Article

Challenges and Issues Faced by the People during COVID-19 Lockdown – A study with Special Reference to Chennai Metro City

Journal of Development Economics and **Management Research Studies (JDMS),** ***A Peer Reviewed Open Access International Journal***
ISSN 2582 5119 (Online)
04(04), 82-96, April-June, 2020

Challenges and Issues Faced by the People during COVID-19 Lockdown – A study with Special Reference to Chennai Metro City

Dr. L Vijaya Kumar[1]

Abstract

The present study is an attempt to identify the challenges and issues faced by the people during COVID -19 Lockdown special references with Chennai metro city. For the purpose of analysis, the data collected through structured questionnaire from 435 respondents using Google form were collected from 9 different area in Chennai Metropolitan city namely Ponneri, Ambatur, North Chennai, Thiruvallur, Central Chennai, Kancheepuram, South Chennai, Tambaram and Chengalpattu. Challenges and issues faced by the people during COVID -19 Lockdown were analyzed using Descriptive statistics, ANOVA test, Correlation and Regression Analysis. The findings of the study indicated that the people are very satisfied with the measures taken by the Authority especially State and Central Government. It is suggested that the social distance practices and Get the facts from reliable sources to help you accurately determine your risks so that you can take reasonable precautions.

Keywords: COVID 19, Awareness, pandemic, social distancing, lockdown, Chennai.

1. INTRODUCTION

Coronavirus disease (COVID-19) is a respiratory illness which spreads from person to person. The virus that causes COVID-19 was first identified during an investigation into an outbreak in Wuhan, China. COVID-19 is spreading from person to person in many countries. Risk of infection with COVID-19 is higher for people than any other pandemic viruses. Other people are at risk for infection to those who were recently been in the area where COVID-19 is tested positive.

[1] Head of the Department, Department of Information Systems Management, Ramakrishna Mission Vivekananda College (Autonomous), Mylapore, Chennai, Tamil Nadu.

The virus that causes COVID-19 probably emerged from an animal source, but is now spreading from person to person. The virus is thought to spread mainly between people who are in close contact with one another (within about 6 feet) through respiratory droplets produced when an infected person coughs or sneezes. It also may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads.

1.1 Symptoms of COVID-19

According to the WHO, patients with COVID-19 have had mild to severe respiratory illness with symptoms of fever, cough, and shortness of breath. Some patients have pneumonia in both lungs, multi-organ failure and in some cases death. If you have traveled from an affected area, there may be restrictions on your movements for up to 2 weeks. If you develop symptoms during that period (fever, cough, and trouble breathing), seek medical advice. Call the office of your health care provider before you go, and tell them about your travel and your symptoms. They will give you instructions on how to get care without exposing other people to your illness. While sick, avoid contact with people, don't go out and delay any travel to reduce the possibility of spreading illness to others.

1.2 Case Definitions

Global Surveillance for human infection with Coronavirus disease document which includes case definitions are included below. It is classified into three categories, namely

1.2.1 Suspect Case

1. A patient with acute respiratory illness (fever and at least one sign/symptom of respiratory disease, e.g., cough, shortness of breath), and a history of travel to or residence in a location reporting community transmission of COVID-19 disease during the 14 days prior to symptom onset. OR
2. A patient with any acute respiratory illness and having been in contact with a confirmed or probable COVID-19 case in the last 14 days prior to symptom onset OR
3. A patient with severe acute respiratory illness (fever and at least one sign/symptom of respiratory disease, e.g., cough, shortness of breath and requiring hospitalization) and in the absence of an alternative diagnosis that fully explains the clinical presentation.

1.2.2 Probable Case

1. A suspect case for whom testing for the COVID-19 virus is inconclusive. Inconclusive being the result of the test reported by the laboratory. OR
2. A suspect case for whom testing could not be performed for any reason.

1.2.3 Confirmed Case

1. A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.

1.3 Definition of Contact

A contact is a person who experienced any one of the following exposures during the 2 days before and the 14 days
After the onset of symptoms of a probable or confirmed case:

1. Face-to-face contact with a probable or confirmed case within 1 meter and for more than 15 minutes
2. Direct physical contact with a probable or confirmed case
3. Direct care for a patient with probable or confirmed COVID-19 disease without using proper personal protective equipment
4. Other situations as indicated by local risk assessments.

1.4 Help to protect ourselves

People can help protect themselves from respiratory illness with everyday preventive actions.

- ✓ Avoid close contact with people who are sick.
- ✓ Avoid touching your eyes, nose, and mouth with unwashed hands.
- ✓ Wash your hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available.

1.5 Vaccine and Treatment

There is currently no vaccine to protect against COVID-19. The best way to prevent infection is to take everyday preventive actions, like avoiding close contact with people who are sick and washing your hands often. There is no specific antiviral treatment for COVID-19. People with COVID-19 can seek medical care to help relieve symptoms.

2. Research Methodology

2.1 Nature of the Study: The present study's core objective is to find out the Issues and Challenges faced by the People during Covid-19 Lockdown - Special Reference with Chennai Metro City.

2.2 Objectives of the study: The present study based on the present issue in all over world. So the main objective of the present study as follows:

1. To know the theoretical background about COVID 19.
2. To know the issues and challenges faced by the people during COVID 19 Lock down.

2.3 Area of the Study: The relevant data were collected by the researcher from Chennai metropolitan place. The study area has been classified as Chennai metropolitan place namely

Ponneri, Ambattur, North Chennai, Thiruvallur, Kancheepuram, South Chennai, Tamabaram, Chengalpattu and Central Chennai are area under the Chennai metropolitan city.

2.4 Sources of Data: The data were obtained from both primary and secondary sources. In the first explorative stage of the study, the secondary data were collected in the form of a review of the literature to familiarize the researcher with the various aspects of the study from different sources like journals, magazines, books, internet and newspapers regarding consumer perception, attitude, and satisfaction of smartphones. The primary data were collected from the respondents of Chennai metropolitan through a structured questionnaire using google forms.

2.5 Sampling Design: The present research purely based on Questionnaire method using Google forms. The study is confined to Chennai metro city. For the purpose of research, Chennai metropolitan place namely Ponneri, Ambattur, North Chennai, Thiruvallur, Kancheepuram, South Chennai, Tmabaram, Chengalpattu and Central Chennai are area under the Chennai metropolitan city. The sample size of the present research restricted to 435 respondents in Chennai Metro City, the data have been collected from 435 respondents through Google forms from each part of the Chennai city.

2.6 Research Instrument

A structured questionnaire was used as the research instrument for the study. It consists of two different sections. The first part of the questionnaire was demographic profile of the respondents like gender, age, educational qualification, occupation, annual income, Location of Residence, family type and Sources of Information. The second part of the questionnaire contains issues and challenges faced by the people during COVID 19 lock down. The questions related to Awareness, Challenges, Psychological, Measures and health practice are used five points Likert scale is used to measure the predominant factors: Strongly Agree (SA), Agree (A), Neutral (N), and Disagree (D), strongly disagree (SD).

2.7 Tools used for Research Analysis

The data collected for the study were analyzed by using SPSS version 21 software. The following table show that the tools used for analysis of Issues and Challenges faced by the People during Covid-19 Lockdown.

Table 1: Tools used for analysis

S. No	Tools	Purpose
1.	Descriptive Analysis	The measures of central tendency enable us to compare two or more distributions pertaining to the same time period or within the same distribution over time
2.	Analysis of Variance (ANOVA)	Analysts use the analysis of the variance test to determine the result that independent variables have on the dependent variable amid a regression study.
3.	Correlation Analysis	A correlation coefficient is a numerical measure of some

		type of correlation, meaning a statistical relationship between two variables. They all assume values in the range from −1 to +1, where +1 indicates the strongest possible agreement and −1 the strongest possible disagreement.
4.	Regression Analysis	Regression analysis is a set of statistical processes for estimating the relationships among variables. In regression analysis, it is also of interest to characterize the variation of the dependent variable around the prediction of the regression function using a probability distribution.

Source: Secondary data.

3. Data analysis and Interpretation

Table 2: Demographic Profile of the respondents

Demographic Profile of the Respondents					
Gender	Frequency	Percent	Education	Frequency	Percent
Male	302	69.4	High School	31	7.1
Female	133	30.6	Diploma / ITI	1	.2
Total	435	100.0	UG	202	46.4
Age	Frequency	Percent	PG	124	28.5
Less than 20	177	40.7	Professional	77	17.7
21- 30	85	19.5	Total	435	100.0
31- 40	102	23.4	Source of Information	Frequency	Percent
above 40	71	16.3	Print Media	60	13.8
Total	435	100.0	Social Media	109	25.1
Annual Income	Frequency	Percent	Television	255	58.6
Less than 2,00,000	131	30.1	Word of Mouth	11	2.5
2,00,001 to 4,00,000	97	22.3	Total	435	100
4,00,001 to 6,00,000	50	11.5	Location of Residence	Frequency	Percent
6,00,001 to 10,00,000	28	6.4	Ponneri	2	.5
above 10,00,000	11	2.5	Ambatur	33	7.6
Student	118	27.1	North Chennai	61	14.0
Total	435	100.0	Thiruvallur	34	7.8
Family Type	Frequency	Percent	Central Chennai	76	17.5
Nuclear	308	70.8	Kancheepuram	34	7.8
Joint	127	29.2	South Chennai	143	32.9
Total	435	100.0	Tambaram	36	8.3
			Chengalpattu	16	3.7
			Total	435	100.0

Source: Primary data using SPSS N = 435.

Table 2 shows that the demographic profile of the selected respondents of the study using percentage analysis. It showed that out of total respondents 435, 69.3% were male and 30.7% were female respondents. It showed that majority of the respondents (40.7%) were belongs to age group of less than 21 years followed by 31-40 years (21.3%) and Majority (70.8%) of the respondents falling under Nuclear family and 29.2 % are Joint family. It is found that the most of the respondents are aware about COVID 19 through television ie 58.6% and followed by Social media i.e., 25.1%, the most of the respondents location of residence are taken from South Chennai 32.9% and followed by Central Chennai 17.5%.

Table 3: Mean and Rank analysis of the Selected Variables

Mean and Rank Analysis of Selected Variables						
Awareness	Temperatures above 27 C	Idea about wearing Masks	Masks do not guarantee	Non Allopathic Medicine	Decrease in Income	
Mean	2.66	3.52	3.19	2.91	3.72	
Rank	V	II	III	IV	I	
Challenges & Availability	Decrease in Income	Difficult to do task	Social Distance	Basic necessities	Availability of Masks	Food and Vegetables
Mean	3.72	3.28	3.42	2.92	3.26	2.74
Rank	I	III	II	V	IV	VI
Psychological	Stressed	Anxious	Leisure Activities	Not Enjoying with Family Members	Worried	
Mean	2.75	3.21	3.33	2.29	3.04	
Rank	IV	II	I	V	III	
Measures & Health Practice	Best Possible Solution	Spreading Awareness	Testing need to be Increased	Healthcare facilities	Overall Measures	
Mean	4.21	3.79	4.04	3.55	3.85	
Rank	I	IV	II	V	III	

Source: Primary data using SPSS N = 435.

Table 3 show that the mean and rank analysis of selected variables for the study. Awareness, Challenges and Availability, Psychological, Measures and Health practice are important variables for the study. According to awareness, Decrease Income (3.72), Idea about wearing Masks (3.52) and Masks do not guarantee (3.19) are ranked I, II, III respectively. While taking Challenges and Availability, Decrease Income (3.72) and maintain Social Distance (3.42) are ranked I and II respectively. Hence psychological of the respondents, Leisure Activities (3.33), anxious (3.21) and Worries (3.04) are ranked I, II and III respectively. Finally Measures and Health practice taken by the authority are best possible solution (4.21), Testing need to be Increased (4.04) and over all measures (3.85) are ranked I, II and III respectively. From the above table if is found that people aware about wearing mask, maintaining social distance,

Lockdown is the best possible to control the COVID 19 and overall measures taken by the authority are very satisfied by the general people during the lockdown.

Table 4: Shows that the Factors Analysis of Selected variables

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.750
Bartlett's Test of Sphericity	Approx. Chi-Square	416.457
	df	15
	Sig.	.000
Factor Matrix[a]		
Awareness		.491
Challenges		.629
Availability		.444
Psychological		.425
Measures		.696
Healthy practice		.527
Extraction Method: Principal Axis Factoring.		
a. 1 factors extracted. 7 iterations required.		

Source: Primary data using SPSS N = 435.

The percentage of the total item variance for model was explained by 75%. The variance value was more than the recommended value of 60% indicated the further EFA can be done. A significant ($p<0.05$) KMO value 0.750, Chi-square value 416.457 with df 15 arrived using KMO test. A significant result (Sig. < 0.05) of KMO value more than 0.6 indicated that variables were related to one another and meaningful EFA could be performed. The Table 3.3 described the items loaded after the factor analysis. All the items are exactly loaded to the corresponding factor shows that all the items can be retained for further study. Ford et al., (1986) suggested that factor loadings more than 0.40 criterion levels appear to be meaningful. As all the factor namely Awareness (0.491), Challenges (0.629), Availability (0.444), Psychological (0.425), Measure (0.696) and Health Practice (0.527) loading values are more than 0.4 and loaded to their relevant scales all these 6 items were retained for the further studies.

Table 5: ANOVA Test of Income and Selected variables of the study

ANOVA TEST							
Income and Factors		N	Mean	Std. Deviation	Std. Error	F	Sig
Awareness	Less than 2,00,000	131	3.1099	.67080	.05861	5.995	0.000
	2,00,001 to 4,00,000	97	3.4619	.78335	.07954		
	4,00,001 to 6,00,000	50	2.8600	.79821	.11288		
	6,00,001 to 10,00,000	28	2.9714	.80868	.15283		
	above 10,00,000	11	2.9818	.72363	.21818		

	Student	118	3.1085	.63226	.05820		
Challenges	Less than 2,00,000	131	3.4478	.75535	.06599	3.445	0.050
	2,00,001 to 4,00,000	97	3.6564	.64988	.06599		
	4,00,001 to 6,00,000	50	3.2933	.78720	.11133		
	6,00,001 to 10,00,000	28	3.2024	.93112	.17597		
	above 10,00,000	11	3.9697	.43345	.13069		
	Student	118	3.4492	.79215	.07292		
Availability	Less than 2,00,000	131	2.9720	.92546	.08086	2.114	0.063
	2,00,001 to 4,00,000	97	2.9897	.95556	.09702		
	4,00,001 to 6,00,000	50	2.8200	.85505	.12092		
	6,00,001 to 10,00,000	28	2.5476	.80233	.15163		
	above 10,00,000	11	3.2121	.84686	.25534		
	Student	118	3.1045	.93948	.08649		
Psychological	Less than 2,00,000	131	2.8885	.74345	.06496	1.315	0.256
	2,00,001 to 4,00,000	97	3.0680	.74492	.07564		
	4,00,001 to 6,00,000	50	2.8640	.70153	.09921		
	6,00,001 to 10,00,000	28	2.8071	.75126	.14197		
	above 10,00,000	11	3.1455	.84423	.25455		
	Student	118	2.8729	.73014	.06721		
Measures	Less than 2,00,000	131	4.0153	.81531	.07123	2.291	0.045
	2,00,001 to 4,00,000	97	4.1856	.76975	.07816		
	4,00,001 to 6,00,000	50	3.8667	.93799	.13265		
	6,00,001 to 10,00,000	28	3.8810	1.17664	.22236		
	above 10,00,000	11	4.5152	.45616	.13754		
	Student	118	3.9181	.84949	.07820		
Health practice	Less than 2,00,000	131	3.6527	.80597	.07042	1.678	0.139
	2,00,001 to 4,00,000	97	3.8196	.80099	.08133		
	4,00,001 to 6,00,000	50	3.5400	.76825	.10865		
	6,00,001 to 10,00,000	28	3.4821	.91775	.17344		
	above 10,00,000	11	3.5455	.90704	.27348		
	Student	118	3.7966	.84286	.07759		

Source: Primary data using SPSS N = 435.

The significant difference between the income and issues and challenges faced by the people are analyzed with the help of ANOVA test. The results of ANOVA test are portrayed in the Table 5.The result indicate that F value and sig value of selected variables for the study namely Awareness (5.995 and 0.000), Challenges (3.445 and 0.050), Availability (2.114 and

0.063), psychological (1.315 and 0.256), Measures (2.291 and 0.045) and Health practice (1.678 and 0.139) significance value of Awareness, Challenges and Measures are less than 0.05 and Psychological and Health practice are greater than 0.05 ,it show that there is no significant difference among the Income and Issue and Challenges faced by the people during COVID 19 lockdown.

Table 6: ANOVA Test of Age and Selected variables of the study

ANOVA TEST							
Age and Factors		N	Mean	Std. Deviation	Std. Error	F	Sig
Awareness	Less than 20	177	3.1232	.61235	.04603	1.647	0.178
	21- 30	85	3.0753	.67045	.07272		
	31- 40	102	3.2843	.86399	.08555		
	Above 40	71	3.0958	.85981	.10204		
challenges	Less than 20	177	3.4765	.72534	.05452	0.289	0.834
	21- 30	85	3.5137	.72476	.07861		
	31- 40	102	3.4183	.85298	.08446		
	Above 40	71	3.5023	.78249	.09286		
Availability	Less than 20	177	3.0452	.90549	.06806	1.128	0.337
	21- 30	85	3.0078	.92864	.10073		
	31- 40	102	2.8399	.95179	.09424		
	Above 40	71	2.9437	.92922	.11028		
Psychological	Less than 20	177	2.8520	.74071	.05567	1.195	0.311
	21- 30	85	2.9529	.64413	.06987		
	31- 40	102	3.0216	.74084	.07335		
	Above 40	71	2.9211	.83459	.09905		
Measures	Less than 20	177	4.0320	.78952	.05934	0.203	0.894
	21- 30	85	3.9804	.84883	.09207		
	31- 40	102	3.9771	.98197	.09723		
	Above 40	71	4.0610	.84948	.10081		
Health practice	Less than 20	177	3.7599	.78893	.05930	1.133	0.335
	21- 30	85	3.7647	.81499	.08840		
	31- 40	102	3.6127	.88694	.08782		
	Above 40	71	3.6127	.82461	.09786		

Source: Primary data using SPSS N = 435.

The significant difference between the Age and issues and challenges faced by the people are analyzed with the help of ANOVA test. The results of ANOVA test are portrayed in the Table 6.The result indicate that F value and sig value of selected variables for the study namely Awareness (1.647 and 0.178), Challenges (0.289 and 0.834), Availability (0.128 and 0.337), psychological (1.195 and 0.311), Measures (0.203 and 0.899) and Health practice (1.133 and 0.335) significance value of all the selected variable are greater than 0.05 ,it show that there is

significant difference among the Age and Issue and Challenges faced by the people during COVID 19 lockdown.

Table 7: ANOVA Test of Place of Residence and Selected variables of the study

ANOVA TEST							
Place and Factors		N	Mean	Std. Deviation	Std. Error	F	Sig
Awareness	Ponneri	2	4.3000	.42426	.30000	1.017	0.422
	Ambatur	33	3.0788	.85138	.14821		
	North Chennai	61	3.1082	.74438	.09531		
	Thiruvallur	34	3.2471	.75488	.12946		
	Central Chennai	76	3.1632	.70481	.08085		
	Kancheepuram	34	3.1588	.90223	.15473		
	South Chennai	143	3.0993	.64650	.05406		
	Tambaram	36	3.2889	.69684	.11614		
	Chengalpattu	16	3.0875	.94083	.23521		
Challenges	Ponneri	2	4.8333	.23570	.16667	1.734	0.089
	Ambatur	33	3.6667	.61237	.10660		
	North Chennai	61	3.3825	.80470	.10303		
	Thiruvallur	34	3.6471	.70085	.12019		
	Central Chennai	76	3.3904	.77055	.08839		
	Kancheepuram	34	3.4608	.74768	.12823		
	South Chennai	143	3.4895	.74199	.06205		
	Tambaram	36	3.4537	.73960	.12327		
	Chengalpattu	16	3.2292	1.10029	.27507		
Availability	Ponneri	2	4.6667	.47140	.33333	3.012	0.003
	Ambatur	33	2.9495	.93215	.16227		
	North Chennai	61	2.9399	.92598	.11856		
	Thiruvallur	34	2.7647	1.00346	.17209		
	Central Chennai	76	2.9079	.69623	.07986		
	Kancheepuram	34	2.8922	.99060	.16989		
	South Chennai	143	3.1865	.96627	.08080		
	Tambaram	36	2.7222	.81064	.13511		
	Chengalpattu	16	2.5208	.98859	.24715		
Psychological	Ponneri	2	3.9000	1.27279	.90000	2.021	0.043
	Ambatur	33	3.2242	.74290	.12932		
	North Chennai	61	2.9770	.75374	.09651		
	Thiruvallur	34	3.0706	.81781	.14025		
	Central Chennai	76	2.8079	.69546	.07978		
	Kancheepuram	34	2.8176	.64454	.11054		

	South Chennai	143	2.8699	.74503	.06230		
	Tambaram	36	3.0111	.70580	.11763		
	Chengalpattu	16	2.7000	.69282	.17321		
Measures	Ponneri	2	3.3333	1.88562	1.33333	1.642	0.111
	Ambatur	33	4.2222	.84847	.14770		
	North Chennai	61	3.9672	.90207	.11550		
	Thiruvallur	34	4.2059	.67677	.11606		
	Central Chennai	76	3.8947	.92570	.10619		
	Kancheepuram	34	4.1078	.70458	.12083		
	South Chennai	143	4.0629	.77313	.06465		
	Tambaram	36	3.9444	.90326	.15054		
	Chengalpattu	16	3.5208	1.27639	.31910		
Health practice	Ponneri	2	4.0000	0.00000	0.00000	0.894	0.521
	Ambatur	33	3.8333	.76716	.13355		
	North Chennai	61	3.6066	.98368	.12595		
	Thiruvallur	34	3.7647	.92307	.15830		
	Central Chennai	76	3.6711	.75079	.08612		
	Kancheepuram	34	3.7794	.74051	.12700		
	South Chennai	143	3.6888	.80449	.06727		
	Tambaram	36	3.8750	.71088	.11848		
	Chengalpattu	16	3.3438	.99530	.24883		

Source: Primary data using SPSS N = 435.

The significant difference between the Place of residence and issues and challenges faced by the people are analyzed with the help of ANOVA test. The results of ANOVA test are portrayed in the Table 7.The result indicate that F value and sig value of selected variables for the study namely Awareness (1.017 and 0.422), Challenges (1.734 and 0.089), Availability (3.012 and 0.003), psychological (2.021 and 0.043), Measures (1.642 and 0.111) and Health practice (0.894 and 0.521) significance value of all the variables are greater than 0.05 except Availability, it show that there is significant difference among the place of residence and Issue and Challenges faced by the people during COVID 19 lockdown.

Table 8: ANOVA Test of Source and Selected variables of the study

ANOVA TEST							
		N	Mean	Std. Deviation	Std. Error	F	Sig
Awareness	Print Media	60	3.0933	.60670	.07833	1.765	0.153
	Social Media	109	3.0550	.75320	.07214		
	Television	255	3.2102	.73905	.04628		
	Word of mouth	11	2.8909	.94811	.28587		
Challenges	Print Media	60	3.5556	.69072	.08917	4.664	0.003

	Social Media	109	3.3884	.86604	.08295		
	Television	255	3.5242	.70382	.04408		
	Word of mouth	11	2.7273	1.03084	.31081		
Availability	Print Media	60	3.1000	1.02198	.13194	2.54	0.056
	Social Media	109	2.7982	.86307	.08267		
	Television	255	3.0327	.91228	.05713		
	Word of mouth	11	2.6364	1.07966	.32553		
Psychological	Print Media	60	2.8933	.73227	.09454	3.066	0.028
	Social Media	109	2.7945	.75349	.07217		
	Television	255	3.0008	.73162	.04582		
	Word of mouth	11	2.5455	.60723	.18309		
Measures	Print Media	60	4.0444	.63027	.08137	7.815	0.000
	Social Media	109	3.9113	.92701	.08879		
	Television	255	4.0980	.81030	.05074		
	Word of mouth	11	2.9091	1.38316	.41704		
Health practice	Print Media	60	3.6333	.90135	.11636	2.218	0.005
	Social Media	109	3.6514	.80939	.07753		
	Television	255	3.7627	.79466	.04976		
	Word of mouth	11	3.1818	1.05529	.31818		

Source: Primary data using SPSS N= 435.

The significant difference between the source of information about COIVD 19 and issues and challenges faced by the people are analyzed with the help of ANOVA test. The results of ANOVA test are portrayed in the Table 8.The result indicate that F value and sig value of selected variables for the study namely Awareness (1.765 and 0.0153), Challenges (4.664 and 0.003), Availability (2.540 and 0.056), psychological (3.066 and 0.028), Measures (7.815 and 0.000) and Health practice (2.218 and 0.005) significance value of all the variables are less than 0.05,it show that there is no significant difference among the place of residence and Issue and Challenges faced by the people during COVID 19 lockdown.

Table 9: Correlation Analysis of Selected variables

Correlations						
Factors	Awareness	Challenges	Availability	Psychological	Measures	Health practice
Awareness	1	.403**	.210**	.220**	.279**	.227**
Challenges	.403**	1	.318**	.278**	.407**	.243**
Availability	.210**	.318**	1	.112*	.270**	.310**
Psychological	.220**	.278**	.112*	1	.359**	.183**

Measures	.279**	.407**	.270**	.359**	1	.445**
Health Practice	.227**	.243**	.310**	.183**	.445**	1

Source: Primary data using SPSS. N = 435.

The correlation analysis table 9 shows that the Correlation Analysis of issue and challenges faced by the people during COVID 19 lockdown. Table 3.8 indicates the relationship between the important factors relate to issues and challenges faced by the people namely Awareness, Challenges, Availability, Psychological, Measures and health practice are positively correlated Hence, There is a positive Relationship between factors related to study issue and challenges faced by the people during COVID 19 Lockdown.

Table 10: Regression Analysis of Selected variables

Model Summary						
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	F	Sig.
1	.587[a]	.345	.337	.69765	45.111	.000[b]
a. Predictors: (Constant), Healthpractice, Psychological, Awareness, Availability, Challenges						

Coefficients[a]				
Model		Standardized Coefficients		
		Beta	T	sig
1	(Constant)		3.561	.000
	Awareness	.054	1.236	.217
	Challenges	.227	5.012	.000
	Availability	.064	1.491	.137
	Psychological	.219	5.312	.000
	Health practice	.317	7.516	.000
a. Dependent Variable: Measures				

Source: Primary data using SPSS N = 435.

:

The impact of issue and challenge faced by the people during COVID 19 lockdown using Regression Model. The result of the Regression model was projected in the Table 3.9 The adjusted R square value in the table 10 shows that the model accounts for .587 i.e., 58 percentage of the variance in the measures of issue and challenges faced by the people. This variance is due to the other factors of Information R^2=.345 and F = 45.9 and sig value = 0.000. The standardized beta for the Awareness, β = 0.54, sig value = 0.217, Challenges, β = 0.227 sig value = 0.000, Availability β = 0.640, sig value = 0.137, Psychological β = 0.219, sig value = 0.000, health practice β = 0.317, sig value = 0.000, shows the significant contribution towards the measures

taken by the authority during the COVID 19. This shows that there is a positive impact on measures taken by the authority during COVID 19 lockdown.

4. FINDINGS , SUGGESTION AND CONCLUSION

Major findings from the study

1. From the percentage analysis it is found that the most of the respondent are male ie 69.3%, and most of the respondent are under Nuclear family system ie 70.8%, 58.6% of the respondent are aware about COVID through television media.
2. It is found that people aware about wearing mask, maintaining social distance, Lockdown is the best possible to control the COVID 19 and overall measures taken by the authority are very satisfied by the general people during the lockdown.
3. From ANOVA test it is found that there is no significant difference among the Income and Source of Information with Issue and Challenges faced by the people during COVID 19 lockdown. And there is a significant difference among the Age and Location of residence of the respondent for the study.
4. Important factors relate to issues and challenges faced by the people namely Awareness, Challenges, Availability, Psychological, Measures and health practice are positively correlated during the study.
5. The regression analysis shows that there is a positive impact on measures taken by the authority during COVID 19 lockdown.

SUGGESTIONS

From the above study it is found that the government (State and Central) are taking good effect and measures to control the COVID, even though the Chennai metro are under the first place for the affected by COVID. The main suggestion from the study are the general people must maintain the social distance to take appropriate measures to protect yourself and your family, to clean, Continually update yourself on COVID-19 and its signs and symptoms (i.e. fever and dry cough), because the strategies and response activities will constantly improve as new information on this disease is accumulating every day and to adopt and rigorously practice the most important preventive measures for COVID-19 by frequent hand washing and always covering your mouth and nose when sneezing or coughing.

General Recommendations and Advice for the Public

If you are not in an area where COVID-19 is spreading or have not travelled from an area where COVID-19 is spreading or have not been in contact with an infected patient, your risk of infection is low. It is understandable that you may feel anxious about the outbreak. Get the facts from reliable sources to help you accurately determine your risks so that you can take reasonable precautions. Seek guidance from WHO, your healthcare provider, your national public health authority or your employer for accurate information on COVID-19 and whether COVID-19 is circulating where you live. It is important to be informed of the situation and take appropriate measures to protect yourself and your family.

If you are in an area where there are cases of COVID-19 you need to take the risk of infection seriously. Follow the advice of WHO and guidance issued by national and local health authorities. For most people, COVID-19 infection will cause mild illness however, it can make some people very ill and, in some people, it can be fatal. Older people, and those with pre-existing medical conditions (such as cardiovascular disease, chronic respiratory disease or diabetes) are at risk for severe disease. Immediately activate the highest level of national Response Management protocols to ensure the all-of-government and all-of-society approach needed to contain COVID-19 with non-pharmaceutical public health measures. Fully educate the general public on the seriousness of COVID-19 and their role in preventing its spread. Be prepared to actively support a response to COVID-19 in a variety of ways, including the adoption of more stringent 'social distancing' practices and helping the high-risk elderly population.

CONCLUSION

The present study about the issues and challenges faced by the people during COVID 19 lockdown special reference with Chennai metro city, data collected from 435 respondents around Chennai metro city, using Percentage analysis, ANOVA test, Correlation Analysis and regression Analysis. From the study it is found that the people are very satisfied with the measures taken by the Authority especially State and Central Government. From the study it is suggested that the social distance practices and Get the facts from reliable sources to help you accurately determine your risks so that you can take reasonable precautions.

Reference

1. https://www.who.int/publicationsdetail/clinical-management-of-severe-acute-respiratory-infection-when-novelcoronavirus-(ncov)-infection-is-suspected
2. https://www.who.int/news-room/q-adetail/q-a-on-covid-19-hiv-and-antiretrovirals
3. Molyneux, David H, (2004): "Neglected" diseases but unrecognised successes—challenges and opportunities for infectious disease control, http://image.thelancet.com/extras/03art7073web.pdf, 2004.
4. UNAIDS Cosponsors Regional Group, Coronavirus Disease 2019 (Covid-19) and HIV: Key Issues and Actions, Prepared by the UNAIDS Cosponsors Regional Group (UCRG) for Latin America and the Caribbean.
5. Hui Poh Goh and David Kohl, Treatment of COVID-19, (2020): Old Tricks for New Challenges, Anne Catherine Cunningham, 2020.

***