up to what middle class families can afford and after are married off to someone who can keep her happy for the rest of her life. Happiness for women in Indian society includes having a roof over your head, children, and three meals a day. Female students staying in their homes during the lockdown reported that family bonding, positive self-image, and better self-control were important factors when it came to the reduction of loneliness (Narain & Maheshwari, 2022). When testing whether household work affected people’s feelings of loneliness, which is seen as the primary job for females in Indian society, other than raising children, there was no effect on loneliness. Relationships status impacts feelings of loneliness. People who were married/in a relationship during the pandemic exhibited less loneliness compared to those who were single (Sanjana & Raghavan, 2020).

Family is also an influencer in our feeling of loneliness. People who had a difficult time with family and felt stressed tended to feel a mild level of loneliness with themselves (Sanjana & Raghavan, 2020). People who felt dependent on others or felt a loss of control/power also tended to have higher feelings of loneliness. Loneliness also affected people who were and weren’t having a hard time connecting with loved ones. It seems that on the whole, the family dynamic matters in order to tend to loneliness. Loneliness seemed to be a strong factor no matter if people were able to connect with their families or not.
Potential Solutions: Technology and Mental Well Being

Technology created opportunities for people in India to bond with family members and loved ones across countries. COVID-19 allowed people to spend more time with their families and allowed them to interact with each other though smartphones and video calls (Misra et al., 2022). Along with bridging people together, it also created space for learning about new hobbies, skills, and self-improvement techniques. Men in rural areas learned how to improve and solve their agricultural issues, and the village women learned how to cook new recipes, while women in the city learned to drive and practiced self-dependency. Many people also indulged themselves into mindfulness practices like yoga, meditation, and reading and understanding religious books of their interest. Many people of all age groups involved themselves in yoga and breath regulating exercises as a way to cope and lose weight. When it came to reading, younger participants read self-help books whereas older participants read religious texts for hope and as a coping mechanism.

Social media is the heart of teenage life in the 21st century, with most young adults being an active part of a social media platform. Rajan, Nair, and Venkataraman (2022) examined the effect social media on teenagers and young adults during the pandemic lockdown (Rajan et al., 2022). The researchers measured loneliness, well-being, perceived social support, social media engagement during COVID-19 and social comparison orientation. The results indicated that social comparison orientation and loneliness had a positive correlation with social media engagement. Social media mildly helped young adults with loneliness during the lockdown, although it made no difference to their amount of support they received and hurt their mental and physical wellbeing. Social media may be a temporary solution for people’s problems and loneliness compared to other solutions like family and religion.
Social media and technology had a negative impact on people’s mental health by providing false information about the pandemic. The World Health Organization (WHO) described this epidemic called an “infodemic” to be from the extreme spread of false and fake news along with unscientific information. (Kanozia et al., 2021). Social media sources like Whatsapp and Facebook are making it harder for people to differentiate between truth and lie when it comes to collection of information; this kind of information is the reason for panic and anxiety in people who believe in fake news and forward messages.

One of the popular types of fake messages sent across through the Whatsapp platform was the promotion of home remedies for the cure of the virus. One of the remedies recommended by older people in India was a steam vapor inhalation treatment or eating a couple of whole black peppers and turmeric milk. Other treatments recommended through social media platforms were drinking cow’s urine (which is the result of religious practices), increased consumption and physical usage of alcohol (through spraying, as alcohol has the ability to kill any virus), and consumption of bitter gourd juice. Cures such as keeping the body hot through hot beverages were recommended along with increased ingestion of garlic, ginger, cinnamon, and black pepper. Some of these treatments, allegedly, could have been effective prevention methods, but scientific proof is important so people don’t believe any information passed on platforms.

In contrast to the positive effect of social media on Indian young adults, a recent study determined that the increased usage of phones and electronics during the COVID-19 lockdown created the risk for health diseases (Tyagi et al., 2021). Due to the increased need for technology for the education system during the pandemic period, people have accelerated health issues related to the usage of technology. Some of the reported health issues are related to sleep issues,
certain mental health problems, headache, eye-strain and many more. Some people experienced high anxiety, obesity, and a short temper, with some people also mentioning depression and hearing issues. These results were common for a vast amount of technological appliances and mobile applications and not specific to computers and social media. In South India, there is saying, “If you exceed the limit, even an immortality elixir can become poison.” In the same way, a limited use of technology is helpful, but when people raise their usage, technology can become harmful and can cause multiple physical and mental health issues.

**Solutions: Religious Coping**

Religion is a very complicated topic in today’s world. Religion is a part of politics, reform, and other major world movements, especially in India. According to a study on religion during COVID-19 in India, about 73.5% of the participants had an increased connection with God and sought God’s love and care, while also increasing charity and donation from the beginning of COVID-19 (Fatima et al., 2020). The second issue which showed similar results in the Indian population was the reduction of worry about life and problems. In contrast, the Indian population also demonstrated higher feelings of abandonment and punishment by the higher power for lack of devotion, as well as questioning god’s love for the people and fear of wrongdoing. In conclusion, positive and negative religious coping in India occurred in India.

Hinduism and the people who follow the religion are the majority in India. A longitudinal study in India describes how people who believed in the Hindu religion in India demonstrated low levels of anxiety and depression during the pandemic compared to the other participants and religions tested (Sueca, Sumertha, & Winaja, 2021). Along with mental health issues, the perceived risk of the pandemic reduced due to the strong belief’s religious believers had about religious guidelines and practices. Religious devotees see religion as a way for asking guidance and protection from hard times. Another perspective of religious guidance is its prominence in
governmental decisions and the need for religious leaders to provide hope toward recovery from the pandemic.

Religious coping can have an influence on everyone who believes no matter if it is just for a moment or for years. Women were highly impacted by positive religious coping, compared to men (Sharma et al., 2021). Women in India still don’t receive the same rights of their male counterparts, which could be a reason for their solace in religion. When examining negative religious coping, there was no difference between the genders; this demonstrates that even a pandemic could not reduce people belief in the Almighty. The female participants in this study mentioned that their positive religious coping strategies contributed to a positive psychological well-being and negative religious coping caused negative psychological suffering. In contrast to the women, among men there was a negative relationship between positive and negative religious coping and psychological well-being.

In another sense, fear caused more religious involvement while giving birth to superstitions and unknown religious practices. In the more rural areas of Southern and Northern India, people were invoking “goddesses of diseases” to cure COVID-19. In places like West Bengal, there are gods and goddesses for pandemics/epidemics, such as Olai Chandi: the goddess of cholera; Shaththi: the goddess protecting against tetanus; and Shitala: the goddess of smallpox; these deities provide hope for people who have these diseases and are quite popular in this particular area, West Bengal (Souček, I., 2023). Along with these goddesses came a new trending religious figure: “Goddess Corona.” People believed that praying to the goddess would reduce the fury of the virus and provide relief for the people experiencing COVID-19, as well as people who feared the virus; the temple for this goddess was first erected in a small village in Uttar Pradesh and spread to rural Tamilnadu and Karnataka. Although worshipping a COVID-19
goddess was not widespread in India during the pandemic period, the creation and minor devotion toward the goddess supports the need of religion as a coping strategy for the Indian population.

Amongst all the new deities for illness and disorders, there are new ways to celebrate religious events and accept the celebration of social isolation. Events like Durga Pooja and religious practices like fire rituals, lighting oil lamps, and devotional songs were altered for positive religious coping for a better psychological wellbeing (Kapoor et al., 2022). The Durga Pooja in West Bengal is very famous for the greatness and the grandness of the rituals. Before the pandemic, the Durga idol would be immersed in the river to pay respects to her for her victory against a demoness who was wreaking havoc on the world due to the assassination of her husband; this carnival occurs for 5-days during the time of Navratri, at the end of October. During the pandemic, the Durga Pooja and Idol theme was structured with a coronavirus theme with the goddess killing the virus instead of the demons depicted in the stories. One of the changes was allowing people to worship or respect the frontline workers and police for their hard work by dressing Durga as a doctor and the demon with a COVID molecule head and human body. The second way tributes were paid were by depicting migrant workers and their hard work toward the betterment of India and understanding their struggles.

Religious practices, like fire rituals, were conducted as a protection layer against the virus and devotional songs had COVID-19 as the main theme. Devotional songs included safety measures to avoid the virus, awareness toward masks and sanitation. Along with the devotional songs, there were also fire rituals performed to rid the community of COVID. One of these fire rituals include the usage of 60 different types of herbs and placing them in the fire as a symbol of sanitation and purification of the environment. Another fire ritual used five substances obtained
from a cow: urine, clarified butter, milk, plain yogurt, and cow dung; people believed that by adding this to the fire, they could eradicate COVID. Politicians and other celebrities were also involved in these fire rituals and made them mobile, by using the media at their dispense. On April 5, 2020, the Prime Minister of India, Narendra Modi, passed a request for the general population to turn off the lights and light oil lamps to demonstrate unity against the hard times. Some of the rituals at the time were being performed in improvised ways or with less traditional practices, so religious practices don’t get lost in the process of the virus.

In conclusion, the coronavirus pandemic demonstrated the importance of every religion followed in a Secular India. Religious activities were amended to fit the new situation and every religion had time to conduct their rituals in very different ways (Agarwal et al., 2021). For Hindus, most of the religions that used to be community activities became family oriented. Along with religious rituals, prayer services in temples and other locations were live streamed for the general public in their social isolated areas. For Jains, the festival of Lord Mahavira’s birth contains a procession of their lord around the city, which was cancelled during the pandemic. Gurudwara’s (Jain temple) restricted elderly people against entering and recommended praying at home. These temples also supported COVID positive patients in hospitals.

On the day of Vesak and Ramadan, Buddhists and Muslims, respectively, had a similar approach to Hindu devotees by conducting online prayer sessions, meditation, and other religious activities. Along with these main religions in India, Christianity also had to make changes in their religion. Mainly, Christians were recommended to not attend Sunday mass, although that specific prayer is extremely important in their religion. Due to the change, Christians found peace in the live stream of prayers through online apps related to the religion. Based on our
understanding of the changes to religious programs, a study with Hindu believers and non-Hindu believers was conducted to see whether religion affected their coping during the pandemic.

**Study**

**Introduction**

Social perception is a fundamental aspect of human experience, as individuals interpret the world based on their own unique perspectives. In the current study, participants were asked to fill out a questionnaire with six questions based on their religiosity during the pandemic and the usage of religion as a coping strategy against COVID-19. Religious coping is when people find comfort and support from a higher power or religious group. The hypothesis for this study stated that believers of the Hindu religion would have greater relief and higher coping through religion compared to believers of other religions. People who believe in Hinduism are more consistent in their religious belief and involvement in religious practices compared to people who believe in other religions.

**Participants**

Participants were 60 adults in the United States tested at the age of 18 and over with 30 adults in each of the groups being examined in this study ($M = 42.167$: Hindu group; $M = 23.03$: non-Hindu group). Half of the participants were Asian Indians in the United States and the other half were other race participants. The gender identities in the Hindu group included females (48.3%) and males (51.7%). The identities in the non-Hindu group included females (61.3%), males (29%), non-binary people (6.4%); within the gender identities, there were some people who abstained from this question (3.2%). In relation to religion, there was a higher level of non-religious participants than other religious groups (Agnostic = 6, Atheist = 1, Buddhism = 1, Catholic = 1, Christian = 6, Not religious = 8, Islam = 1, Jewish = 1, Judaism = 1, Protestant catholic = 1, Secular Judaism = 1, Spiritual = 2).
Procedure

The data for the study were collected from 60 participants through a questionnaire with 6 statements. Every item discussed different aspects of the same construct to shed light on how they are connected to the construct, religious coping. Data collection occurred through an online self-report survey conducted on Google Forms where participants reported their religious feelings from 1 (disagree) to 5 (agree). The survey was completed by people in a Hindu religious group chat on WhatsApp and students at Western Washington University, along with their friends and family. For the completion of the survey, there was no compensation provided to the participants of the study. The study participants were not randomly selected, as they were chosen for their religious group. The survey was a compilation of questions based on religious coping during the COVID-19 pandemic. The survey was part of a class project, and the university internal review board was not involved for the study.

Results

A between-subjects t-test was used to analyze the statement: *Religion was an important coping mechanism during COVID-19*. The results illustrated that participants who observed the Hindu religion had significantly higher religious coping compared to the people who don’t believe in Hinduism, $t(58) = 2.92$, $p < .001$. The mean of religious coping on people who believe in Hinduism was 3.37 (SD = 1.50) and people who did not believe in Hinduism is 2.33 (SD = 1.24).

A between subject’s t-test was used to analyze the statement: *Religion helped me find solace during the COVID-19 pandemic*. The results demonstrated that the participants who believed in the Hindu religion found greater solace through religion compared to people who don’t believe in Hinduism, $t(58) = 2.92$, $p < .001$. The mean of religious coping based on solace
for people who believe in the Hindu religion was 3.30 (SD = 1.49); for people who don’t believe in the Hindu religion, the mean was 2.20 (SD = 1.42).

A between subject’s t-test was used to analyze the statement: *Religion provided a support group for me during the COVID-19 pandemic.* The results demonstrated that the participants who believed in the Hindu religion found support through religion compared to people who don’t believe in Hinduism, *t*(58) = 2.37, *p* < .001. The mean of religious coping based on support for people who believe in the Hindu religion was 3.10 (SD = 1.65); for people who don’t believe in the Hindu religion, the mean was 2.10 (SD = 1.63).

A between subject’s t-test was used to analyze the statement: *My involvement in religion and religious practices increased during the COVID-19 pandemic.* The results showed that the participants who believed in the Hindu religion had higher involvement in the religion during the pandemic compared to people who don’t believe in the Hindu religion, *t*(58) = 3.87, *p* < .001. The mean for the involvement in the religion for people who believe in the Hindu religion was 3.37 (SD = 1.61) and for people who don’t believe in the Hindu religion, it was 1.87 (SD = 1.38).

A between subject’s t-test was used to analyze the statement: *Religion pulled me out of the loneliness I was experiencing during the COVID-19 pandemic.* The results reported that the participants who believed in the Hindu religion could get over loneliness during the pandemic compared to people who don’t believe in the Hindu religion, *t*(58) = 3.66, *p* < .001. The mean number for the connection between loneliness and religious coping for people who believe in the Hindu religion was 3.23 (SD = 1.70) and for people who don’t believe in the Hindu religion, it was 1.83 (SD = 1.23).

A between-subjects t-test was used to analyze the statement: *Religion was not a coping mechanism for me during the COVID-19 pandemic.* The results revealed that participants who
observed the Hindu religion had demonstrated a lack of need for religious coping compared to the people who don’t believe in Hinduism, t(58) = 2.98, p < .001. The mean of religious coping for people who believe in Hinduism was 2.53 (SD = 1.76) and for people who did not believe in Hinduism was 3.77 (SD = 1.43).

**Discussion**

In this study, the aim was to explore whether Indian people used religion as a coping mechanism during the COVID-19 pandemic. The present study revealed that the Hindu participants were used religion as a coping mechanism during the COVID-19 period compared to non-Hindu participants. Hindu believers, over non-Hindu believers, sought religious comfort during the lockdown period and supports the thought that people of the Hindu religion used religious traditions and their cultural practices to keep up morale. This is similar to the way the government tried to provide a united front through the nationwide scheme to light lamps to demonstrate unity. This study was conducted three years after the pandemic, which allowed participants to introspect about their use of religion as a coping mechanism and supports the idea that depression and anxiety decreased through religious coping during the pandemic. To understand how religion has its effect on people’s mental health during times of hardship and isolation, more studies should be conducted on multiple religions for a proper comparison. Based on the results, we can see that religion is an important factor for some people’s ability to recover from the pandemic, psychologically and physically.

**General Discussion**

COVID-19 was a tough time for everyone. Many people lost family members, loved ones, and people who they knew. Other health defects were indicated due to the virus and people struggled to go back to their regular life. In my own experience, a young child in my family lost his mother and had to learn how to lead the rest of his life without his mom. Many children and
parents faced the same situation, but people tried their best not to lose hope as we saw in the religious coping study. In India, people used social media to help each other and provide moral support from wherever they were. Amongst all of the factors that gave support for people, religion was the largest and most common coping strategy because it brought people together and was a sense of hope for people to feel safer in a mentally healthy way. Religion reduced anxiety and created a closer connection to one’s own self, along with others through religious groups.

To examine how the different challenges and solutions discussed in this thesis affected people during the pandemic, a small, first-hand, free-response questionnaire was sent out to family and friends with questions pertaining to the general response to the events that occurred during the pandemic (e.g., how loneliness affected people, social media’s use as a coping mechanism, and religious coping during the pandemic). The 18 participants interviewed responded to a questionnaire sent to family, friends, and a group chat with religious people. All of the people who answered the survey live in the United States and are of Indian origin. The age range of the study was from 20 years to over 60 years old, with one person being between 20-30 years old; 3 people being 30-40 years old; 5 people being 40-50 years old; 5 people being 50-60 years old; and 4 of the participants being over 60 years old.

As we have seen, people were extremely lonely during the pandemic causing people to feel anxiety and depression, along with the development of other physical and mental health conditions. In the questionnaire, most people felt like loneliness didn’t contribute to any of the mental health issues they faced during the lockdown due to the presence of their immediate families. When asked about any activities that provided comfort for Indian people, most of them said that they developed exercise habits, spent more time talking and spending time with loved
ones, and developed more time doing self-improvement activities. One of the responses, which seemed quite interesting and contrasted the data observed from studies related to loneliness was: “I feel it has resulted in a significant reduction in socializing in the present day as we all got used to being by ourselves so much.” At a time when all people wanted was to be with others and wanted to be amongst loved ones again, this response demonstrated a different phenomenon. During the pandemic, we learned to live independently and now many have became more self-sufficient.

The role of social media in coping with the pandemic was a debatable topic because some people felt that it brought them closer to their loved ones, whereas others found that it wasn’t as useful for them. The majority of participants believed that social media made a difference in how they felt during the pandemic. Most of them presented examples about the negativity spread on social media and the news. A main theme in participants’ responses was that social media brought loved ones together, but the news media caused harm by increasing anxiety and fear for loved ones around and far from them. One of the responses provided by a participant defined both sides of the use of social media during the pandemic: “Sometimes good and sometimes bad. Rumors had a bad effect but success stories shared on social gave hope.” Social media was a platform that allowed people to share their fight with COVID-19 and their survival stories. It was an inspiration for some people and demonstrated hope to people. Unfortunately, along with the positive aspects came negative aspects of social media as well. Social media not only helped spread positive stories, but it created a space to spread conspiracy theories. Another participant had an interesting point to make about the stories and conspiracies spread on social media. The participant stated that “watching some of the pandemic deniers and anti-vaxxers on social media did evoke feelings of frustration and some anger.” Social media became a space for people to
spew hate toward countries and religions that they were implicitly and explicitly biased about. One of the hate points that was personally heard was that China was waging a biochemical war and the virus was the beginning of WWIII.

Religion was an important factor that helped multiple people go through the pandemic and provided hope that everything will be fine soon. When asked whether religion played a role in their recovery process from any mental health issues faced during the pandemic, most stated that it was helpful and some of the reasons were due to the new prayer groups formed, praying in general, and devotional song groups. One of the participants in the study discussed his family style and how religion influenced his peace during the pandemic. The participant stated that “we are more a philosophical family than religious. We have a wide group of families as part of a religious group and we continued to meet weekly over Zoom for ’Sunday school’ and other religious practices.” This participant did not form any new religious practices but continued with their old ways and yet found solace in religion. On the contrary, another participant described a different experience related to their religious coping, which was a new religious practice. In their response, the participant mentions that they, as a group “learnt to collectively pray online, which was hitherto unknown.” Praying together brought people together and provided a different form of socializing. These new or old religious practices continued, but to judge whether religion was truly a coping factor, participants were questioned about their level of religiosity during the pandemic and whether there was an increase or decrease from before COVID-19. Most of the participants mentioned that their religiosity intensified and increased during the pandemic. One of the main reasons this could have occurred is the new groups formed or the greater time and encouragement to spend some time on oneself.
It is evident that religion had some way of helping people through their hard times. When asked whether it was used as a coping strategy, participants stated yes for the most part. A participant mentioned how important religion was as a coping strategy because it allowed them to “[understand] the deeper meaning and [realize] them as an eye opener. [It helped in] experiencing the meditative state thru rituals [which] helped.” The results demonstrated a constant discussion about how religion and the connection always helped during the pandemic. In the studies mentioned above, religion helped people get through their loneliness, anxiety, and stress from the pandemic. Similar to what was found in the studies, participants in the questionnaire did find that religion helped them out of their loneliness. They felt that religion “provided a social connection and reduced anxiety,” as well as strengthening prior pandemic religious social connections. “Online prayer meets were happening all over the world and it most certainly helped people come together.” One of the participants mentioned that prayers brought people from every part of the world together, which allowed for better social connections.

In conclusion, COVID-19 took us through a whole reflection of our lives, starting with the mistakes we made to the positivity we filled in our lives, as well as other’s lives. Darkness took over and caused pain in people’s lives, but the light in the middle of the darkness provided hope and solace that life would be better again. As we see within this paper, there were many challenges during the pandemic, but there were solutions that people individually and collectively worked towards that helped bring everyone to a better place, mentally and physically.
References


https://doi.org/10.1177/0020764020950769

https://doi.org/10.1177/0020764020922269


