Covid-19 And The Psychological Well-Being Of Indian Migrants In Saudi Arabia

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ABSTRACT

Objective: The outbreak of the corona various shocked humanity in more than one way. The current study examines the Psychological well-being responses to the COVID-19 pandemic among Indians in Saudi Arabia. The study delves into the impact of Covid-19 and the well-being of diverse age, gender, and income groups of Indians in Saudi Arabia.

Design: Psychological Well-being is measured by Dr Martin Seligman's theory of well-being called PERMA (Positive emotions– feeling good; Engagement– being completely absorbed in activities; Relationships– being authentically connected to others; Meaning – purposeful existence; Accomplishments – a sense of achievement and success). Age, gender, and income are used as independent variables. Positive emotions, engagement; relationships; purposeful existence; and achievement are dependent variables additional filler variables are health, negative emotions, loneliness, and happiness.

Data and Method: As per the demand of the study, some changes are made in the questionnaire to get responses aimed at before and post COVID-19 outbreak scenarios. The online survey was administered in April-November 2021 to collect the data. The study focuses on the Psychological well-being of affluent Indian expatriates(n=62) living in Saudi Arabia during the pandemic.
Analysis of variance (ANOVA) and independent t-test has been conducted to explore the variations of the effect of Covid-19 on the psychological well-being of different age groups, gender, and income class of migrants in Saudi Arabia.

Results: The marks of COVID-19 can be seen across all genders, ages, and income groups, but impressions are profound on women, people of 51+ age, and high-income groups.

Keywords Indian, Migrants, Migration, expatriate, Saudi Arabia, COVID-19, well-being, PERMA.

1. INTRODUCTION

Covod-19 has changed the world in many ways; not only is mobility discouraged, but every aspect of one's life, from health to earnings, education, recreation and entertainment and many more, has been changed. The COVID-19 crisis has a substantial impact on one's life. A high degree of influence is marked not only on the economy of the countries and labour market

but also on people's psychological well-being worldwide. Despite every effort of policymakers and government to combat the pandemic and minimise its effects on human beings, the imprints of the pandemic on human lives are deep-rooted. Especially in the case of migrant workers, many millions of workers across many countries have been directly impacted by lockdowns. Some could manage their work through virtual arrangements. Many workers have seen a reduction or complete loss of their livelihood(1). According to the U.N. migration report, 2020, the Indian Diaspora is 18 million worldwide (2). India's large diaspora is distributed across the United Arab Emirates (3.5 million), the United States of America (2.7 million), and Saudi Arabia (2.6 million)(3).

Being a vital partner in India's extended neighbourhood, Saudi Arabia took care of the large Indian diaspora during the Covid-19 pandemic. As Covid-19 is a novel coronavirus, decisions, fear, and anxieties of expatriates living in the GCC countries have changed over time. Changes in behaviour and decisions have also been marked in respective Governments regarding expatriates' job scenarios. Therefore, the situation is precarious for migrants. Those are the most vulnerable population group to the implications of Covid.

The present study tries to understand the issues, challenges, and anxieties of expatriate Indians during Covid-19 in Saudi Arabia. The current work attempts to analyse the variations in the psychological well-being of expatriate Indians in Saudi Arabia before and after the outbreak of the COVID-19 pandemic.

2. REVIEW OF LITERATURE

2.1 COVID-19 and Psychological well-being[3]

The psychosocial impact of previous infectious diseases like SARS outbreaks in adults has been well documented. However, limited information is found regarding the impact of the COVID-19 pandemic on adults and children in Saudi Arabia. The first confirmed case of Corona in Saudi Arabia was announced on March 2, 2020. Several psychiatric manifestations may appear during pandemics, especially among frontline healthcare providers. Al Ateeq et al. sought to explore depression and anxiety levels among healthcare providers during the COVID-19 outbreak in Saudi Arabia(4). In the line of studies conducted in Saudi Arabia to assess the occurrence of depression, stress and anxiety among the general population in Saudi Arabia during this pandemic, a descriptive cross-sectional approach was used, targeting all accessible people in Saudi Arabia.

Saddik, Baseman et al. conducted a study to explore anxiety levels among adults and children in the UAE and identify potential risk and protective factors for well-being during the COVID-19 pandemic. Measures to reduce transmission of the virus have altered usual activities, routines, and livelihoods and have significantly impacted mental health(5). Allen, Sarah F. et al. examines the potential alterations in psychological well-being, mental health, sleep, and diurnal preference due to the COVID-19 pandemic(6). A cross-sectional online questionnaire-based study with n= 200 participants (aged 18–62; 7.86.0 Percent female, 93.0Per cent white, 92.5Per cent UK-based, 73.5Per cent students)(6). Abbas Jaffar enquires about the effect of the coronavirus on mental health issues and the need for psychological well-being in the standard population and patients in response to the global wake of the epidemic and its effects in Pakistan (7).

Qatar has managed quarantine and isolation centres to limit the spread of infection has as the state had one of the highest COVID-19 infection rates globally. The Quarantine and isolation centres in Qatar have negatively affected individuals' mental health. Qatar has a very high expatriate population, with around 90 Per cent of the population being non-Qatari economic migrants and a majority being blue-collar workers and labourers. The study aims to evaluate the impact of institutional isolation and quarantine during the COVID-19 pandemic outbreak in Qatar. Healthcare workers managing Covid-19 patients are at increased risk of poor mental well-being (8). Nasser N. Fakhroo H has investigated self-perceived well-being determinants in Qatar. The authors applied Seligman's PERMA theory of well-being to measure the level of self-perceived well-being (9). However, the study discusses the general well-being of people in the governmental institutions and not during the time of Covid-19.

2.2 PERMA and COVID-19

What is human flourishing, and what enables it? Dr Seligman's PERMA theory of well-being attempts to answer these fundamental questions using five building blocks that enable flourishing Positive Emotions, Engagement, Relationships, Meaning, and achievement (PERMA). Carreno, David F et al. aimed to explore the role of two models of well-being in predicting distress during the COVID-19 pandemic, namely PERMA and mature happiness (10). Nationwide community quarantines and social distancing are part of the new normal because of the global COVID-19 pandemic. Since extensive and prolonged lockdowns are relatively novel experiences, not much is known about the well-being of individuals in such extreme situations. Camitan et al. investigated the relationship between well-being elements and resiliency of 533 Filipino adults under the nationwide enhanced community quarantine (ECQ) during the COVID-19 pandemic(11). The study of Wąsowicz, Grażyna, et al. investigated the relationships between selected emotional aspects of mental ill-health (depression, anxiety, and stress) and mental well-health (well-being) experienced during the COVID-19 pandemic(12). The study's theoretical model was based on Martin Seligman's positive psychology and PERMA theory and Paul Wong's Existential Positive Psychology 2.0 Theory, which postulates that negative experiences contribute to the well-being and personal growth(13). The static approach was complemented by exploring the mediating role of flexibility (acceptance and action in the current situation) in the relationship between negative emotions and well-being (12).

2.3 Immigrant Psychological Health and Covid-19

Harris S.M., Sandal G.M. Study the role of trust in the health care system in Norway during Covid-19. The study unfolds that the vulnerable group of old age people is under stress, whereas the majority of the people were relatively well in the early stages of a pandemic(14). Misra S. et al. examine that stigma associated with the Covid-19 pandemic against Chinese and other Asians negatively impacted mental health(15). Garcinia L.M. et al. evaluate that the immigrants of the USA were facing two crises at the Covid-19 outbreak, one the pandemic itself and the other one was anti-immigration policy in the United States(16). Endale T. et al. work on mental health perspective on refugee and immigrant youth during Covid-19. The Kovler Center Child Trauma Program (KCCTP) was founded in 2018 to provide community-based mental health and social services to immigrant and refugee youth. Pandemic temporarily closed the centre's doors, and the programme was forced to operate remotely(17).

Choi S.et al. envisaged psychological distress during the COVID-19 pandemic of Korean immigrants in the U.S. The authors examined the psychological distress level of Korean immigrants applying discrimination-related variables, coping mechanisms, and sociodemographic factors. Further, the authors concluded that racial discrimination toward Asians has increased in the U.S. since the beginning of the COVID-19 pandemic(18). Tsai J.-Y. et al. highlighted that threat of coronavirus led people to humiliate immigrants and temporary migrants. Hate crimes were increased towards Asians, and the Chinese were the soft target. The study aims to probe the connections between traditional news and social media to cultivate racial discrimination and the moderating role of mainstream media to propagate trust against Asians(19).

Liang P. et al. studied prevalence and factors associated with postpartum depression during the COVID-19 pandemic among immigrant women in Guangzhou, China. The findings suggest the need for policies and interventions to address the postpartum requirements of immigrant women(20). Akkaya-Kalayci T. et al. studied the COVID-19 pandemic and its impact on young people's mental health and psychological well-being in Austria and turkey. Authors have used "Psychological General Well-being" and a self-created questionnaire to capture individual experiences during the COVID-19 pandemic and quarantine period(21). Serafini R.A. et al. studied Psychological distress in immigrant outpatient mental health during Covid-19. The authors have assessed the Mental health of outpatient immigrants with the Patient Health Questionnaire (PHQ-2) and Generalised Anxiety Disorder (GAD-2) inventories. Factors that most influenced the mental health of immigrants was a pre-existing depressive disorder, food insecurity, and comfort during telepsychiatry visits. 93.75% of participants

believed access to remote psychiatry helped their mental health during COVID-19(22).

The negative impact of COVID-19 on mental health in vulnerable populations stems from medical and psychosocial factors such as pre-existing psychiatric conditions and unmet essential needs. Zlotnick C. et al. examined perceived stress in migrants and applied Bornstein's Specificity Principle in Acculturation Science (BSPAS) to measure perceived stress in migrants living in Israel. The study denotes that immigrants with high resilience and high health literacy had the lowest perceived stress, and migrants with low resilience and high health literacy had the highest(23). Bujek-Kubas I.C., Mojs E. investigated perceived stress, anxiety, life satisfaction and experienced emotions before and during the COVID-19 pandemic. The study was conducted on non-immigrants living in Poland, Dutch citizens, and Polish immigrants living in the Netherlands. In the groups of Poles, there was an increase in perceived stress and trait anxiety during the COVID-19 pandemic. The Dutch citizens experienced a reduced anxiety level during the COVID-19 pandemic. In the group of Polish immigrants, there was an increase in life satisfaction during the COVID-19 pandemic(24).

Naumann E. et al. examines the impact of Covid-19 on the mental health of adolescents in Germany during the first wave and lockdown. The authors assessed depressiveness with the State-Trait Depression Scale and found that adolescents significantly increased depressive symptoms during the first lockdown. Results of the study denote that young immigrant women have a significantly higher risk of developing depressive symptoms than men of the same age(25). Ornelas I.J. et al. looked for COVID-19 impact on Latina immigrants' mental health and well-being living in King County. The results denote that the pandemic had a sufficient impact on Latina immigrant women's psychological well-being; moreover, out of anxiety, immigrants are anxious to meet basic needs(26). Saleem J. et al. explore that Pakistani migrant doctors working in the United Kingdom did receive limited professional support in counselling and psychological rehabilitation during the Covid-19 pandemic. Instead, they used self-management strategies to cope with the situation(27).

2.4 COVID-19 and Indian Migrants in the Gulf

The Covid-19 pandemic crisis has halted construction projects in Arab Gulf countries as the drastic fall in oil prices has severely affected Gulf oil and non-oil economies. Rajan, S. I., et al., explore how India is prepared to handle the changing trends in the Indo-Gulf migration corridor and subsequent emigration from the Gulf (28). The crisis has, in many ways, exposed lacuna in the Indian migration governance system in dealing with the hardships experienced by Indian emigrants; these gaps are structural and have been prevailing for an extended period (29). The nationwide lockdown and the sealing of inter-state and international borders to control the COVID-19 pandemic triggered the reverse migration of informal migrant workers (30). The United Arab Emirates' resultant economic setbacks due to COVID-19, a fear of the virus and falling job and financial insecurity threatened the survival of Indians–the largest expatriate population in UAE. Menon, D. V., & Vadakepat, V. M., reviews Indian expatriates' attributes and values during emigration. Furthermore, it compares with Indian emigrants' perceptions during the sudden outbreak of Covid-19, which played a role in related reverse migration from the United Arab Emirates(31). The wide-ranging impact of COVID-19 on the life of incomes and livelihoods of migrants worldwide will take some time to become unfold, and it is already clear that those in mineral jobs, mostly low-wage, occupations are among the worst-hit workers(32).

3. RESEARCH GAP AND RATIONALE OF THE STUDY

Research on the impact of COVID-19 on the mental health of the expatriate population in Saudi Arabia is limited. To amend the gap, the present study sought to investigate the impact that the COVID-19 outbreak has had on the psychological well-being of the Indian migrant population. A literature review denotes that most of the research is done on Covid-19 and Health Care Workers worldwide; PERMA and psychological well-being in general not in the context of migrants; return migration of Indian emigrants and their resettlement issues during the pandemic in GCC countries, and in Saudi Arabia. In contrast, research on Indians' psychological well-being and stress among

migrant workers in Gulf Cooperation Council (GCC) countries is left behind during a pandemic. Henceforth, it is rationale to study the perceived psychological well-being of a sizeable population of Indian migrants in Saudi Arabia. While discussing various implications of Covid-19 on our lives, the discussion on the adjustment, pain, fear, and anxiety of the migrant population needs migration research.

4. DATA AND METHODOLOGY

Present research work is an attempt to explore the effect of Covid-19 on Indians working/living in Saudi Arabia during the pandemic outbreak. The study delves into the impact of Covid-19 on the psychological well-being of diverse age groups, gender, and economic (income) classes. Therefore, the present work endeavours to analyse the perception of expatriate Indians working in Saudi Arabia towards changes in their health and psychological well-being due to the COVIDC-19 pandemic. Stratified sampling using the snowball method is used to analyse a specific group of educated people who have a good income and live above-average lives among Indians in Saudi Arabia. Therefore, unskilled and illiterate Indian workers are not included in the present study.

 The questionnaire is based on the PERMA theory by Dr Martin Seligman in 2011[4]. Later on, in 2015, PERMA Profiler by Margaret L. Kern,[5] The University of Pennsylvania was constructed. Health, negative emotions, loneliness, and overall happiness are added in PERMA profiler as filler questions by Margaret L. Kern. As per the demand of the study, some changes are made in the questionnaire. Data has been collected through online interviews and questionnaire surveys. Total 61 samples using an online questionnaire have been collected. SPSS is used for the analyses of data. Analysis

of variance (ANOVA) has been applied to explore the variations of the effect of Covid-19 on the health and psychological well-being of different age groups, gender, and economic class of Indian emigrants in Saudi Arabia.
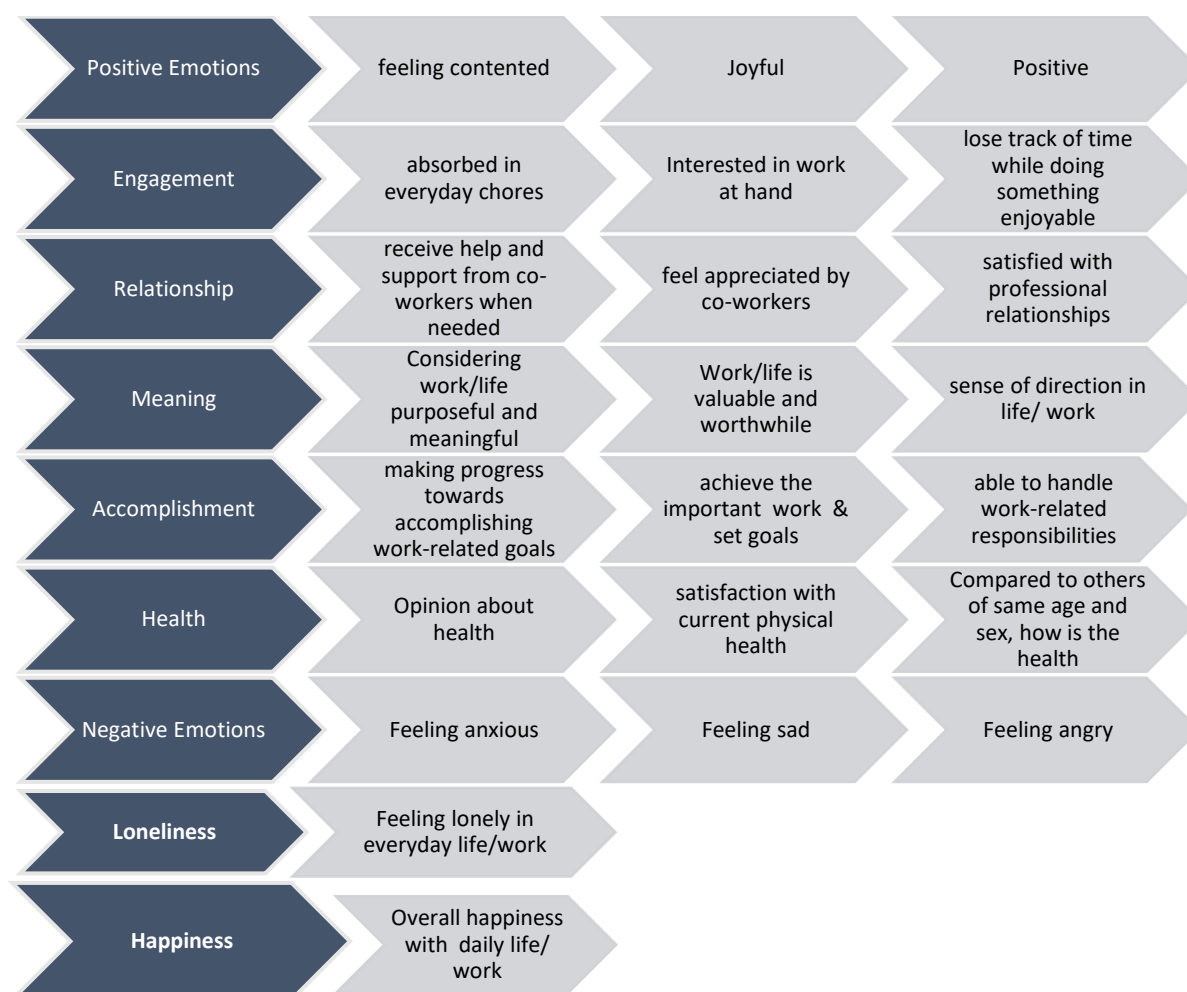
The Institutional Review Board (IRB) in the Department of West Asian and North African Studies, Aligarh Muslim University, India, applies research ethics by reviewing the methods proposed for the present research work. The board approves that respondents' consent has been taken and research ethics are followed in the survey using the questionnaire method.[6] The Institutional Review Board (IRB) further certifies that appropriate steps are taken to protect the human rights, privacy, and welfare participating in the present research study. Furthermore, the authors have taken permission from the concerned organisation/agency through the prescribed link[7] To use PERMA Profiler in the study and make some changes in the questionnaire as per the demand of the study.

5. PERMA THEORY IN THE CONTEXT OF COVID-19

5.1. The well-being of Indian expatriates and elements of PERMA

Research has indicated that all five elements of well-being as indexed by the PERMA model (i.e., positive emotions, engagement, positive relations, meaning, and accomplishments) significantly affect the overall well-being of migrants in the gloomy time of the COVID-19 pandemic. PERMA is used as a framework particularly suited to examine opinions of Indian migrants before and after COVID-19 on multiple dimensions and patterns of health and well-being.

Exhibit1: Elements of PERMA

Positive Emotions	feeling contented	Joyful	Positive
Engagement	absorbed in everyday chores	Interested in work at hand	lose track of time while doing something enjoyable
Relationship	receive help and support from co-workers when needed	feel appreciated by co-workers	satisfied with professional relationships
Meaning	Considering work/life purposeful and meaningful	Work/life is valuable and worthwhile	sense of direction in life/ work
Accomplishment	making progress towards accomplishing work-related goals	achieve the important work & set goals	able to handle work-related responsibilities
Health	Opinion about health	satisfaction with current physical health	Compared to others of same age and sex, how is the health
Negative Emotions	Feeling anxious	Feeling sad	Feeling angry
Loneliness	Feeling lonely in everyday life/work		
Happiness	Overall happiness with daily life/ work		

5.1.1. Positive Emotions & Negative Emotions(P)

Emotions are an essential part of well-being. The present study measures both positive and negative emotions of Indian expatriates by using PERMA profiler, in particular to the different age, gender, and income groups. Questions to count positive emotions have been asked, like how often respondents feel joyful; feel contented at work and home (in their everyday routine), and feel positive. Whereas negative emotions are gauged by questions like how often respondents feel anxious, sad, and angry?

5.1.2. Engagement(E)

Engagement refers to flow or being absorbed in one's work enthusiastically too much to miss track of time. If a person is free from worries can maintain a very high level of engagement in the workplace and everyday chores. Therefore, a substantial change can measure the engagement level in the respondent's mindset before and after COVID-19. Hence, to scale the

engagement level of Indians, questions were asked like how often do they become absorbed in what they are doing? Extent do they feel excited and interested in their work? How often do they lose track of time while doing something they enjoy?

5.1.3. Relationships (R)

In COVID, the role of healthy and beautiful relationships is weighed up. Relationships refer to feel connected, supported, and valued by relatives, friends, neighbours, colleagues, and people who have a place in one's life. Positive relations construct feeling good and going well. The study measures the changes in the relationships and support from co-workers/ relatives/neighbours/friends received by respondents when they need it before and after the COVID outbreak.

5.1.4. Meaning(M)

Meaning refers to the value and importance of one's work and life in totality. Meaning provides a sense that life contains some

essence. Despite all worries and tensions, mostly one believes that things will be better tomorrow and never lose interest in life. An attempt has been made to measure to what extent are Indian expatriates consider their work and everyday tasks purposeful, meaningful, valuable, and worthwhile before and after the outbreak of the pandemic?

5.1.5. Accomplishment/Achievement (A)

Accomplishments and achievements give a great magnitude of being prominent and come in one's life as awards and honours. Being significant and worthy at the workplace, society, and home keeps people positive in a time of worries and distress. In the present study, by using the PERMA profiler, an effort is made to evaluate subjective feelings of accomplishment and staying on the topmost everyday responsibilities in Indian expatriates before and after the outbreak of COVID-19.

The above discussed five dimensions are the pillars of PERMA theory propounded by Martin Seligman in 2011. The PERMA Profiler constructors measure health, negative feelings, and loneliness to evaluate people's complete well-being.

5.1.6. Health (H)

Sound physical health, energy, vitality, and vigour are essential to well-being. The Profiler measures a subjective sense of health that feels good and healthy in Indian expatriates before and after the pandemic.

5.1.7. Loneliness(L)

Our need to connect with people and surroundings is inborn. Loneliness is the stress and discomfort of observing a gap between one's aspirations for social association and actual experiences. Loneliness can put serious threats to well-being as well as long-term physical health. In the PERMA profiler, loneliness is a single item. Therefore, only one has been asked by respondents. In the paper, an effort is made to evaluate loneliness in Indian expatriates before and after the outbreak of COVID-19.

5.1.8. Happiness (hap)

Happiness is also used as a single item; hence one question is asked to rate overall happiness on a scale of 0-10 (not ultimately).

6. RESEARCH QUESTIONS

While taking the above as the context, the paper is a cross-sectional analysis of the perceived Covid-19 impact on Indian expatriates in Saudi Arabia. Following are two major research questions, which shall be explored and analysed.

1. What is the difference in the overall psychological well-being among Indian expatriates pre and post COVID-19 pandemic?
2. How do each gender, age, and income group respond to the observed elements of PERMA, i.e., positive emotions, engagement, relationships, meaning, accomplishments, and filler elements like health, loneliness, negative emotions, and overall happiness before and after the COVID-19 outbreak?

7. HYPOTHESES

Indian expatriates in Saudi Arabia perceived a catastrophic change in their psychological well-being after the outbreak of COVID-19. It is stated in the methodology that for the measurement of health and well-being of Indian expatriates, Dr Seligman's PERMA model is applied, and PERMA Profiler prepared by Margaret L. Kern is used. Further, variation in the perceived psychological well-being of Indian expatriates is also explored with the variation in age, gender and income group. The hypothesis is tested both at the pre-COVID-19 and post COVID-19 time.

It is hypothesised that there is no significant difference in the mean scores of overall perceived psychological well-being of Indian expatriates **before the outbreak of COVID-19 vis-à-vis gender, age and income**.

It is hypothesised that there is no significant difference in the mean scores of overall perceived psychological well-being of Indian expatriates **after the outbreak of COVID-19 vis-à-vis gender, age, and income.**

8. PROFILE OF RESPONDENTS

The present study is an online questionnaire and telephonic interviews-based analysis. Most of the respondents are well educated, like PhD holders, engineers, M.BA, MCA, postgraduate and undergraduate. Around 38.7 per cent fall in

the category of 20-30 years; 12.9 per cent are in the age bracket 31-40 years; 23 per cent are in the group of 41-50 years; 25.8 per cent are in the age group of 51-60 years, and only 3.2 per cent are in the age group of 60+ years. Therefore, it is worth observing that around 52 per cent of respondents are below 40 years of age. As far as the duration of stay is concerned, 19.4 per cent of respondents are found of less than two years of stay in Saudi Arabia, while 29 per cent fall in the category of 2-10 years, 22.6 per cent are 10-20 years of stay on Saudi Arabia, and 29 per cent respondents fall in 20-30 years of most prolonged stay. Conveniently, the present work discusses Indians who are well settled in Saudi Arabia. Furthermore, their average duration of stay is pretty good. Around 73 per cent of respondents are married, while 27 per cent are unmarried.

Data obtained through the survey revealed that 77per cent of respondents had experienced some changes in their working situation. While 23 per cent stated that though they had to do work from home, they did not face any other unusual backlash of the pandemic.

Pre and post COVID-19 mean differences in psychological well-being are plotted in excel (see Figure 2). It is observed that COVID-19 drastically reduced the psychological well-being of Indian migrants living in Saudi Arabia. However, around 20 per cent of respondents' well-being has boosted during COVID to a praiseworthy range of 0.13 per cent to 22 per cent.[8] Eighty per cent of respondents denote a decrease in psychological well-being in a range of 0.2 per cent to 41 per cent.

Figure 2

Gender Vs PERMA

Overall health and psychological well-being are computed by including the mean of PERMA aspects. An Independent sample T-test has been conducted to examine the difference in the well-being of different gender in the context of PERMA. A cross-sectional analysis of gender vs PERMA expresses a considerable change in the opinion of males and females regarding all elements of PERMA at both surveyed times. The significant difference in Table1 exhibits

9. RESULTS AND DISCUSSION

The current research investigates the difference in the opinion of Indian expatriates in Saudi Arabia at all elements of PERMA before and after the outbreak of COVID-19. Additionally, filler aspects like health and negative emotions are also measured. Calculated means in SPSS 23 are plotted in excel (Figure1).

Figure 1

Chart 1 denotes a substantial decrease after the outbreak of COVID-19 in positive emotions, engagement, relationships meaning, accomplishments, health, and overall happiness of respondents. Whereas respondents' opinion was that loneliness during COVID is slightly decreased as most of them get the opportunity to live with their wards and spouses, while negative emotions have noticeably increased. Furthermore, one interesting element is that Indian immigrants in Saudi Arabia were not afraid to catch corona despite the pandemic. Instead, they were anxious to lose jobs and change their social and economic status.

$(p=.197)$ value of health and psychological well-being vis-à-vis gender signifies that the statistical relationship between pillars of

Table1

PERMA and gender before the outbreak of COVID-19 is not significant. Therefore, it is likely to accept the null hypothesis H_01a.

Further, the analysis of the difference in the health and overall well-being of both males and females after the outbreak of COVID-19 denotes a significant difference $(p=.002)$. Therefore it is likely to reject the null hypothesis H_01b that there is no significant difference in the mean scores of health and psychological well-being of Indian expatriates after the outbreak of COVID vis-à-vis gender.

The gender-wise macro analyses expound that before the outbreak of COVID-19, there was almost no difference in the opinions of males and females regarding positive emotions $(p=0.330)$, engagement $(p=0.644)$, relationships $(p=.0688)$, meaning $(p=0.654)$, accomplishments $(p=0.891)$, health$(p=0.860)$, and happiness$(p=0.311)$. In comparison,

women felt more lonely (μ=9.00) than their male counterparts (μ=4.72). In contrast, negative emotions were slightly low in females (μ=4.66) in comparison to males (μ=4.81) before the outburst of the pandemic (see table 2).

In contrast, after the COVID-19 outbreak, in all components of PERMA except negative emotions and loneliness, both males and females are showing a decrease (see Table 2) in positive emotions (p=.043), engagement (p=.016), relationships (p=.001), meaning (p=.023), accomplishments (p=.000), and health (p=.000). However, though negative emotions have increased both in males and females, an unexpected increase can be seen on the female side. Loneliness in females has decreased, as interviews denote that spouses and wards are at home during the lockdown. Therefore women feel less lonely. At the same time, loneliness has slightly increased in males after COVID-19, as they were missing their office environment. The survey indicates that the pandemic would have wide-ranging, adverse effects on the psychological well-being of Indian expatriates in general, specifically a very high impact on women compared to their male counterparts in Saudi Arabia.

> Table2

Age Vs PERMA

ANOVA has been conducted to obtain the difference in mean (μ) scores of overall psychological well-being vis-à-visage. Table 3 elucidates a significant difference value (p=.002) between analysed age groups vis-à-vis the general well-being of expatriate Indians before the commencement of the COVID-19

pandemic. Moreover, a significant p-value of 0.000 is derived from the analysis after starting COVID. Therefore, the results reject the null hypothesis $H_0 2b$ that there is no significant difference in the mean scores of the psychological well-being of Indian expatriates after the outbreak of COVID vis-à-visage.

> Table3

A cross-sectional analysis of each element of PERMA (overall well-being[9]) before COVID-19 illustrates that there is not any significant difference between observed age groups in all aspects like positive emotions(p=.078), engagement(p=.069), relationships(p=.201), and meaning (.175). However, in accomplishment (p=.046) and negative emotions (p=.002) significant difference is found (Table 4).

Turning to the analysis after COVID-19, respondents' opinion on all aspects of health and well-being elucidates that a significant difference is marked between observed age groups. Table 4 denotes significant difference in positive emotions (p=.000), engagement(p=.000), relationships (p=.001), meaning (p=.000), accomplishments (p=.000), and health (p=.012). However, negative emotions have increased in all age groups. Hence no significant difference is marked(p=.244) between observed respondents.

The figure is the plotting of μ of each age group's response before and after covid and clarifies that before COVID-19, there was minimal to no difference in the opinion of different age groups at the scales of PERMA. Still, after COVID-19, the most affected age group is 50+ years of age. However, negative emotions have increased in all age groups, with a notable increase in the 50+ age group.

> Table 4

Income Vs. PERMA

One-way ANOVA has been conducted to obtain the difference in mean scores of PERMA(overall well-being) vis-à-vis **income.** In table 5, the significant value (P=.294) for all elements of PERMA suggests a not significant difference in mean values of different income

groups vis-a-vis the overall well-being of Indian migrants. Thus, evidence of a difference in Indian expatriates' responses leads to the failure to reject the corresponding hypothesis $H_0 3a$ that there is no significant difference in the mean scores of health and psychological well-being of Indian expatriates before the outbreak of COVID-19 vis-à-vis income.

The analysis of the during pandemic scenario reveals that though the difference of opinion of various income groups is not significant, the difference in the level of significance before COVID-19 (p=.294) and after the outbreak of COVID-19 (p=.082) is marked. Therefore, the study divulges that if we take the mean of all PERMA elements (health and overall well-being) and run a one-way ANOVA, the difference of opinion between all income groups is not significant.

Table 5

As far as income groups vs PERMA differences are concerned, a cross-sectional analysis of mean(μ) discloses that the respondents who earn < 25,000 sr. are getting anxious after COVID-19. Hence, a significant decrease can be seen in the mean values of PERMA facets before and after the occurrence of COVID-19 in the people earning very high. Before the COVID outbreak, people of the very high-income group(< 25,000 sr.) had very high positive emotions. Engagement in work-life was good, meaning relationships, accomplishments, health, and happiness were commendable compared to other income groups. Whereas, the negative impact on almost all pillars of PERMA during COVID-19 is noticed in the people of higher-income groups (15,001-25,000 sr. & <25,000 sr.), hence denoting the anxiety among the group(see table 6).

Table 6

10. CONCLUSIONS
The preceding analysis elucidates how COVID-19 has impacted the psychological well-being of Indians living in Saudi Arabia. The statistical analysis demonstrates that the overall perceived well-being of Indians has been measured at the elements of PERMA. It is explored that COVID-19 has negatively impacted Indians in positive emotions, engagement, relationships, meaning, accomplishments, health, and overall happiness. Further, a noticeable increase is also seen in the negative emotions in Indians. The respondents' opinion denotes that COVID-19 negatively affects all PERMA elements and overall well-being. However, one component is found that loneliness is not increased. The mean of all respondents, irrespective of gender, age, and income groups, explains that generally, people feel less lonely than before the COVID outbreak, as they stay at home and do telework.

A comprehensive analysis of COVID -19 impact on both genders shows that though both males' and females' PERMA elements have decreased compared to before the pandemic, females are huge sufferers. Further, albeit negative emotions have increased both in males and females, an unexpected increase can be seen on the female side. Loneliness in females has decreased while increased in males after COVID-19. The reasons are evident; females feel less lonely as spouses and wards are at home during the lockdown. During interviews, respondents disclosed that before COVID-19, most women lived alone at home for long hours in a day. While male respondents said that they enjoy quality time at home with family, even they miss their colleagues and male friends' company. The survey indicates that the pandemic would have wide-ranging, adverse effects on the mental health and psychological well-being of Indian expatriates, generally in a very high impact on women compared explicitly to their male counterparts.

The current wide-ranging study of COVID-19 impact on different age groups of Indians at various aspects of PERMA indicates that prominent affected people are 51+ of age barring loneliness (no difference is found in comparison to other age groups). In contrast, different age groups did not differ in opinion on positive emotions, engagement, relationships, meaning, accomplishments, health, loneliness, negative emotions, and overall happiness.

The third dimension of the present study is to explore people's health and overall well-being of diverse income groups after COVID-19. Findings show that income directly relates to anxiety, accomplishments, and negative feelings. People with handsome salaries and high earnings are more affected by the outbreak of COVID-19. Before the occurrence of COVID, wealthy Indian expatriates were very much contented; well engaged in everyday chores; enjoyed trustworthy relationships, had meaning in life; had high achievements and

appreciation from colleagues, friends, and relatives; enjoyed good health, or can say were believing in availing good health facilities. Additionally, negative feelings before COVID-19 were very low in people of the high-income group. In contrast, COVID-19 put a dent in all PERMA aspects of the people of the high-income group. On the contrary, people earning >5000 SR. are not anxious about the repercussions of COVID-19 at every element of PERMA; instead, their engagement in everyday chores and opinion towards personal health is increased.

In the end, the research presents a comprehensive picture of the health and psychological well-being of Indians in Saudi Arabia. The traces of COVID-19 can be seen across all genders, ages, and income groups, but impressions are profound on women, people of 51+ age, and high-income groups.

A dire need for counselling for the affected classes is realised. However, in the future, COVID-19 may disappear like we get some carefree months after each wave. Hopefully, no more waves humankind face; medicines and vaccinations will do wonders. Additionally, we will be accustomed to living in a changing world.

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TABLES AND FIGURE

Figure1: PERMA of Indian expatriates before and after the outbreak of COVID-19
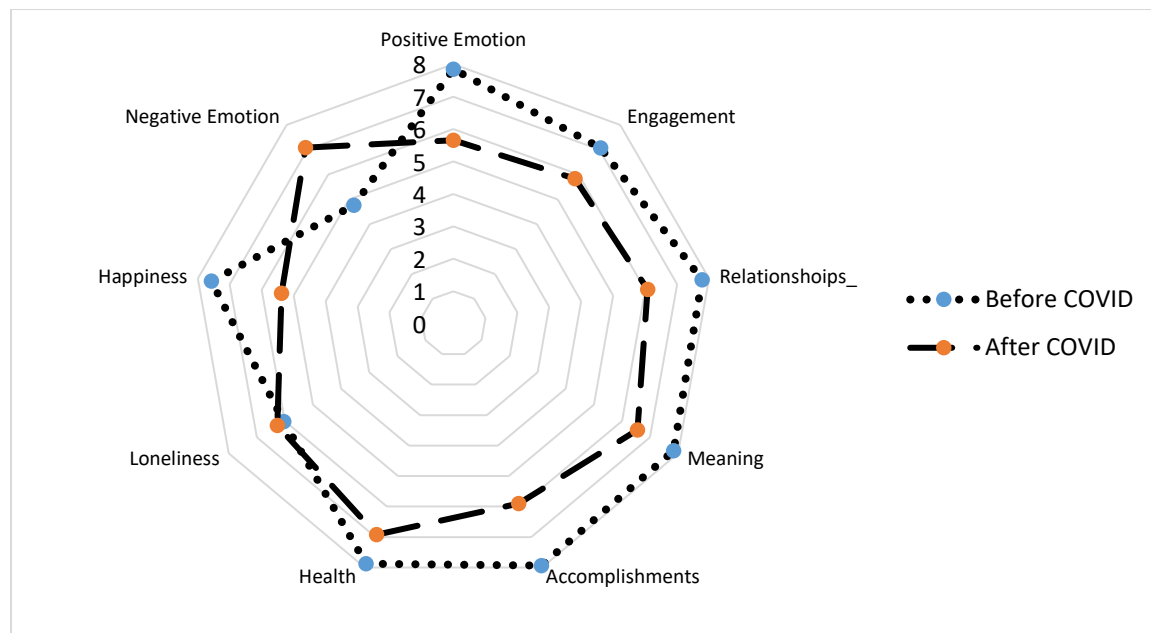
Source: Acquired means through computing variables in SPSS are plotted

Figure 2: Difference in the Pre and Post Covid-19 Psychological well-being
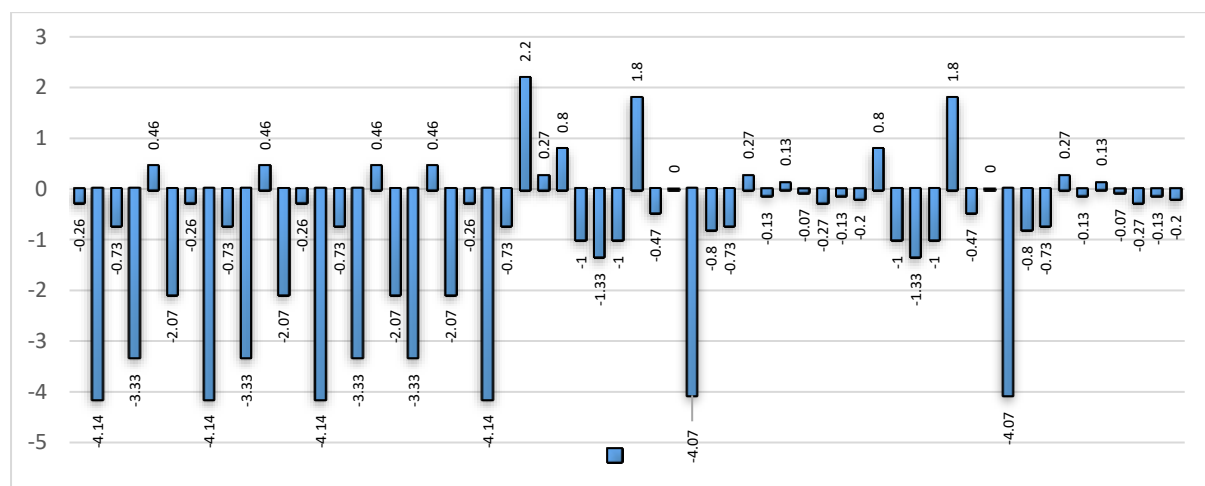
Source: Acquired means through computing variables in SPSS are plotted

Table 1: Overall Well-being Before and After Covid-19 (Independent Samples T-Test)

	gender	N	Mean	Std. Deviation	Sig. (2-tailed)
overall_wellbeing_BC	male	43	6.9931	1.02145	
	female	18	7.4792	.11136	.197
overall_wellbeing_AC	male	43	6.7847	1.16055	.
	female	18	5.1667	.93541	.002

Table 2: Gender vs PERMA (Independent T-Test)					
	gender	N	Mean	Std. Deviation	Sig. (2-tailed)
Positive Emotions_BC	male	43	7.7037	1.25708	
	female	18	8.1667	.53452	.330
Positive Emotions_AC	male	43	6.1667	2.02678	.043

		N	Mean	Std. Deviation	Sig.
	female	18	4.5000	1.24722	
Engagement_BC	male	43	7.1667	1.96123	.644
	female	18	6.8333	.53452	
Engagement_AC	male	43	6.5000	2.31576	.016
	female	18	4.3333	.35635	
Relationships_BC	male	43	7.8333	1.14475	.688
	female	18	7.6667	.00000	
Relationships_AC	male	43	6.7778	1.52109	.001
	female	18	4.5000	.89087	
Meaning_BC	male	43	7.9074	1.31261	.654
	female	18	7.6667	1.06904	
Meaning_AC	male	43	7.0926	2.00589	.023
	female	18	5.3333	.35635	
Accomplishments_BC	male	43	7.9074	1.86402	.891
	female	18	8.0000	.35635	
Accomplishments_AC	male	43	6.9630	2.06397	.000
	female	18	3.5000	.53452	
Negative Emotions_BC	male	43	4.8148	1.66165	.849
	female	18	4.6667	2.13809	
Negative Emotions_AC	male	43	6.4630	1.64551	.002
	female	18	8.5000	.17817	
Health_BC	male	43	7.8889	.65679	.860
	female	18	7.8333	.89087	
Health_AC	male	43	7.7037	.87738	.000
	female	18	5.1667	.17817	
Loneliness_BC	male	43	4.7222	3.62679	.003
	female	18	9.0000	1.06904	
Loneliness_AC	male	43	6.6111	3.20182	.492
	female	18	5.5000	4.81070	
Happiness_BC	male	43	7.3889	1.50054	.311
	female	18	8.0000	1.06904	
Happiness_AC	male	43	5.5556	3.07212	.626
	female	18	5.0000	1.06904	

The mean difference is significant at the 0.05 level.

Table 3: Age vs PERMA (ANOVA)					
		N	Mean	Std. Deviation	Sig.
Overall-well- being_BC	20-30	10	6.6542	.98602	
	31-40	4	8.4167	.00000	.002
	41-50	4	7.3750	.00000	
	51-60	8	7.0000	.40089	
	Total	26	7.1426	.87482	
Overall-well-being_AC	20-30	10	6.4125	.46500	
	31-40	4	8.5417	.00000	.000
	41-50	4	6.7500	.00000	
	51-60	8	4.7708	.51225	
	Total	26	6.2869	1.31942	

The mean difference is significant at the 0.05 level.

Table 4: AGE vs PERMA(ANOVA)					
		N	Mean	Std. Deviation	Sig.
Positive Emotions_BC	20-30	22	7.3636	.078	.078
	31-40	16	8.7083	.685	(NS)
	41-50	9	7.3333	.979	
	51-60	14	7.5714	.034	
	Total	61	7.7596		
Positive Emotions_AC	20-30	22	6.2879		.000
	31-40	16	8.4167	.000	
	41-50	9	5.4444	.000	
	51-60	14	5.3333	.005	
	Total	61	6.5027	.000	(S)
Engagement_BC	20-30	22	7.2879		.069
	31-40	16	8.0000		
	41-50	9	6.4444	.069	
	51-60	14	6.9048	.106	(NS)
	Total	61	7.2623	.191	
Engagement_AC	20-30	22	6.2273	.065	.000
	31-40	16	7.9167		
	41-50	9	7.0370		
	51-60	14	4.8571	.000	(S)
	Total	61	6.4754	.016	
Relationships_BC	20-30	22	7.7121	.041	.201
	31-40	16	8.6250	.000	
	41-50	9	7.5926		
	51-60	14	8.0952		
	Total	61	8.0219	.201	(NS)
Relationships_AC	20-30	22	7.1818	.941	.001
	31-40	16	8.4583	.701	
	41-50	9	7.9630	.108	
	51-60	14	6.5714		(S)
	Total	61	7.4918		
Meaning_BC	20-30	22	7.5303	.001	.175
	31-40	16	8.5417	.094	
	41-50	9	7.4444	.196	
	51-60	14	7.9524	.000	(NS)
	Total	61	7.8798		
Meaning_AC	20-30	22	6.8939		.000
	31-40	16	8.3333	.175	
	41-50	9	8.8148	.919	
	51-60	14	5.9524	.672	
	Total	61	7.3388	.093	(S)
Accomplishments_BC	20-30	22	7.6515		.046
	31-40	16	8.8333		
	41-50	9	6.9630	.000	
	51-60	14	7.8571	.224	
	Total	61	7.9071	.320	(S)
	20-30	22	6.5455	.000	.000

		N	Mean		
Accomplishments_AC	31-40	16	8.8750		
	41-50	9	6.7778		
	51-60	14	5.2381	.046	(S)
	Total	61	6.8907	.495	
Health_BC	20-30	22	7.5455	.778	.021
	31-40	16	8.7500	.019	
	41-50	9	7.1111		
	51-60	14	8.2857		(S)
	Total	61	7.9672	.000	
Health_AC	20-30	22	6.6667	.002	.012
	31-40	16	8.5833	.011	
	41-50	9	8.4444	.000	
	51-60	14	6.8095		
	Total	61	7.4645		(S)
Negative Emotions_BC	20-30	22	5.8485	.021	.002
	31-40	16	4.5000	.715	
	41-50	9	5.5556	.426	
	51-60	14	3.1429	.010	(S)
	Total	61	4.8306		
Negative Emotions_AC	20-30	22	6.2879		.244
	31-40	16	5.3750	.012	
	41-50	9	7.1111	.897	
	51-60	14	6.8095	.665	(NS)
	Total	61	6.2896	.005	

The mean difference is significant at the 0.05 level.

The mean difference is significant at the 0.05 level.

Table 5: Income vs PERMA (ANOVA)					
	Income (S.R.)	N	Mean	Std. Deviation	Sig.
Overall-well- being_BC	<5000	4	6.3750	.00000	.294
	5001-15000	13	7.3045	1.12569	
	15001-25000	4	7.3750	.00000	
	>25000	5	7.1500	.50312	
	Total	26	7.1426	.87482	
Overall-well- being_AC	<5000	4	6.4583	.00000	.082
	5001-15000	13	6.6058	1.40298	
	15001-25000	4	6.7500	.00000	
	>25000	5	4.9500	1.47208	
	Total	26	6.2869	1.31942	

Table 6: Income vs PERMA (ANOVA)					
	Income S.R.	N	Mean	Std. Deviation	Sig.
Positive Emotions_BC	<5000	10	7.9333	1.14180	.012

	5001-15000	34	7.1961	1.94385	(S)
	15001-25000	6	8.3333	.51640	
	>25000	11	9.0303	.99392	
	Total	61	7.7596	1.72469	
Positive Emotions_AC	<5000	10	7.6667	1.13312	.184
	5001-15000	34	6.2549	2.17896	
	15001-25000	6	6.3333	.51640	
	>25000	11	6.3030	1.25126	
	Total	61	6.5027	1.83245	
Engagement_BC	<5000	10	7.0667	1.66889	.335
	5001-15000	34	7.1961	1.51561	
	15001-25000	6	6.6667	1.03280	
	>25000	11	7.9697	1.67634	
	Total	61	7.2623	1.54094	
Engagement_AC	<5000	10	7.7333	1.05175	.004
	5001-15000	34	6.2647	1.96395	
	15001-25000sr	6	4.2222	1.72133	
	>25000	11	7.2121	2.39570	
	Total	61	6.4754	2.09449	
Relationships_BC	<5000	10	7.6667	1.45721	.050
	5001-15000	34	7.7255	1.50972	
	15001-25000	6	8.5556	.34427	
	>25000	11	8.9697	1.18748	
	Total	61	8.0219	1.44257	
Relationships_AC	<5000	10	7.8667	1.05643	.643
	5001-15000	34	7.3431	1.19619	
	15001-25000	6	7.2222	.68853	
	>25000	11	7.7576	2.33377	
	Total	61	7.4918	1.39921	
Meaning_BC	<5000	10	8.2000	.61262	.012
	5001-15000	34	7.4020	1.64077	
	15001-25000	6	7.8889	.17213	
	>25000	11	9.0606	1.49680	
	Total	61	7.8798	1.52149	
Meaning_AC	<5000	10	7.5333	.65168	.410
	5001-15000	34	7.2059	1.89099	
	15001-25000	6	6.4444	2.92625	
	>25000	11	8.0606	2.43501	
	Total	61	7.3388	1.98092	
Accomplishments_BC	<5000	10	8.4000	.56218	.047
	5001-15000	34	7.4510	2.04969	
	15001-25000	6	7.6667	.00000	
	>25000	11	9.0000	1.17379	
	Total	61	7.9071	1.72362	
Accomplishments_AC	<5000	10	8.1333	.68853	.074
	5001-15000	34	6.9608	2.12847	
	15001-25000	6	5.6667	1.03280	
	>25000	11	6.2121	2.68855	
	Total	61	6.8907	2.08586	
Health_BC	<5000	10	8.6000	.84327	.013
	5001-15000	34	7.4314	1.66874	
	15001-25000	6	8.2222	.34427	

	>25000	11	8.9091	1.27446	
	Total	61	7.9672	1.52231	
Health_AC	<5000	10	9.0000	.54433	035
	5001-15000	34	7.0980	2.17969	
	15001-25000	6	6.2222	2.23772	
	>25000	11	7.8788	2.40496	
	Total	61	7.4645	2.16648	
Negative Emotions_BC	<5000	10	5.3333	2.11986	.111
	5001-15000	34	5.0294	2.38170	
	15001-25000	6	5.5556	2.40986	
	>25000	11	3.3636	1.47915	
	Total	61	4.8306	2.27028	
Negative Emotions_AC	<5000	10	4.9333	2.14764	.001
	5001-15000	34	6.2353	2.30287	
	15001-25000	6	4.8889	.17213	
	>25000	11	8.4545	1.83347	
	Total	61	6.2896	2.35268	

The mean difference is significant at the 0.05 level.