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## Exploring Permanency of Pandemic Influenced Changes in Habitual Consumption Behaviour

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## RESEARCH ARTICLE

# Exploring Permanency of Pandemic Influenced Changes in Habitual Consumption Behaviour

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### Abstract

The pandemic has universally disrupted the way people live and socialise. People's behavioural patterns have also been significantly influenced by the Covid-19 pandemic. A study conducted in Singapore found evidence of at least 17 behavioural changes triggered by Covid-19 pandemic. Another study done in Italy found that there was a high intention to adopt protective behaviours post the Covid-19 lockdown. Similarly, a study done in South Africa indicated enhanced behavioural responses to Covid-19 and consequently the evolution of preventive behaviours. The behavioural changes triggered by Covid-19 pandemic are likely to extend into consumption territory and impact consumer behaviour significantly. A seminal study done at Swiss Re Institute found that Covid-19 was likely to change the way people work, travel, communicate, shop and more.

Our research is focussed on assessing pandemic influenced alterations to habitual behaviour in the consumption arena. The study first explores if habituated consumption behaviours have been altered in the areas of criteria of evaluation of product/brand alternatives and subsequently the choices that are being made in identified product categories. The study then follows up by assessing the causative factors that have prompted these changes. The final part of research explores whether the newer habits that have replaced the older ones are here to stay or if there are merely a response to pandemic altered conditions with no permanency. The insights generated from the emergent themes clearly demonstrate that the degree of pandemic induced fear experienced influences the degree of behavioural change including changes in consumption behaviour. This in turn influences the longevity/permanency of behavioural changes (including changes to consumption behaviour). Personality is the moderating variable that dictates the degree of fear experienced.

### 1. Introduction

Covid-19 pandemic is the fifth pandemic to affect human beings after the 1918 Spanish flu pandemic and the world (Sengupta, Al-Khalifa, 2022a). The outbreak of the current pandemic can be traced to novel pneumonia cases in the Wuhan city of China in late December 2019, with earliest date of symptom onset was December 1, 2019 (Liu, Kuo, & Shih, 2020). In a matter of weeks, the pandemic spread across the world. On January 30, 2020, the World Health Organization declared Covid-19 as a global health emergency of international concern and later on March 11, 2020, it declared Covid-19 as a pandemic (Sengupta, Al-Khalifa, 2022b), the

diseases having already affected 118,000 people by that time (Sun, Chen, & Viboud, 2020). As of July 20, 2021 there are 190,671,330 confirmed cases and 4,098,758 confirmed deaths due to the pandemic (WHO, n.d.). However the number of cases, recoveries, new infections, new variants and deaths of COVID-19, a shortened name for “coronavirus disease 2019,” a disease caused by the SARS-CoV-2 coronavirus, keep changing rapidly (Harvard Health, 2019).

The onset of the pandemic brought in its wake disruptive changes to the way people live, socialise, and work. Almost overnight, people around the world were pushed indoors due to regulations imposed by governmental authorities, and this in

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turn required that people resort to both coping and adaptive mechanisms to mitigate to whatever extent possible changes to their lifestyles. The changes adopted either willingly or due to impositions by the authorities also had a major impact on the way people made their consumption choices. What were habituated consumption actions and indulgences now needed to either be ceased or altered to adapt to the changed circumstances. Induced by the COVID-19 pandemic IN early 2020, the fear of possibly “not having the time” gripped populations across the globe and the dread continues even towards the closure of 2021. Ever since, the pandemic has universally disrupted the way people live and socialise. People's behavioural patterns have been significantly influenced by the contagion (Nan Zhang et al., 2020). An investigation conducted in Singapore found evidence of at least seventeen behavioural changes triggered by the Covid-19 pandemic that include: (1) washing hands more frequently, (2) use of hand sanitizers, (3) wearing masks in public, (4) avoiding crowded places, (5) reduced physical contact, (6) staying at home more than usual, (7) distancing from people with flu symptoms, (8) voluntarily changing travel plans, (9) missing or postponing social events, (10) avoiding visits to hospitals or healthcare settings, (11) choosing outdoor over indoor venues, (12) distancing oneself from people who have travelled to outbreak countries, (13) distancing from people with Covid-19 symptoms, (14) avoiding places where Covid-19 symptoms were reported, (15) storing more household supplies than usual, (16) relying more on online shopping, and (17) avoiding public transport among others. What was noted that these behaviours varied in frequency and intensity of adoption across genders and age groups, with women and younger individuals showing higher propensity of such behaviours (Long & Liu, 2020). Women share the bulk load of household responsibilities, despite various empowerment initiatives (Al Hakim, Bastian, Ng, & Wood, 2022) (Ng, Wood, & Bastian, 2022) (Bastian, 2017), and owing to the fact that they take care of the family, they perhaps tend to be more careful.

The behavioural changes triggered by Covid-19 pandemic are likely to extend into consumption territory and impact consumer behaviour significantly. Our research is focussed on assessing pandemic influenced alterations to habitual behaviour in the consumption arena. The study first explores if habituated consumption behaviours have been altered in the areas of criteria of evaluation of product/brand alternatives and subsequently the choices that are being made in identified

product categories. The study then follows up by assessing the causative factors that have prompted these changes. The final part of research explores whether the newer habits that have replaced the older ones are here to stay or if there are merely a response to pandemic altered conditions with no permanency.

## 2. Literature review

### 2.1. *Pandemic, triggered fear and impact*

Covid-19 is unique in the manner of its spread and its ability to put the entire global population at risk, necessitating unprecedented restrictive measures dominated by fear and uncertainty. Even though fear is a natural human adaptive response, it might trigger defense response in those who consider themselves unable to handle such risks and uncertainty (Pedrosa et al., 2020). The pandemic has triggered not only fear of death but fear arising out of repercussions as a result of disruptions in family, school closures, social isolation, and economic impact (Ornell, Schuch, Sordi, & Kessler, 2020), fear of being infected (Dsouza, Quadros, Hyderabadwala, & Mamun, 2020a), fear of infecting others (Mamun & Ullah, 2020) (Mamun, M.A.; Bodrud-Doza, M.; Griffiths, M.D., 2020), fear of being quarantined (Dsouza, D.D.; Quadros, S.; Hyderabadwala, Z.J.; Mamun, M.A., 2020b) and fear of impact on mental wellbeing (Sher, 2020). While fear is positively correlated with depression, anxiety, perceived infectability and germ aversion, fear can have several destructive outcomes, including suicidal tendencies. Therefore, not only the ability to adjust to this new life depends on age, gender and other social variables surrounding the individual, but also fear has triggered many behavioural changes.

### 2.2. *Impact of pandemic on human behaviour*

Restrictive strategies such as lockdowns, social isolation, quarantine, reduced social mobility have had severe impact on mental health of people (Bavel et al., 2020) (Brooks et al., 2020) (Pfefferbaum & North, 2020) (Wang, Zhang, Zhao, Zhang, & Jiang, 2020). The restrictive measures have caused changes in lifestyle habits and socioeconomic scenarios, as a result of the emotional and psychological outcome of the pandemic (Brooks et al., 2020) (Zhu et al., 2020). Human behaviours were significantly influenced by the COVID-19 pandemic (Nan Zhang et al., 2020). A study conducted in Singapore found evidence of at least 17 behavioural changes triggered by Covid-19 pandemic that include washing hands more frequently, use of hand sanitizers,

wearing masks in public, avoiding crowded places, reduced physical contact, staying at home more than usual, distancing from people with flu symptoms, voluntarily changing travel plans, missing or postponing social events, avoiding visits to hospitals or healthcare settings, choosing outdoor over indoor venues, distancing oneself from people who have travelled to outbreak countries, distancing from people with Covid-19 symptoms, avoiding places where Covid-19 symptoms were reported, storing more household supplies than usual, relying more on online shopping, avoiding public transport etc. These behaviours varied in frequency and intensity of adoption across genders and age groups, with females and younger individuals showing higher propensity of such behaviours (Long & Liu, 2020). Another study done in Italy found that there was a high intention to adopt protective behaviours post the Covid-19 lockdown (Cucchiari, Caravona, Macchi, Perlino, & Viale, 2021). A study done in South Africa indicated enhanced behavioural response to Covid-19 and consequently evolution of preventive behaviour over a period of time like use of hand sanitizers, use of face masks, social distancing, avoiding close contact etc. The preventive behaviours were moderated by perceived risk, self-efficacy, perceived awareness and barriers to preventive strategy and varied as per the economic class of people (Kollamparambil & Oyenubi, 2021).

### 2.3. Impact of pandemic on consumer behaviour

The behavioural changes triggered by Covid-19 pandemic are likely to impact Consumer behaviour significantly. In a seminal study done at Swiss Re Institute it was found that Covid-19 is likely to change the way we work, travel, communicate, shop and more. The study explored five key behavioural changes and how they are likely to impact consumer behaviour (Mahesh H Puttaiah, Raverkar, & Avramakis, 2020). A study done in Czech Republic to identify changes in consumer behaviour because of political, legislative, and economic factors caused by the spread of Covid-19 pandemic found increased sales volumes for all the analysed sectors – sales of food, drugstore goods, clothing and footwear, electronics. There was also a change in the structure and frequency of the purchases (Svajdova, 2021). In another study it was found that Covid-19 pandemic has disrupted the consumer habits of buying as well as shopping. Consumers are learning to improvise and learn new habits. The research summarized eight immediate effects of Covid-19 pandemic on consumption and consumer behaviour (Sheth, 2020).

A research study done in India, revealed that pandemics and epidemics have profound impact on consumer behaviour. The consumption habits of consumers have undergone a huge shift spending largely on essentials. The shift was found to be more in urban consumers compared to rural consumers (Kumar & Abdin, 2021). Another study done in India also confirmed this shift in consumer behaviour due to pandemic and found evidence of panic buying due to fear of lockdown. The major sectors experiencing consumer behaviour changes include entertainment, travel tourism, newspaper, food industry, personal hygiene, small business, education, pharmacy, agriculture, and e-commerce. The consumers have demonstrated proactive buying behaviour, readiness to adapt to new technology, reactive health management, preparing their pantries, preparing for a quarantined life, living life with restrictions with basic requirements (Harshal & Simran, 2020). An interesting research finding showed that despite the general belief that ‘economic recovery during and after pandemic is linked to stimulation of consumer consumption, consumer behaviour during pandemic tend to be disorderly and chaotic’ (Jin, Zhao, Song, & Zhao, 2021). They one hand may try to cope with immediate threats like fear of scarcity, losing control and anxiety aggravation (Arafat, et al., 2020b) (Yuen, Wang, Ma, & Li, 2020) by purchasing specific products such as necessities (Jin, Li, Song, & Zhao, 2020) and/or engage in panic buying (Arafat, et al., 2020a), on the other hand might also reserve resources and increase savings to deal with future uncertainties and risks.

## 3. Method

Our research is focussed on assessing pandemic influenced alterations to habitual behaviour in the consumption arena. Keeping this overarching goal in mind, the research question were framed as -

- a) How has the Covid induced pandemic and the regulations that have accompanied measures taken by authorities impacted and altered habitual consumption behaviour within households?
- b) How permanent are such changes to habitual household consumption behaviour if any?
- c) What possibilities exist if such changes to habitual consumption within households will revert back to their original habitual states?

### 3.1. Research approach

Developed by Edmund Husserl (1913/1963), Martin Heidegger (1927/1982), Maurice Merleau-Ponty (1945/1996), and Alfred Schutz (1967), IPA is

concerned with understanding personal lived experience. The method centers on exploring persons' relatedness to, or involvement in, a particular event or process (phenomenon). This research approach focuses on describing what all participants have in common as they experience a phenomenon. The basic purpose of phenomenology is to reduce individual experiences with a phenomenon to a description of the universal essence (a "grasp of the very nature of the thing," (van Manen, 1990, p. 177). To this end, this study sets out to identify the phenomenon (an "object" of human experience; van Manen, 1990, p. 163) induced by the pandemic. This human experience may be a phenomenon such as insomnia, being left out, anger, grief, or fear of undergoing a surgery (Moustakas, 1994). Using the IPA approach, qualitative data was collected from persons who have experienced the impact of the pandemic to develop a composite description of the essence of the experience for such individuals. This description consists of "what" they experienced and "how" they experienced it (Moustakas, 1994).

### 3.2. *Role of the researcher*

In choosing IPA for a research project, The researchers committed to exploring, describing, interpreting and establishing the means by which the study participants made sense of their experiences. Thus, there was a need to primarily access precious and detailed personal accounts of the participants' lifestyle, activities, interests and opinions. These accounts were elicited from household purchase decision makers who were capable and willing to offer a vivid spectacle of the phenomena under investigation.

### 3.3. *Data collection procedures*

Virtual interviews were conducted which were recorded with due permission from the participants. The recorded interviews were transcribed for analysis. Due care was taken to document the interview material and keep the material confidential with access made available only to the researchers.

### 3.4. *Target audience*

Urban middle income Indian household purchase decision makers, primarily parents.

### 3.5. *Sampling and participants*

Three homogeneous households, represented by the purchase decision maker, constituted the

sampling unit. The sample for the study was chosen using the researchers' judgment and constituted of (1) a working mom living with her husband and a young child (2) an electronics retail manager who was a parent (father) to young children, and (3) a professor and parent (father) of two teenage children.

Setting: Depth interviews were conducted in a virtual setting and researcher efforts were focussed on accessing every participant's world of understanding, which was then made use of for this study. The study was idiographic in nature, i.e., it concentrated on the individual participant and centred on the participants' meaning-making. A semi structured interview questionnaire was administered for the in-depth data collection. On-the-fly notes, thick descriptions, summary notes, reflexivity notes, conversation and interview notes, interpretation notes were used for recording the details of the interviews. Interview research best practice of building an earnest rapport with our participants was established through active listening. Probes were judiciously used to demonstrate active listening and to collect richer data.

### 3.6. *Data collection and analysis*

The transcript created from the phenomenological interviews were transcribed and studied to identify recurring patterns from which emergent themes were identified. The identified themes were validated using external investigators who studied the qualitative data and checked the aligned nature of the themes identified.

### 3.7. *Relevance to indian context*

Restrictions and regulations induced by the pandemic threw life out of gear in India. The country witnessed mass exodus of people leaving metropolitan and big cities to return back to their homes since they had lost opportunities to earn their daily livelihood. This was because a large percentage of economic activity across the country had come to a grinding halt. The class that was shielded to a certain extent from this loss of economic activity was the Indian middle class, this was because a sizable chunk of this class was engaged in knowledge-based service activity that was not hampered by restrictions made on physical movement of people. This meant that the Indian middle class to certain extent was able to keep their earning potential intact. It was therefore important to study whether other restrictive diktats put on this class by

the Government had impacted their regular lifestyle and consumption habits.

#### 4. Findings

The study of the qualitative gathered and transcribed led to the generation of 3 major themes that were indicative of how household decision makers responded to the disruptions caused by the pandemic. These households also responded to regulations imposed by governmental authorities while also making assessments of their own about how to deal with a spreading pandemic. The emergent themes from the data analysis were identified and clustered to generate meaning from the lived experiences narrated by participants. These centred on how the participant household decision makers coped with the pandemic and its disruptive impact and the decisions they took both from a lifestyle perspective and those related to consumption.

The three themes that emerged and could be clustered were -

- Exposure to pandemic related distressing information and inducement of fear
- Pandemic induced fear and altered habitual consumption behaviour
- Personality basis for the level of fear experienced and subsequent changes to habitual behaviour

##### 4.1. Participant 1 - Mr. C

Among the three participants, Mr. C had the highest disposition to neuroticism as a personality trait. This in turn ensured that the level fear induced was the highest. Mr. C actively sought information about the pandemic and what could be done to mitigate its ill effects. He also received information from credible social circles about the pandemic having adversely impacted the health of dear ones. This in turn reinforced the induced fear about the adverse impact of the pandemic on health. Mr. C not just altered habitual consumption behaviour but also vowed to continue the changed behaviour over time. Any revert back to the original habitual behaviour seems to be rare.

##### 4.1.1. Change in habitual behaviour

'Before the pandemic, we used to go out every weekend for ice cream which is close to where I live, and also we used to go out to watch movies. For items of good quality, we used to buy from supermarket 'Spar' and for regular items we buy from regular departmental stores because they accept

sodexo. Few months before the pandemic came in we started using Amazon to make household purchases online, but we used to balance it and buy from all the 3 sources and not depend on online mode of purchase entirely. Whenever possible, all four of us used to go to the supermarket on the weekends for the shopping experience, only when they did not have time I would go alone otherwise all of us went together. Now the purchases are 100% online and any items required for emergency I was going out to buy and I was very paranoid and I was worried about exposure. Initially during pandemic, lockdown times I was going out everyday to buy items and I was worried about the exposure and carrying it back to the kids. Catching the virus was not so much of a worry but passing on was the primary worry.'

'I was at one point of time having sleepless nights researching into this and looking for information on every possible website, I was primarily following CBC website to get information on what causes it and how to prevent and that is when got information on the right ingredients that should be used for a sanitizer and I already had affiliation to hand sanitizers, I am not sure if other consumers have done the research that I have done because I was so very paranoid and there are certain ingredients that have to be present in the sanitizers, there are so many sanitizers that don't have all the required ingredients and I did heavy research and read the WHO approved guidelines on the manufacturing process of hand sanitizer.'

'Much before the pandemic I was in the habit of using hand sanitizers and then my kids also had affinity to hand sanitizers as they used to see me using it. I was using the hand sanitizer to maintain hand hygiene as my profession includes interacting with a lot of people. And I wanted to keep safe from contacting germs, as I was also contacting multiple devices that other people would have used. And also, I wanted to minimize any chances of health alignments being caused by the exposure to germs and reduce the risk.'

##### 4.1.2. Pandemic induced exhibition of fear

'I was at one point of time having sleepless nights researching into this and looking for information on every possible website, I was primarily following CBC website to get information on what causes it and how to prevent and that is when got information on the right ingredients that should be used for a sanitizer and I already had affiliation to hand sanitizers, I am not sure if other consumers have done the research that I have done because I was so very paranoid and there are certain ingredients that

have to be present in the sanitizers, there are so many sanitizers that don't have all the required ingredients and I did heavy research and read the WHO approved guidelines on the manufacturing process of hand sanitizer.'

'Reading and researching about the virus also balanced my paranoia I also became more aware of what could happen if I contact the virus, but then my paranoia was because I did not have health insurance, if I had health insurance, I would not worry about catching the virus because if I get hospitalised at the right time I could come out safe. My worry was once I get hospitalised.

I would not be available for my work, which in turn would affect my salary and then the cost of hospitalization is very high, and I got these numbers from people who were actually hospitalised, it was up to 18 lakhs. I got this information from my WhatsApp community group.'

'There were many stories coming to me and at least the people who told me these stories were convincing and in spite of that I believed that this virus will not come and go and it will require hospitalization. This was in the first year and the information available also was very less and later I became aware that it doesn't require hospitalization in all cases and only extreme cases require hospitalization. We are continuing the practices of hand hygiene. People were dying around me, where I live and it is a densely populated place.'

'I go out and buy ice cream because my kids request it, but I am not very happy doing it because of the risk of exposure. All of us drive through and pick it up. As a health hygiene practice at home we wipe all the sanitary wear before and after use.'

'After my first dose of vaccine I became hyperactive, I was speaking more, I was getting into activities I was no longer paranoid in fact my paranoia had nothing to do with vaccination but was because my kids forced me to take a trip to my parents place and we drove down and half way through itself I was feeling better and less worried looking at open sky and seeing people not wearing mask.'

'I was worried about my parents safety too, and after the vaccination I felt like a hero. I was feeling practically fearless, I am of course careful and as soon as I touch something I immediately sanitize my hands, in fact right now in my home office I have 7 bottles of sanitizers.'

'Ever since the pandemic started the kids are not going out, the place we stay is a standalone building and there is enough place in the terrace to play and it is safe to play there, the houses are away from each other and the space is wide so there is no possibility of them being exposed to the virus. They

go down to play badminton, where others also play, but the street is wide and well lit and so it's ok, but they don't go away, even cycling they do it on the terrace. As per my research at least not earlier than December 2022 the kids will go out to play, as that is when 90% of Indians will be vaccinated. Until everyone is vaccinated none of us are safe. Before that I wouldn't take them to stores, I am ok because I am vaccinated but I still wear mask properly and use sanitizer.'

#### 4.1.3. *Permanency in changed habitual behaviour*

'Brands that we purchase have changed the purchases that we make. We buy private label brands when making household purchases online, because of the two primary reasons, safety and availability, in the beginning there was a possibility of products not being available therefore I got more quantities.'

'The switch that we have made i.e buying from brick and mortar store to online will stay, in future too we will make purchases online. We will continue online and go to the brick and mortar of the kids' experience.'

#### 4.2. *Participant 2 - Mrs. A*

The level of fear participant 2, Mrs. A was moderate and thus her habitual behaviour had been altered based on the need to be careful about the impact of the pandemic. Mr. A's family including herself had been infected by the Covid virus and they had recovered from the infection through a combination of drugs and adequate rest. This was another factor that ensured Mrs. B took the effects of the pandemic seriously and made changes to the way they lived and socialised and also to the way they made consumption decisions. The level of pandemic induced fear being moderate, Mrs. A and her family intend to go back to their original habitual behaviour and lifestyle once they are convinced that the pandemic has died down. Until then, they intend to continue with their altered behaviour because she believes the same will ensure her family, and especially the child remains safe and healthy.

##### 4.2.1. *Change in habitual behaviour*

'Before the pandemic it was good, we used to go eat out or go to malls, it was fun. Post Pandemic is totally different. We used to buy from the super-market but we never used to order online. After the pandemic we have started making online purchases as they are safer.'

'I don't order any food on Zomato or Swiggy, if we buy then we buy sweets either from Kanti Sweets or

Anand sweets otherwise literally no food from outside. Since I have kids I don't want to take risks and delivery boy taking and coming and food while preparing the hygiene. I did not want to take the risk.'

#### 4.2.2. *Pandemic induced exhibition of fear*

'We live in an apartment complex but the kids haven't gone down to play since the pandemic hit. We go to my parent's home, we carry sanitizers, wear masks, adhere to social distancing, and take bath once we are back home.'

'We were hit by COVID in the first wave, all of the 4 us were positive and so we take extra precautions, my husband has to go out to work, as the nature of his work demands that, he has to go to work everyday and he ensures double safety, as soon as he comes he goes to take bath, because kids are there, so a lot of precautions has to be taken.'

#### 4.2.3. *Permanency in changed habitual behaviour*

'Even after Pandemic is over, we will not rush immediately, we will take at least 6 months and continue the pandemic lifestyle, because you never know when the next wave will hit and so it is not advisable to immediately switch to normal, we will wait and watch.'

'Purchases are increased by 1X because I always have something in stock, since the kids are at home I need to buy more pasta, biscuits etc, always the stock is there, even the paste and toiletries we have in stock. We may run out of stock in case of another lockdown and anytime the lockdown may come up.'

#### 4.3. *Participant 3 - Mr. B*

Of the three participants, Mr. B was the least affected by news about the pandemic and therefore the fear induced by the same was minimal. Mr. B's job requirements meant he had to move places and travel within the city, yet he exhibited no fear about doing the same, and was only cautious about minimizing exposure during such times. The children at home were the primary consideration in Mr. B's cautious behaviour since he wanted to ensure they weren't exposed to the virus. Mr. B and his family intend to revert back to their pre-pandemic lifestyle once the vaccination drive covers a larger part of the city's population where they live. Mr. B clearly articulated a very low level of fear, and only exhibited concern about how he could keep his family safe from catching the infection.

#### 4.3.1. *Change in habitual behaviour*

'Most of my purchases were offline before the pandemic, we would go out everyday and buy for everyday needs after I would get from work and me and my wife we would go and buy for daily needs, otherwise it is from the local kirana shop who delivers everything required for the month, it is bulk purchase for the month. There is a list of products that we need and I place the order online through WhatsApp and the Kirana store provides home delivery and the same is continued even during the pandemic.'

'Lockdown has made us do everything at home. What we used to go out and eat all those things started happening at home itself, my wife and kids started exploring recipes online and started making those dishes at home. Outside junk food consumption is reduced, the same thing that we used to eat outside is now made hygienically at home.'

#### 4.3.2. *Pandemic induced exhibition of fear*

'My parents are vaccinated, My wife and I are still not vaccinated, we are waiting for our slots, Precisely, honestly I am not so worried about not being vaccinated I very much take care of precautions to be taken care and if I continue to worry I may not be able to work comfortably and peacefully, if anything has to happen it will happen, I have seen so many cases where they have done everything to avoid exposure and still got it.'

#### 4.3.3. *Permanency in changed habitual behaviour*

'All of us are very adaptive, today's generation is very adaptive, we adapted to the lockdown and so we will adapt to the unlock also, we will not go back immediately but eventually we will go back to normal and this time it is very serious as the 3rd wave is too much popularised already, I am tensed when I have to go out with Kids & family, I have to anyway go out for work, so when I am going out alone it is ok, when it comes to family we have to take precaution, 3rd wave is blown too much out of proportion. There is information on when exactly the 3rd wave will start, when it will affect kids and others, at the end of the day all of us are worried about our kids.'

'We would definitely go back to visiting malls and eating out in restaurants. All of us need a break and we are living such a fast life today. Kids are also irritated sitting at home and doing everything from home, not allowed to go out and play. They are also eagerly waiting to go out. Everybody wants to go out, that is a normal thing.'



## 5. Discussion

The inferences that can be drawn from the themes that emerged and could be clustered are -

1. The exposure to distressing information received from sources perceived as credible about how the pandemic impacted the health/mortality of family, relatives and acquaintances in immediate social circles induced fear in recipients.
2. The degree of pandemic induced fear experienced dictated the degree of change in habitual behaviour and its longevity and permanency.
3. The inducement of fear within participants depended on neuroticism as a trait disposition within the participants.

The insights generated from the emergent themes clearly demonstrate that the degree of pandemic induced fear experienced influences the degree of behavioural change including changes in consumption behaviour. This in turn influences the longevity/permanency of behavioural changes (including changes to consumption behaviour). Personality is the moderating variable that dictates the degree of fear experienced. People who are both exposed to distressing information about the pandemic from sources they consider reliable and tend to believe such information experience greater fear, thus engaging in altered behavioural (including consumption) responses with greater propensity to continuing such behaviour (longevity and permanency). Participants who exhibited neuroticism as a trait disposition tended to experience greater fear thus engaging in disruptive behaviour that steered away from habitual ones both in the lifestyle and consumption area. Such participants had both altered habitual behaviour and were keen on holding on to such behaviour for longer periods of time. There was also an indication that the highly neurotic had changed habitual behaviour and intended to keep their changed actions permanent even after the pandemic period ended.

Evidence from literature review points squarely to changes in people's behaviour (Pedrosa et al., 2020) and the way they make consumption decisions (Sheth, 2020). Furthermore, research also points to a widespread prevalence of fear among people induced by the pandemic (Dsouza, Quadros, Hyderabadwala, & Mamun, 2020a). Such fear resulted in people altering their lifestyles, ways of consumption and the products they bought and consumed (Brooks et al., 2020). This research study

takes these insights on behavioural changes (Long & Liu, 2020) forward by unearthing the reasons why such changes have happened and to who. The study proves that exposure to distressing information is a critical variable that causes the inducement of fear. The degree of fear felt and experienced is greater for those people who score high on the neuroticism trait when exposed to such distressing information. What is also important to note is that this research study finds a direct correlation between fear experienced, changes made to consumption habits, and the permanency of such changed habits. In effect, this study builds on earlier research by adding to the understanding of changed behaviour caused by the pandemic (Long & Liu, 2020). It explores in depth the psychological reasons why these changes have happened and the degree to which it has happened. The uncovering of a personality trait as a key variable that dictates behavioural changes (Sengupta, 2007), and their permanency is a significant knowledge addition to what is known about the impact of the pandemic on people. The findings of the study could also be beneficial for companies in planning their product/market strategies as well as their corporate social responsibility strategy (Nair, Viswanathan, & Bastian, 2021). Also, in supporting their employees better to cope-up with their life challenges, thereby improving their engagement (Sengupta & Ramadoss, 2011).

### 5.1. Limitations

The study was carried out in the city of Bangalore and the participants came from the same city. Accessibility to the participants since they belong to the same city as the researchers was a key consideration in their choice. Since the pandemic had induced restrictions around the country, residents across cities in India had to adhere to regulations set by the Government. Such constraints set on Indian citizens meant that they had to resort to making changes both in their lifestyles and consumption behaviour. Prime among the classes that were affected by the pandemic included the Indian middle class the chosen participants of the study were drawn from this class and in many ways their lifestyles and consumption habits mirrored this class's behaviour. It would be pertinent to limit the findings of the study to the Indian middle class that reside in metropolitan and large cities in India. The homogeneous behaviour that this class exhibits in the arenas of lifestyle and consumption is why the results of this study can be generalised to this particular class.

## 5.2. Contributions of the study

Business and marketers are required to constantly track the behaviour of their target set of customers. Any changes detected have to be responded to by either altering value creation and delivery or by completely reconfiguring the value propositions they take to market. In many ways the pandemic can be seen as a major disruptor to people's lives and their behaviors. It is therefore important for businesses to assess whether the pandemic has induced any changes to their target consumers' behaviour. This study assessed if there were any changes to consumption behaviour that the Indian middle class was habituated to. Also, it would be of value to businesses to know if any changes to habitual behaviour were permanent or not. This would help them make adaptive changes to their business and marketing activities. Moreover they would also know whether significant investments needed to be made to the manner in which they created and delivered value to their targeted customers.

## 5.3. Scope of further research

Further research can be undertaken across the various social classes that make up Indian citizenry. One of the key variables that differentiates classes in India is income. This variable is again a critical element that influences choice of lifestyles and consumption behaviour among various classes in India. Further research can gauge the impact of pandemic induced restrictions on the earning capacity of citizens belonging to various classes. This in turn would have a direct impact on lifestyle and consumption habits among these classes. Moreover, further research can also cover other geographical areas including cities, towns and villages in India.

## Conflict of interest

The authors whose names are listed certify that they have NO affiliations with or involvement in any organization or entity with any financial interest (such as honoraria; educational grants; participation in speakers' bureaus; membership, employment, consultancies, stock ownership, or other equity interest; and expert testimony or patent-licensing arrangements), or non-financial interest (such as personal or professional relationships, affiliations, knowledge or beliefs) in the subject matter or materials discussed in this manuscript.

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