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**COVID-19 LOCKDOWN EFFECTS ON AIR QUALITY: CASE STUDY OULU AND
HELSINKI VS. SARS-COV2 HOTSPOTS**

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HELSINKI VS. SARS-COV2 HOTSPOTS**

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ABSTRACT

Oulu University of Applied Sciences
Master's degree programme in Water and environmental management

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In response to the global COVID-19 pandemic, nations implemented lockdown measures to contain the virus. This study assessed air pollution levels during and after lockdowns, focusing on heavily affected locations: Oulu and Helsinki in Finland, Paris in France, Madrid in Spain, Milan in Italy, and Wuhan in China. Air Quality Index (AQI) data from these areas over two years were analyzed to understand lockdown effects. COVID-19 lockdowns in six cities were compared with SARS-CoV-2 measures using statistical methods. Pollutant variations were evaluated via tests, showing significant differences. Parametric analyses and regression studied lockdown impacts on pollution and relationships. The study comprehensively analyzed COVID-19 lockdowns' effects on air quality, identifying differences, quantifying changes, and exploring patterns in Oulu and Helsinki. Pollutant correlations varied among cities during lockdowns. Regression analysis highlighted independent variables' impact on pollutants. Decreases in NO₂ were seen in Helsinki, Madrid, Oulu, Paris, and Milan, reflecting reduced traffic and industry. PM_{2.5} and PM₁₀ reductions occurred in these cities and also Wuhan, except for O₃ levels which increased. Reduced human activities improved air quality, especially for NO₂ and PM₁₀. Regional variations necessitate tailored interventions. The study emphasizes addressing urban PM_{2.5} and NO₂ pollution influenced by transportation and industry. COVID-19 lockdowns significantly reduced pollution, highlighting environmental measures for better air quality.

Keywords: lockdown, air pollution levels, air quality, pollutants, policy, pandemic-related lockdown measures, COVID-19 pandemic, reduction, environmental interventions.

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Maailmanlaajuisen COVID-19-pandemian vuoksi maat toteuttivat lukitustoimenpiteitä viruksen taltuttamiseksi. Tämä tutkimus arvioi ilmansaasteiden tasoa lukitusten aikana ja niiden jälkeen keskittymällä voimakkaasti vaikuttuneisiin paikkoihin: Oulu ja Helsinki Suomessa, Pariisi Ranskassa, Madrid Espanjassa, Milano Italiassa ja Wuhan Kiinassa. Ilmanlaadun indeksi (AQI) - tiedot näiltä alueilta kahden vuoden ajalta analysoitiin ymmärtääksemme lukitustoimien vaikutuksia. COVID-19-lukitustoimia kuutta kaupunkia verrattiin SARS-CoV-2-toimenpiteisiin tilastollisin menetelmin. Saasteiden vaihtelua arvioitiin testien avulla, mikä osoitti merkittäviä eroja. Parametriset analyysit ja regressio tutkivat lukitusten vaikutuksia saasteisiin ja suhteisiin. Tutkimus analysoi perusteellisesti COVID-19-lukitusten vaikutuksia ilmanlaatuun, tunnistuen eroja, kvantifioiden muutoksia ja tutkien kuvioita Oulussa ja Helsingissä. Saasteiden korrelaatiot vaihtelivat kaupunkien välillä lukitusten aikana. Regressioanalyysi korosti itsenäisten muuttujien vaikutusta saasteisiin. NO₂:n väheneminen nähtiin Helsingissä, Madridissa, Oulussa, Pariisissa ja Milanossa, heijastaen liikenteen ja teollisuuden vähentämistä. PM_{2.5}- ja PM₁₀-vähennykset tapahtuivat näissä kaupungeissa ja myös Wuhan lukuun ottamatta O₃-tasot, jotka kasvoivat. Vähentyneet ihmistoiminnot paransivat ilmanlaatua, erityisesti NO₂:n ja PM₁₀:n osalta. Alueelliset vaihtelut edellyttävät räätälöityjä toimenpiteitä. Tutkimus korostaa kaupunkien PM_{2.5}- ja NO₂-saasteiden käsittelyn tärkeyttä, joita liikenne ja teollisuus vaikuttavat. COVID-19-lukitukset vähensivät merkittävästi saasteita, korostaen ympäristötoimia paremman ilmanlaadun saavuttamiseksi.

Avainsanat: liikkumisrajoitus, ilmansaasteiden tasot, ilmanlaatu, epäpuhtaudet, politiikka, pandemiaan liittyvät liikkumisrajoitustoimet, COVID-19-pandemia, vähentäminen, ympäristötoimenpiteet.

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VOCABULARY

ANOVA Analysis of Variance

AQI Air Quality Index.

AQM Air Quality Monitoring.

BL Before Lockdown

CO carbon monoxide.

CO₂ Carbon Dioxide.

COPD Chronic Obstructive Pulmonary Disease.

COVID-19 Coronavirus-ID 19.

DL During Lockdown

EPA Environmental Protection Agency.

FEF forced expiratory flow.

FEF25-75 Forced Expiratory Flow 25–75%

FEV Forced Expiratory Volume in 1 second

FVC Forced Vital Capacity

FVC vital capacity.

HSD Honestly Significant Difference

LTE: Long-Term Exposure

MSB Mean Square Between groups,

MSW Mean Square Within groups.

NO₂ nitric oxide.

O₃ Ozone.

OLS Ordinary Least Squares regression

PAHs Polycyclic Aromatic Hydrocarbons

PCC Pearson correlation coefficient

PM_{2.5} and PM₁₀ Particulate Matter.

SO₂ Sulfur Dioxide.

Tukey's HSD Tukey's Honestly Significant Difference test.

UTC Coordinated Universal Time.

VOCs Volatile Organic Compounds

VOC_s Volatile Organic Compounds.

WHO World Health Organization.

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1 INTRODUCTION

As a general term, lockdown can mean anything from non-mandatory recommendations to stay at home, to geographical quarantines, to closures of businesses and organizations. Lockdowns have increased in many countries because of earlier restrictions. The success of Wuhan's lock-down scheme led several other countries to adopt similar measures. The possibility of transmission in this case discourages many customers from using public mobility systems. As a result of the decline mentioned above, the public transportation system is usually the most adversely affected [99].

Moreover, the Air Quality Index "AQI" evaluates the present extent of air contamination while also presenting immediate and enduring health consequences. Criteria for air quality are fundamental and a promise for overseeing the quality of surrounding air, aimed at guaranteeing the security of the environment, fostering balanced progress, and protecting the well-being of humanity, society, and the natural world [75].

Due to the outbreak of the Coronavirus pandemic, worldwide public mobility has been severely impacted, improving air quality unexpectedly. The state of the environment, such as the issue of air pollution, wields a significant impact on the general well-being and contentment of individuals worldwide. Multiple detrimental substances play a role in giving rise to unfavourable health effects. These elements encompass carbon monoxide (CO), ozone (O₃), nitric oxide (NO₂), particulate matter (PM_{2.5} and PM₁₀), as well as volatile organic compounds (VOCs) - chemicals emitted by vehicles and indoor pollutants [66].

Particulate matters, such as PM_{2.5}, emerge from both natural phenomena and human actions. Take the act of burning liquids and solids, for instance – it lets out soot, which adds to the accumulation of PM_{2.5}. Conversely, ozone takes shape via intricate and roundabout chemical interactions involving CO and NO_x. Its existence hinges greatly on the prevailing weather conditions [17].

Throughout the pandemic, there was a decrease in human actions and movement, leading to better air quality. This highlighted that our human activities carry an adverse effect on the environment. It remains crucial for us to take steps to lessen air pollution, securing a thriving and lasting environment for the generations to come [75].

Researchers have estimated that there is an increased risk of importation of COVID-19 cases from infected areas in China through air travel to Europe [93]. Moreover, it has been demonstrated that air pollution can act as a carrier of the Coronavirus, allowing it to spread along with the air associ-

ated risk factors that contribute to disease development in elderly individuals [15], smokers, hypertension, heart disease, chronic lung disease, and moderate to severe asthmatics [21], as well as people with chronic lung disease.

There have been lockdowns in many countries due to COVID-19, which have positively impacted air quality. AQ has improved due to reduced human activities, transportation, and industries. However, the increased dependence on fossil fuels to keep ourselves warm and cook our meals carries the potential of causing a surge in air pollution levels. This research will specifically concentrate on investigating how lockdown measures impact the Air Quality Index (AQI) and the subsequent repercussions it has on the health and overall welfare of both individuals and the natural surroundings.

The intended research thesis aims to investigate how the restrictions imposed due to the pandemic affected the air quality in Oulu and Helsinki in the spring of 2020. The main emphasis will be on evaluating the concentrations of distinct pollutants, namely PM_{2.5}, PM₁₀, O₃, and NO₂. Additionally, the study will include a comparative examination that incorporates urban areas like Madrid, Paris, Milan, and Wuhan. The goal is to identify possible connections between the virus's transmission and pollution levels.

The methodology employed for this research involves a comprehensive, multi-step approach. It encompasses the collection and subsequent analysis of air quality data. Furthermore, air quality modelling will be utilized to enhance the depth of understanding. The statistical framework will include inferential methods like ANOVA, the Kruskal-Wallis Test, and Tukey's HSD test. Additionally, advanced techniques such as regression analysis and time series analysis will be applied to gauge the influence of lockdown measures on pollution patterns.

The anticipated outcomes of this study are expected to yield valuable insights into the intricate interplay between pandemic-related restrictions and air quality. The knowledge generated could serve as a foundation for informed decision-making in future policy formulation and implementation.

2 TOXICOLOGY OF AIR POLLUTION

Air pollutants refer to any substances present in the atmosphere that can negatively impact human health and the environment. The World Health Organization acknowledges six main air pollutants PM_{2.5}, PM₁₀, O₃, CO, NO₂, and SO₂. These pollutants carry substantial dangers for the health and balance of both humans and the environment. Particulate matter, encompassing elements like dust, fumes, smoke, mists, as well as gaseous contaminants like hydrocarbons, PAHs (polycyclic aromatic hydrocarbons as seen in FIGURE 1), and VOCs (volatile organic compounds), which are substances temporarily suspended or spread within the air, along with halogen derivatives, constitute a range of pollutants present in the atmosphere. When present at high concentrations, these pollutants can lead to various diseases, including different types of cancers. Below, I provide a brief overview of the most important air pollutants and their harmful effects on different organs of the human body, as well as the associated diseases [20],[76].

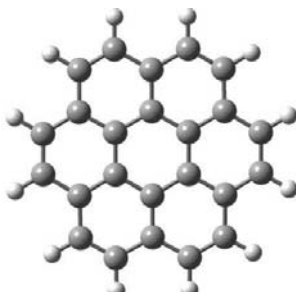


FIGURE 1: PAHs chemical structure [59]

2.1 Pollutant Definition and Sources

2.1.1 Particulate matter (PM_{2.5}, PM₁₀)

Particulate matter PM_{2.5} and PM₁₀, which are significant air pollutants, are directly emitted and consist of carbonaceous particles combined with reactive metals and adsorbed organic compounds. PM consists mainly of SO_4^{2-} sulfates, NO_3^- nitrates, PAHs, and heavy metals (iron Fe, nickel Ni, copper Cu, zinc Zn, and vanadium V). It is categorized into three groups based on particle size (FIGURE 2): coarse particles (PM₁₀) with a diameter smaller than 10 μ m, small particles (PM_{2.5}) with a $\phi \leq 2.5\mu$ m, and ultrafine particles (PM₁₀) with a $\phi \leq 0.1\mu$ m. Inhaling PM is particularly worrisome as it can have significant negative effects on the heart and lungs. Indoor

levels of PM often exceed outdoor levels due to the migration of outdoor particles indoors and the generation of particles through indoor activities [55],[106].

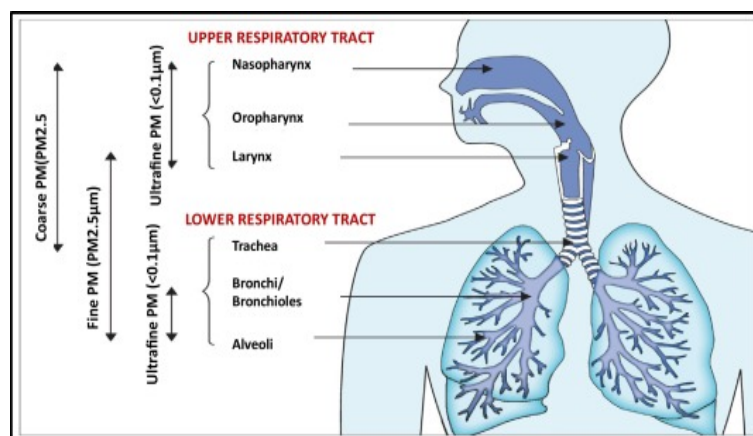


FIGURE 2: Deposition of particulate matter across various size fractions in different compartments of the respiratory tract [126]

Fine particles, particularly PM_{2.5}, present a significant environmental health hazard because of their capacity to infiltrate the innermost regions of the lungs. Conversely, larger particles are unable to access the lower respiratory system, thus they do not induce any health consequences. Airborne particulate matter sized between 0.65 to 1.1µm has the capability to enter and inflict harm within the lung alveolar regions [81],[112].

PM, emitted by various sources such as vehicles, residential areas, energy production, industrial activities, and dust, is a significant pollutant [54]. It has detrimental effects on respiratory health (Figure 02), contributing to respiratory infections, lung diseases, and weakened immune systems [67]. Of particular concern is PM_{2.5}, which has the ability to easily enter the respiratory system and has a higher likelihood of depositing in the lungs [71].

2.1.2 Sulfur Dioxide (SO₂), Nitrogen Dioxide (NO₂), Ozone (O₃), Carbon Monoxide (CO), and Carbon Dioxide (CO₂)

Ozone (O₃) is a commonly occurring oxidant gas in urban air, and exposure to it can induce oxidative stress, leading to inflammation of the airways and increased respiratory problems [1]. The concentration of surface ozone is affected by various factors such as the quantity and ratio of precursor gas emissions (NO_x and VOCs), photochemical reactions, atmospheric conditions (weather), and removal processes at the Earth's surface. Therefore, local, regional, and seasonal factors contribute to determining ozone levels. In most regions, reducing NO_x emissions results in a decline in

ozone levels. However, in urban zone with heavy traffic and high NO_x emissions, initially, ozone levels may increase in response to declining NO_x emissions. Nevertheless, once the urban plume is transported to rural areas, ozone concentrations eventually decrease [29].

Ensuring pure and secure air is vital for the thriving of all life forms. Nonetheless, human actions play a notable role in the pollution of the surrounding air, discharging detrimental substances at elevated levels that jeopardize the well-being of humans [48]. Factors such as economic development, urbanization, energy consumption, transportation, motorization, and the rapid growth of urban populations are the primary causes of air pollution [64]. In our daily lives, the most common air pollutants I encounter include PM, SO₂, NO₂, O₃, CO, and CO₂ [22]. NO₂, a notable element of air pollution in urban areas, acts as a precursor to lower-level ozone, particulate matter, and acidic rainfall [12]. The leading source of NO₂ in the air arises from the combustion of fossil fuels, encompassing coal, oil, and gas. As outlined by Muhammad et al. [82], NO₂, a pollutant with a high reactivity, is mainly released through the combustion of fossil fuels, with transportation playing a significant role in contributing to NO₂ emissions.

NO & NO₂ are two primary nitrogen oxides generated by combustion sources such as stoves and heaters [61]. The concentrations of ambient NO and NO₂ can vary significantly depending on regional sources and sinks. Indoors, their levels are typically half as concentrated as compared to outdoors. However, when gas stoves and heaters are in use, indoor levels often exceed outdoor levels. NO₂ is considered a major pollutant as it is rapidly formed when NO is exposed to ambient conditions. The reaction between NO₂ and water produces nitrous acid (HONO), which is a potent oxidant and commonly found as a contaminant in indoor environments [117]. Studies have demonstrated that the spacing between buildings and traffic lanes has a significant impact on indoor NO₂ levels [13]. Additionally, the airflow between the outside and inside of buildings affects indoor NO₂ levels [100]. Smoking and the use of wood, gas, oil, coal, or kerosene-burning appliances such as stoves, space heaters, ovens, and water heaters are also notable indoor sources of NO₂ [117].

2.2 Air Pollution and its Effects on Health

During 2018, a noteworthy rise of 71% occurred in the mortality rate attributed to chronic diseases among individuals aged 30 to 70 worldwide, as detailed in reference [116]. According to the World

Health Organization's calculations, around 3.23 million lives were expected to be claimed by chronic obstructive pulmonary disease (COPD) around the world in 2019. This ailment has now risen to become the third leading contributor to loss of life [117]. COPD, or chronic obstructive pulmonary disease, is a condition without a cure, marked by restricted airflow within the lungs, affecting individuals' ability to breathe freely.

This projection positioned COPD as the third major cause of death. COPD, which stands for chronic obstructive pulmonary disease, is an irreversible condition marked by constrained airflow in the lungs. Nonetheless, appropriate treatment can mitigate symptoms, decrease mortality risk, and enhance quality of life, as detailed in reference [81]. While smoking stands as the primary risk factor, alternative contributors encompass indoor and outdoor air pollution, along with exposure to chemicals in the workplace, as mentioned in references [31],[87], [63].

In the past few years, there has been an increasing body of research that has been looking into the ways in which pollution in our environment impacts our health. This is particularly relevant when I consider illnesses such as asthma, COPD lung disease, and heart conditions. This research has looked at the links between pollution and these health issues, and some studies are referenced [32],[80],[90]. Environmental Pollution comes from various sources, including things people do (like industry and transportation) and natural processes [38]. The WHO has established GAQ guidelines that classify air pollutants into categories such as particulate matter (PM, O₃, NO₂, and SO₂) [116]. Particulate matter (PM_{2.5}) has been identified as a significant cause of premature death and health issues in Europe, as reported by the European Environment Agency [38]. Numerous studies conducted in Italy in recent years have examined the consort between air pollution levels and hospital admissions for various diseases [44],[93]. These studies have demonstrated that both LTE “long-term” and STE “short-term” Exposure to air pollutants, even at low levels, can increase the risk of hospital admissions for respiratory diseases, with a higher susceptibility observed among older individuals, those with lower incomes, smokers, and individuals working in unhealthy conditions. Peaks in particulate contamination levels have been found to align with spikes in hospitalizations [28],[89],[91], and changes in PM_{2.5} concentrations directly impact lung function measures such as FEV₁, FVC, and FEF₂₅₋₇₅. Furthermore, long-term exposure to low-level air pollution, even below the current EU or US limit values, has been linked to the development of COPD. Various analytical methods have also revealed a correlation between peaks in contamination levels and an increase in hospitalization rates over a short time period [21],[55],[93],[101],[106],[121].

2.3 Air Pollution and Its Impact on Human Health

Breathing in safe air is crucial, for the survival of all living beings. Air pollution poses a danger to wellbeing. As per a report by the World Health Organization (WHO) in 2005 7 million individuals lose their lives annually due, to air pollution. In 2016 outdoor air pollution in the form of particulate matter known as PM2.5 caused around 4.2 million deaths worldwide. This issue impacts both rural areas [116]. Furthermore, in that year an alarming 91% of the population resided in regions where air quality exceeded the guidelines set by WHO.

Air pollution has a range of impacts, on wellbeing. These include issues like difficulty in breathing, coughing, worsening of conditions such as asthma and emphysema. Additionally, it is an environmental risk factor that can lead to diseases like lung cancer, ventricular hypertrophy, Alzheimer and Parkinson diseases. It can also contribute to complications, autism, retinopathy, growth problems, in infants and low birth weight [34],[52]. Considerable attention has been directed toward PM, especially PM2.5, in studies related to outdoor air pollution. This heightened focus arises from its ability to penetrate lung tissue, thereby causing both localized and broader physiological impacts [85]. The primary pollutants that significantly impact human health include PM2.5, PM10, SO₂, NO_x, O₃, and CO [50]. These harmful substances have a dual impact. Not do they pose threats, to health but they also have a major impact on global warming by intensifying the greenhouse effect. Consequently, this leads to harm, in ecosystems. As an example, take NO₂, which has a global warming potential 298 times greater than that of CO₂ [39]. SO₂ and NO₂ also negatively affect global crop production. Therefore, assessing and monitoring air quality (AQA&M) is crucial for human health, crops, forests, various animals and insects, and climate [5],[53],[71],[73],[97].

Numerous studies have been conducted to explore different aspects of air pollution, including estimation/assessment of pollution parameters, monitoring of pollution parameters, and information dissemination. However, these studies are often scattered across different domains and lack synchronization, making it challenging to gather comprehensive literature on all aspects in one place [123]. Despite the need for such a systematic review, it is currently lacking.

The existing literature on air pollution and its effects is not harmonized to facilitate collaborative research among various stakeholders, including academicians, field researchers, policymakers, space application scientists, geo-informatics professionals, data scientists, and computer technocrats. This collaboration is essential in formulating effective policies for AQA and management, considering that air quality has become a global concern resulting in millions of deaths. Furthermore, collaborations among these stakeholders can aid in the development of an intense network

of air quality monitoring (AQM) sensors/systems that integrate space-based inputs, advanced statistics, computer technologies, and internet facilities (IoT devices). The primary role of an AQM network is to collect pollutant concentration data and provide information to the public, scientists, planners, policymakers, and health departments for decision-making and improving air quality/environmental conditions [62]. Integrating technologies such as remote sensing, geographic information systems (GIS), computer technologies, and smart sensor systems with expert opinions can facilitate AQ assessment and management. This coupled framework should encompass pollution measurement (using wet chemistry or digital sensors), modelling and prediction (statistics), and dissemination using technological advancements.

2.4 The Effects of COVID-19 Lockdown on Air Quality

The impact of COVID-19 lockdown measures on air quality has become a recent focus of research studies [51]. Kerimray et al. [65] examined the effects of the lockdown in Almaty, Kazakhstan, from March 19 to April 14, 2020, on air pollutant concentrations. They compared daily levels of PM_{2.5}, NO₂, SO₂, CO, and O₃ before and DL. The study found a 21% reduction in PM_{2.5} concentration DL. Additionally, there were significant decreases in CO and NO₂ concentrations by 49% and 35%, respectively, but an increase in O₃ levels by 15% compared to the 17 days prior to the lockdown. Otmani et al. [88] assessed the changes in air pollutant levels (PM₁₀, NO₂, and SO₂) in Salé city, Morocco, DL measures. The results showed a difference of 75%, 49%, and 96% in PM₁₀, SO₂, and NO₂ concentrations, respectively, between the pre-lockdown and lockdown periods.

Hashim et al. [58] analyzed the concentrations of four criteria pollutants (NO₂, O₃, PM_{2.5}, and PM₁₀) in Baghdad BL from January 16 to February 29, 2020, and during four periods of partial and total lockdown from March 1 to July 24, 2020. Li et al. [70] aimed to quantify the impact of these measures on outdoor air pollution levels. Donzelli et al. [33] assessed the effect of reduced emissions DL period on air quality in three Italian cities. Fu et al. [43] demonstrated that the reduction in primary pollutants, particularly NO₂, was mainly due to lockdown policies. Huang et al. [60] evaluated the effect of the COVID-19 lockdown on roadside and ambient air quality in Hong Kong, China. Putaud et al. [94] compared observations from Ispra and Milan in northern Italy to determine the specific impact of lockdown measures on air quality. Garg et al. [46] analyzed data on major air pollutants in Punjab before and DL. Munir et al. [83] assessed the performance of air quality monitoring stations in Reading, Berkshire, UK. Faridi et al. [41] conducted a systematic review of studies investigating the impact of COVID-19 on ambient air pollution worldwide. Akan et al. [3], analyzed

how air pollution levels changed in countries implementing lockdown measures to combat the COVID-19 pandemic.

3 EXPERIMENTAL METHODS

3.1 Study area and periods

Due to challenges in accessing comprehensive data for all cities in Finland and the difficulties in obtaining data from the authorities, this study focused specifically on Oulu and Helsinki. This study compared ambient concentrations of four criteria air pollutants before, during, and after the implementation of COVID-19 lockdown control measures enforced by the Finnish government.

For the purpose of comparison, the **BL** (Before Lockdown) before pandemic period was defined as June 1st, 2019, to December 31st, 2019. The period associated with the COVID-19 lockdown is **DL** (During Lockdown) spanned from January 1st, 2020, to July 31st, 2020.

A COVID-19 lockdown was implemented in Oulu, Finland, around mid-March 2020. Lockdowns usually end in May or June of 2020, though the exact date may vary. Similar lockdown measures were implemented in Helsinki from mid-March to mid-June.

Paris, France, was under lockdown from March 17, 2020 to May 11, 2020. In Madrid, Spain, the lockdown started on March 14, 2020, and continued until June 21, 2020. Milan, Italy, experienced lockdown measures from March 9, 2020, to May 4, 2020. Wuhan, China, which was the initial epicenter of the COVID-19 outbreak, underwent a strict lockdown from January 23, 2020, until April 8, 2020.

3.2 Collection Data

This study used data from the Global Air Quality Index Project, a non-profit organization established in 2007 to raise public awareness of air pollution and provide comprehensive information on global air quality. The dataset used in this study contains 5 contaminants. Meteorological data such as PM_{2.5}, PM₁₀, NO₂, O₃, wind speed, temperature, pressure, dew point and humidity. The dataset contains information about the minimum, maximum, median, and standard deviation values for each air pollutant type. According to the AQICN (China Air Quality Index) website, the median and standard deviation calculations for all air pollutant types are based on a specific number of samples transformed according to US EPA standards. The data provided in the dataset are based on UTC and the count column indicates the number of samples used to calculate the median and standard deviation values (<http://www.aqicn.org>). To ensure data quality, a data

cleansing process was performed focusing on the contaminants PM_{2.5}, PM₁₀, NO₂, and O₃. The analysis and results of this study are mainly related to these pollutants in the cities of Oulu, Helsinki, Paris, Madrid, Milan and Wuhan.

3.3 Statistical Analyses

To compare COVID-19 lockdown procedures in Oulu, Helsinki, Paris, Madrid, Milan and Wuhan with those of SARS-CoV-2, I used both “non-parametric” and “parametric” methods.

I used Kruskal-Wallis and Tukey's HSD tests to assess variations in pollutant concentrations. By comparing pollutant levels among different locations, I were able to identify significant differences between them.

In addition, I employed parametric analyses such as two-way ANOVA to investigate the effects of lockdown measures on pollution levels. This analysis helped us evaluate the importance of differences in pollutant concentrations based on cities and time periods.

To further examine the percentage change in pollutant concentrations, I employed regression analysis. This parametric method allowed us to model the relationship between lockdown measures and pollutant concentrations, providing insights into the extent of the impact.

Furthermore, I used time series analysis to study temporal patterns of pollutant concentrations DL period. This analysis enabled us to identify any emerging trends or patterns.

To visualize the spatial distribution of pollutants, I utilized spatial analysis techniques. These methods helped us understand how pollution levels varied across different areas within Oulu and Helsinki, as well as in the areas most affected by SARS-CoV-2.

By employing a combination of non-parametric and parametric methods, our study aimed to comprehensively analyze the impact of COVID-19 lockdown procedures on air quality in Oulu and Helsinki. These analyses permitted us to identify significant differences, quantify the extent of change, and explore spatial and temporal patterns, contributing to a more robust evaluation of the effects of the lockdown measures on air quality in these regions.

3.3.1 Analysis of the Pollutant Concentration Variations:

This section focuses on the analysis of variability in contaminant concentrations. Examine changes and fluctuations in pollutant levels over time with the goal of identifying patterns and trends.

Let Y_{ij} be the contaminant concentration i at the time of measurement. The analysis of concentrates on specific pollutants during a designated time frame. The average of the values is computed as follows in equation ① and ② [131]:

$$\bar{Y}_i = \frac{1}{n} \sum_{j=1}^n Y_{ij} \dots \dots \dots \textcircled{1}$$

$$\delta_i = \sqrt{\frac{1}{n-1} \sum_{j=1}^n (Y_{ij} - \bar{Y}_i)^2} \dots \dots \dots \textcircled{2}$$

Where:

\bar{Y}_i (mean), Y_{ij} represents the of i pollutant concentration at the j measurement, and δ_i (median), n is the number of measurements for each pollutant.

3.3.2 Pollutant Concentration

The pollutants concentration is calculated according to \bar{Y}_i . It provides information about the levels of pollutants present in the air, indicating the extent of pollution in the studied areas [131]. The calculation is given by equation ③:

$$\bar{Y}_i = \frac{1}{n_{ij}} \sum_{k=1}^{n_{ij}} Y_{ijk} \dots \dots \dots \textcircled{3}$$

Where:

\bar{Y}_{ij} represents the mean of measurement value of pollutant i in city j .

n_{ij} is the number of measurements for pollutant i in city j .

Y_{ijk} represents the concentration of the k measurement of pollutant i in city j .

The method calculates these mean measurement values for each city and pollutant before and DL period.

3.3.3 Reductions in Pollutant Concentration Observed

This subsection highlights the reductions observed in pollutant concentrations. It emphasizes any decreases or changes in pollutant levels, which may indicate the effectiveness of pollution reduction measures or other factors influencing air quality [129]. The reduction is quantified by equation (4):

$$R_{ij} = \overline{Y_{ib}} - \overline{Y_{id}} \dots \dots \dots \textcircled{4}$$

Where:

R_{ij} represents the reduction in mean concentration of pollutant i in city j .

$\overline{Y_{ib}}$ is the mean concentration of pollutant i in city j .

$\overline{Y_{id}}$ is the represents the reduction in mean concentration of pollutant i in city j .

3.3.4 Average of Concentration of Pollutants by City and Period

I examine the average pollutant concentrations across different cities and time periods. It aims to compare and analyze the fluctuations in pollutant levels among various locations and timeframes [128]. The average of concentration is computed using equation (5):

$$\mu = \frac{\sum \overline{Y_{ij}}}{n_{ij}} \dots \dots \dots \textcircled{5}$$

Where:

μ Average of concentration

$\sum \overline{Y_{ij}}$ represents the mean of measurement value of pollutant i in city j .

n_{ij} is the number of measurements for pollutant i in city j .

The average concentration is determined by dividing the sum of mean concentrations by the number of mean concentrations. This equation is used to calculate the average pollutant concentration for each city and measurement taken during both the pre-lockdown and lockdown periods.

3.3.5 Examination of Changes in Pollutant Concentrations BL and DL

This section examines pollutant concentration variations in BL and DL periods. It aims to evaluate the impact of lockdown measurements on pollutant levels and assess any significant differences observed [119]. The concentration difference is calculated as shown in equation (6):

$$\Delta C = C_{DL} - C_{BL} \dots \dots \dots \textcircled{6}$$

Where:

ΔC represents the change in pollutant concentration,

C_{DL} represents the pollutant concentration DL period, and

C_{BL} represents the pollutant concentration BL period.

By calculating ΔC , I can determine the difference in pollutant concentrations between the two periods and assess the impact of the lockdown measures on pollutant levels.

3.3.6 Assessing the Percentage Change in Pollutant Concentrations

As an indicator of the degree of change experienced during the specified period, the percentage change in pollutant concentrations is calculated. This quantifies the magnitude of the variations in pollutant levels [130]. The percentage change is given by equation (7):

$$P(\%) = \left(\frac{M_d - M_b}{M_b} \right) \times 100 \dots \dots \dots \textcircled{7}$$

Where:

$P(\%)$ is the percent change in mean pollutant concentration.

M_d and M_b represent the median before and DL.

3.3.7 Two-Way ANOVA Analysis of Concentration by City

This subsection employs a two-way analysis of variance (ANOVA) to analyse the concentration of pollutants based on both city and measurement factors. It examines any significant differences in pollutant levels influenced by these factors.

Y_{ijk} represents the mean concentration of pollutants for the i city, j pollutant and k lockdown status (before and during). The model employed in the two-way ANOVA is shown in equation (8), as described in references [52] and [86]:

$$Y_{ijk} = \mu + \alpha_i + \beta_j + (\alpha\beta)_{ij} + \epsilon_{ijk} \dots \dots \dots \textcircled{8}$$

Where:

μ denotes the overall mean concentration. The term α_i represents the effect of city i (where i ranges from 1 to 6), while β_j represents the effect of city j (where j ranges from 1 to 6). Additionally, $(\alpha\beta)_{ij}$ represents the interaction effect between the city and pollutant, and ϵ_{ijk} denotes the residual error term.

3.3.8 F-value, t-Statistic and p-value

The t-statistic, p-value, and F-value are tools I use in hypothesis testing. In this part, we'll talk about these tools while looking at pollutant concentration data. This approach will assist us in comprehending the depth and significance of relationships between various factors.

a) T-Statistic

To determine the significance of differences between two sample means, I employ the t-statistic. The t-statistic can be calculated using the following equation when analyzing pollutant concentration data [132][133]. When analyzing pollutant concentration data, the t-statistic can be calculated using the equation (9) provided below:

$$t = \frac{(x - \mu)}{\left(\frac{s}{\sqrt{n}}\right)} \dots \dots \dots \textcircled{9}$$

Where:

t denotes the t-statistic, x represents the sample mean, μ is the hypothesized value for the population mean, s denotes the sample standard deviation, and n indicates the number of monitoring within the sample.

b) F-Value

The F-value is used to assessing the in variances of two or more groups or populations. In the context of pollutant concentration data, I can calculate the F-value using the following equation [127]. When considering pollutant concentration data, the F-value can be calculated using the equation (10) provided below:

$$F = \frac{MSB}{MSW} \dots \dots \dots \dots \dots (10)$$

Where:

The F-value (**F**) represents the statistical test statistic, while the mean square between groups (**MSB**) and mean square within groups (**MSW**) represent the average variances associated with the variations between groups and within groups, respectively.

c) P-Value

The p -values indicate the probability of receiving a test statistic with the same extreme as the observed value or greater. A p -value can be determined based on the statistical test used to measure pollutant concentration. Depending on the test and the distribution underlying the test, p -values are calculated differently. I calculated using these equations to analyze pollutant concentration data.

3.3.9 Interpretation of t-statistic and p-value for Hypothesis Testing

Null hypothesis (H₀): *The mean concentrations of pollutants during and BL are not significantly different.*

Alternative hypothesis (H₁): *The mean concentrations of pollutants during and BL are significantly different.*

The t-statistic and p -value acquired from hypothesis testing must be interpreted in this section. Based on these statistical indicators, it seeks to derive meaningful inferences about the correlations or differences under consideration.

The p is compared to a present significance threshold (0.05) to make the choice. The H₀ is rejected if the $p \leq 0.05$, showing a significant difference. The H₀ is not rejected if the $p \geq 0.05$, suggesting there is no significant difference. The p -value shows the probability of viewing a t -statistic as severe as the one calculated, if the H₀ is correct. It assists in determining if the relation between the predictor variable and the responder variable is statistically significant.

The t -statistic and p -value are determined for each city and pollutant combination using a two-way ANOVA in the given script. The linear regression model yields the t -statistic, while the ANOVA

findings yield the p -value. The table summarizes the findings and interprets their importance for each city and pollutant combination.

3.3.10 Kruskal-Wallis Test

The Kruskal Wallis test, which is a non-parametric statistical test, is employed for comparing variables across distinct groups or clusters. Its purpose in this context is to evaluate disparities in pollutant concentrations among various locations or categories. The formula for conducting the KW test is as follows [16]. The Kruskal-Wallis test is calculated according to the equation (11) below:

$$H = \frac{12}{N(N + 1)} \left(\sum_{i=1}^k \frac{R_i^2}{n_i} \right) - 3(N + 1) \dots \dots \dots (11)$$

Where:

H is the test statistic that follows a chi-squared (χ^2) distribution with $(k-1)$ degrees of freedom, where k is the number of groups.

N is the total count of observations,

R_i : The sum of ranks in the i group.

n_i the count of observations in the i group.

3.3.11 Tukey's Honestly Significant Difference Test

The Tukey's HSD test is utilized as a post hoc procedure subsequent to obtaining a statistically significant result from a statistical analysis. Its purpose is to identify specific distinctions between pairs of groups or categories. The HSD is calculated using the equation (12) [122]:

$$HSD = q \times \sqrt{\frac{MSW}{n}} \dots \dots \dots (12)$$

HSD is the Honestly Significant Difference,

q is the critical value obtained from the standardized range distribution table or calculated using the formula $\frac{q_\alpha}{\sqrt{2}}$ (where q_α is the critical value from the standardized range distribution for a given significance level, usually chosen as 0.05 or 0.01).

The Mean Square Within-groups (**MSW**) is obtained from ANOVA and represents the average variance within each group. The variable **n** indicates the count of monitoring in each group.

By assessing the HSD value in relation to the variances among group means, one can ascertain the statistical significance of the disparity between two means. If the absolute difference between two means exceeds the HSD value, expressing that the methods exhibit notable dissimilarity from one another.

3.3.12 Assessing the Impact of Lockdown Measures on Pollution Levels

This subsection focuses on evaluating the impact of lockdown measures on pollution levels. It examines the effectiveness of the implemented measures in reducing pollutant concentrations or mitigating pollution [134]. The pollution change is quantified by equation (13):

$$\Delta P = P_{pre} - P_{post} \dots \dots \dots \textcircled{13}$$

Where:

ΔP represents the change in pollution levels,

P_{pre} represents the pollution levels before the implementation of lockdown measures, and

P_{post} represents the pollution levels after the implementation of lockdown measures.

By calculating ΔP , I can determine the difference in pollution levels between the pre-lockdown and post-lockdown periods. This equation allows us to assess the performance of the implemented measures in reducing pollutant concentrations or mitigating pollution. A negative value of ΔP indicates a reduction in pollution levels, while a positive value suggests an increase in pollution levels.

3.3.13 Analysis of Variance

The examination of relationships and differences in pollutant concentrations involves the utilization of analytical approaches such as analysis of variance (ANOVA) and nonparametric methods. These methods provide valuable insights into the statistical significance of observed variations.

3.3.14 Correlation Coefficients

Correlation coefficients are frequently employed to evaluate the strength and direction of relationships between pollutant concentrations and other variables of interest. When analyzing pollutant concentrations before and during a lockdown, calculating correlation coefficients can help identify any associations or dependencies between these variables. The PCC (r) is the most commonly used correlation coefficient, and it assesses linear relationships between variables. The equation for calculating the PCC is as follows [121]. The equation (14) for calculating the PCC is shown below:

$$r = \frac{\sum((X - \bar{X})(Y - \bar{Y}))}{\sqrt{\sum(X - \bar{X})^2} \times \sqrt{\sum(Y - \bar{Y})^2}} \dots \dots \dots (14)$$

Where:

X and Y represent the paired values of pollutant concentrations and the other variable.

\bar{X} and \bar{Y} represent the means of X and Y , respectively.

Σ represents the summation operator.

The numerator calculates the sum of the products of the deviations of (X) and (Y) from their respective means. The denominator calculates the product of the standard deviations of (X) and (Y). This equation is used to calculate the Pearson's correlation coefficient for each pair of variables (city-pollutant) during the "BL" and "DL" periods, resulting in correlation coefficients that are then printed and visualized as heatmaps.

TABLE A: Interpretation of Pearson's Correlation Coefficient for Linear Relationships.

Pearson's Correlation Coefficient	Interpretation
+1	Perfect positive linear relationship
-1	Perfect negative linear relationship
0	Absence of a linear relationship

3.3.15 Regression Analysis

The utilization of regression analysis allows for the examination of the association between pollutant concentrations and other variables. It measures the degree to which one variable can predict or influence pollutant levels, enabling the use of predictive modelling and inference. I use equation (15) for calculate the variable [104]:

$$y = \beta_0 + \beta_1 x + \epsilon \dots \dots \dots (15)$$

y is dependent variable, which in this case is the pollutant concentrations.

x is independent variable, which could be another variable used to foretell or influence the pollutant levels.

The regression coefficients β_0 and β_1 indicate the intercept and slope of the regression line, respectively. The error term, denoted by ϵ , accounts for the unexplained variation or residual in the dependent variable.

The equation illustrates a fundamental linear regression model, in which β_0 represents the y -intercept (the predicted value of y when x is zero), and β_1 denotes the slope (the degree of change in y for every one-unit change in x). It accommodates the inherent random variability or noise present in the relationship.

By utilizing regression analysis, it becomes possible to measure and quantify the connection between pollutant concentrations and other variables. This enables the creation of predictive models and facilitates inference by estimating the regression coefficients and evaluating their statistical significance.

3.3.16 Time Series Analysis TSA

Time series analysis is utilized to explore patterns, trends, and temporal variations in pollutant concentrations over time. It helps identify seasonality, long-term trends, and short-term fluctuations, providing insights into the dynamics of air quality.

3.3.17 Spatial Distribution of Pollutants in Selected Cities

In order to examine the spatial distribution of pollutants in specific cities, I employ a systematic approach. Initially, I narrow down the dataset to solely include the designated pollutants and cities of interest. Subsequently, a pivot table is constructed to summarize the concentrations of pollutants according to both city and pollutant, providing a comprehensive representation. This table enables us to detect trends and disparities in pollutant levels across different cities and pollutants. Lastly, I generate a result table that encompasses various summary statistics such as count, mean, standard deviation, minimum, and maximum concentrations for each pollutant within each city. These statistics furnish valuable insights into the magnitude and variability of pollutants within the chosen cities, contributing to an enhanced understanding of their spatial distribution. Moreover, this information facilitates informed decision-making regarding environmental management and public health concerns.

4 RESULTS AND DISCUSSION

This study assesses air quality changes during and post-lockdown in pandemic-hit areas: Oulu and Helsinki (Finland), Paris (France), Madrid (Spain), Milan (Italy), and Wuhan (China). Analyzing two years of Air Quality Index (AQI) data, the study compares COVID-19 lockdowns with SARS-CoV-2 methods, utilizing statistical tests, regression, and spatial analyses. The results reveal significant pollutant variation, highlighting decreased NO₂ and PM levels during lockdowns, with varying ozone impact. This study emphasizes targeting urban NO₂ and PM2.5 pollution and recognizes lockdowns' pollution-reducing effect, advocating environmental measures for better air quality.

4.1 Two-Way ANOVA Analysis

The study compared the levels of pollutants before and during a certain period, and the results were presented using an analysis of variance (ANOVA). The mean concentration of pollutants (FIGURE 3), BL, varied among the different cities.

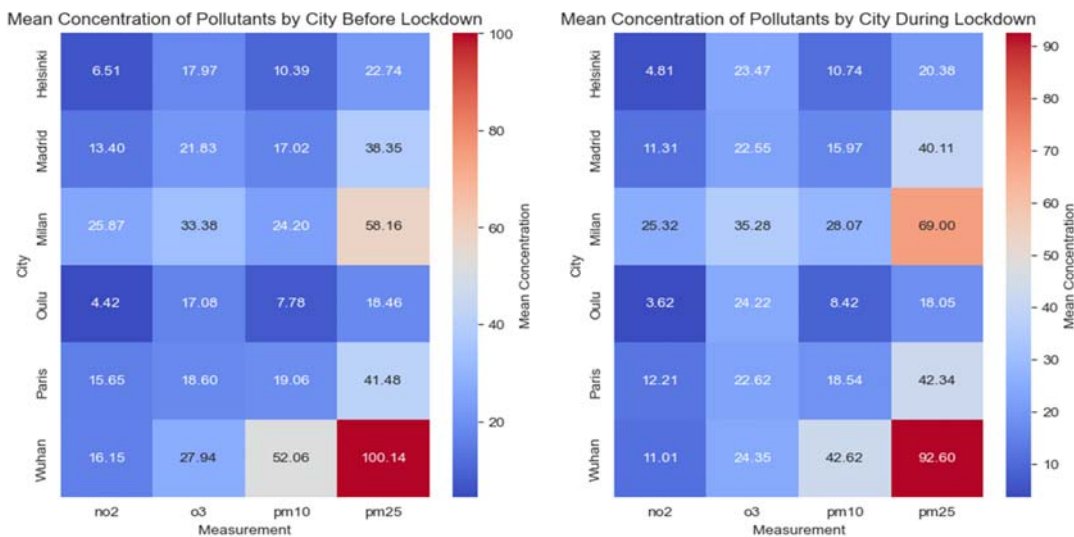


FIGURE 3: Significant differences in Pollutants Concentration by city and measurement

Helsinki had median concentrations of NO₂ (BL=6.51 µg/m³), O₃ (BL=17.97 µg/m³), PM10 (BL=10.39 µg/m³), and PM2.5 (BL=22.74 µg/m³). Madrid had slightly higher concentrations with medians of NO₂ (BL=13.40 µg/m³), O₃ (BL=21.83 µg/m³), PM10 (BL=17.02 µg/m³), and PM2.5 (BL=38.35 µg/m³). Milan had the highest concentrations among the cities, with medians of NO₂

(BL=25.87 $\mu\text{g}/\text{m}^3$), O_3 (BL=33.38 $\mu\text{g}/\text{m}^3$), PM10 (BL=24.20 $\mu\text{g}/\text{m}^3$), and PM2.5 (BL=58.16 $\mu\text{g}/\text{m}^3$). Oulu and Paris had intermediate levels of pollution. There was a relatively high concentration of NO_2 (BL=16.15 g/m^3) and PM2.5 (BL=100.14 g/m^3) in Wuhan, which indicates poor air quality in those categories.

During the DL period, the mean concentration of pollutants showed some changes compared to the BL period. Helsinki experienced a decrease in the median concentration of NO_2 (DL=4.81 $\mu\text{g}/\text{m}^3$) and PM2.5 (DL=20.38 $\mu\text{g}/\text{m}^3$), while O_3 (DL=23.47 $\mu\text{g}/\text{m}^3$) and PM10 (DL=10.74 $\mu\text{g}/\text{m}^3$) levels increased. Madrid also saw a decrease in NO_2 (DL=11.31 $\mu\text{g}/\text{m}^3$) and an increase in O_3 (DL=22.55 $\mu\text{g}/\text{m}^3$) and PM10 (DL=15.97 $\mu\text{g}/\text{m}^3$) levels. Milan, on the other hand, did not show significant changes in the median concentrations of pollutants during the DL period, except for a slight increase in PM10 (DL=28.07 $\mu\text{g}/\text{m}^3$). Oulu experienced a decrease in the median concentration of NO_2 (DL=3.62 $\mu\text{g}/\text{m}^3$), while O_3 (DL=24.23 $\mu\text{g}/\text{m}^3$), PM10 (DL=8.42 $\mu\text{g}/\text{m}^3$), and PM2.5 (DL=18.05 $\mu\text{g}/\text{m}^3$) levels remained relatively stable. Paris had a decrease in NO_2 (DL=12.21 $\mu\text{g}/\text{m}^3$) and an increase in O_3 (DL=22.62 $\mu\text{g}/\text{m}^3$) levels, while PM10 (DL=18.54 $\mu\text{g}/\text{m}^3$) and PM2.5 (DL=42.34 $\mu\text{g}/\text{m}^3$) levels remained similar. Wuhan showed a decrease in NO_2 (DL=11.01 $\mu\text{g}/\text{m}^3$) and an increase in O_3 (DL=24.35 $\mu\text{g}/\text{m}^3$) levels during the DL period, while PM10 (DL=42.62 $\mu\text{g}/\text{m}^3$) and PM2.5 (DL=92.60 $\mu\text{g}/\text{m}^3$) levels also increased.

Helsinki experienced a decrease in the median concentrations of NO_2 and PM2.5, while O_3 and PM10 levels increased. The concentrations of NO_2 decreased in Wuhan, while O_3 , PM10, and PM2.5 increased.

PM2.5 levels remained stable in most cities, with some cities experiencing slight increases and others experiencing slight decreases. Human activities have reduced, atmospheric chemistry has changed, and weather conditions have changed, resulting in these changes in pollutant levels. The study also highlights the disparity in air pollution levels between the cities examined. Milan had the highest concentrations of NO_2 , PM10, and PM2.5, while Wuhan exhibited the highest levels of O_3 . As well as variations in geography and weather patterns, these variations can be attributed to local pollution sources, such as traffic and industrial operations.

These findings align with previous studies that have demonstrated the correlation between human activities and air pollution levels [4],[47]. The COVID-19 pandemic has provided a unique opportunity to investigate the effects of reduced human activities on air pollution levels, and the conclusions of this study can contribute to future efforts aimed at mitigating pollution and promoting sustainable development.

4.2 T-Statistic, F-value and p-value

In most of the cities studied, the air quality showed an overall positive impact following the implementation of lockdown measures, as depicted in FIGURE 4. Notably, Oulu exhibited no significant difference in PM_{2.5} concentrations between the Before Lockdown (BL) and During Lock-down (DL) periods. Additionally, PM₁₀ and O₃ levels displayed no significant variations. However, a significant reduction in NO₂ levels during the DL period, compared to the BL period, was evident. The average NO₂ concentration decreased from 5.81 µg/m³ during BL to 3.12 µg/m³ during DL.

In Helsinki, a notable decrease in PM_{2.5} concentrations was observed DL period compared to BL. The average PM_{2.5} concentration decreased DL from 24.17µg/m³ BL to 22.26 µg/m³. A similar trend was observed for PM₁₀, with a decrease in concentrations DL. However, there were no significant variations in O₃ levels. conversely, I observed a notable reduction in NO₂ concentrations during the lockdown compared to before. During the lockdown period, there was a decrease in the average NO₂ concentration from 7.36 µg/m³ before the lockdown to 4.76 µg/m³. This change indicates a positive impact on air quality during the lockdown period.

In Paris, a significant decrease in PM_{2.5} concentrations was observed DL compared to before. The average PM_{2.5} concentration decreased from BL=46.10 µg/m³ to DL=42.20 µg/m³. A significant decrease in PM₁₀ concentrations was also observed DL. However, there were no significant differences in O₃ levels. Regarding NO₂, there was a significant decrease in concentrations DL compared to BL. The average NO₂ concentration decreased from BL=17.17 µg/m³ to DL=12.47 µg/m³.

In Madrid, I noted a meaningful reduction in PM_{2.5} concentrations during the lockdown compared to before. The PM_{2.5} concentration experienced an average decrease, transitioning from 40.07 µg/m³ prior to the lockdown to DL=36.94 µg/m³. Moreover, there was an evident decline in PM₁₀ concentrations during the lockdown period, indicating a favorable shift. However, I did not find any significant shifts in O₃ levels.

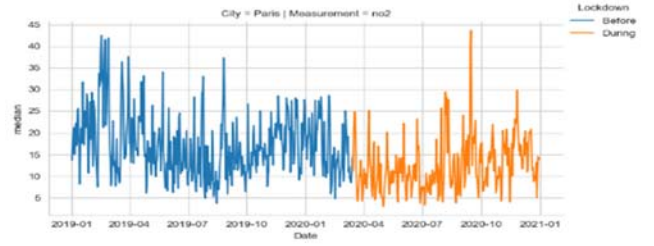
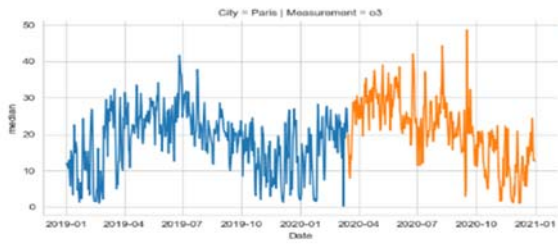
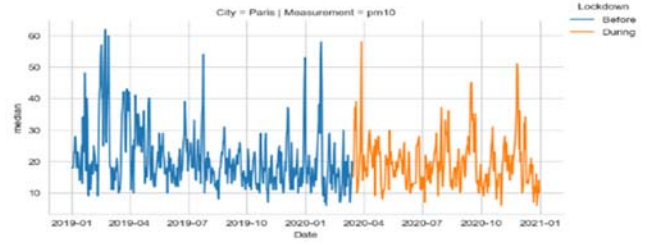
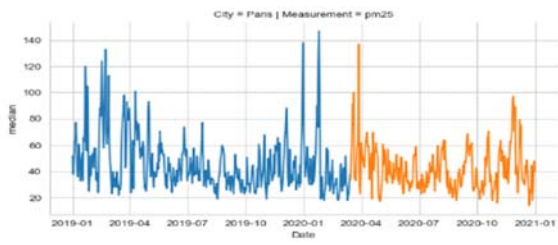
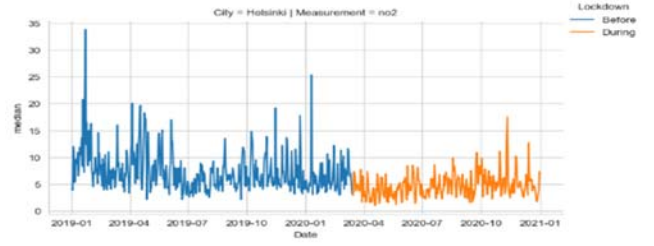
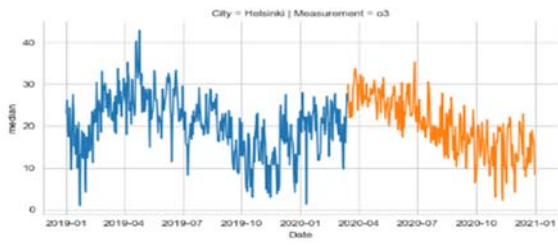
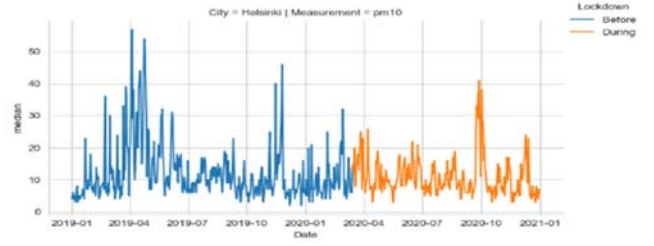
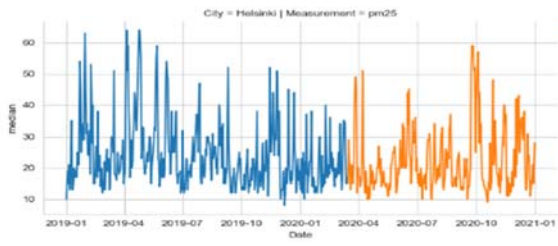
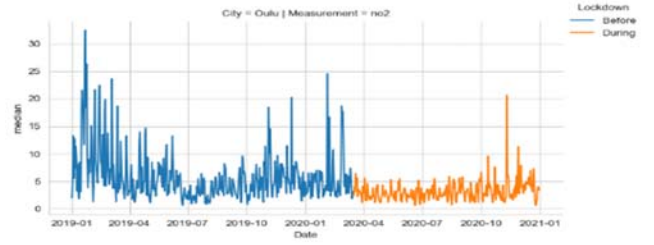
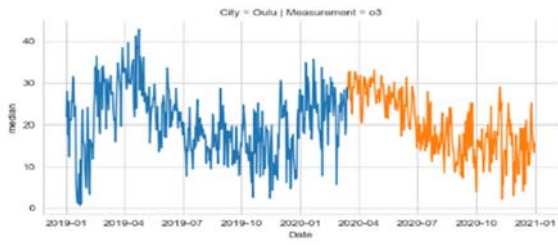
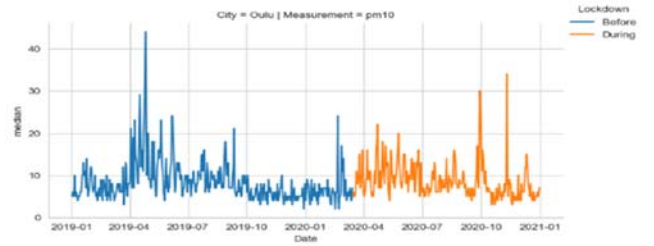
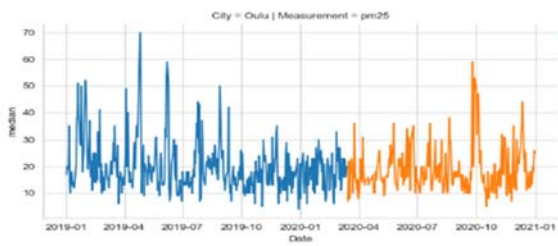
These findings align with previous research, which emphasizes the positive influence of lock-down measures on air quality. The reduction in air pollutants DL can be attributed to reduced vehicular traffic and industrial activities.

These findings align with previous studies that reported a reduction in particulate matter during COVID-19 lockdowns [25],[105],[109]. However, studies on ozone and nitrogen dioxide yield mixed results, with some observing an increase in ozone during the lockdown period [19],[105], while others report a decrease [25],[109]. These findings are consistent with prior research on air quality changes during COVID-19 lockdowns [9],[72]. The reduction in air pollution levels during the lockdown can be attributed to decreased traffic emissions and industrial activities [11]. How-ever, it is

important to consider that the impact of lockdowns on air pollution levels can be influenced by various factors, including meteorology and emission sources [36].

Overall, the results indicate that the effects of lockdown measures on air pollutant concentrations varied across the cities examined. Significant decreases were observed for PM_{2.5}, PM₁₀, and NO₂ in most cities, highlighting the potential benefits of reduced human activities and emissions during the lockdowns. The findings also suggest that O₃ levels tended to increase during the lockdown, possibly influenced by meteorological factors and changes in atmospheric chemistry. However, it is important to consider other factors, such as emission sources and specific city characteristics, which may contribute to the observed variations in pollutant responses to the lockdown measures. This decline in air pollutants has been associated with improvements in respiratory and cardiovascular health [117]. Other studies have also reported substantial reductions in air pollution levels DL periods, mainly due to decreased emissions from traffic and industries [25],[79],[88],[101]. These findings underscore the importance of implementing policies aimed at reducing air pollution levels, such as promoting active transportation and minimizing industrial emissions, as they can significantly impact public health.

Overall, the analysis revealed different effects of lockdown measures on air pollutant concentrations across the four cities and pollutants examined. While some pollutants exhibited significant decreases DL periods, others did not show significant differences. These findings suggest that the impact of lockdown measures on air pollution is complex and may depend on various factors such as emission sources, meteorological conditions, and specific city characteristics.



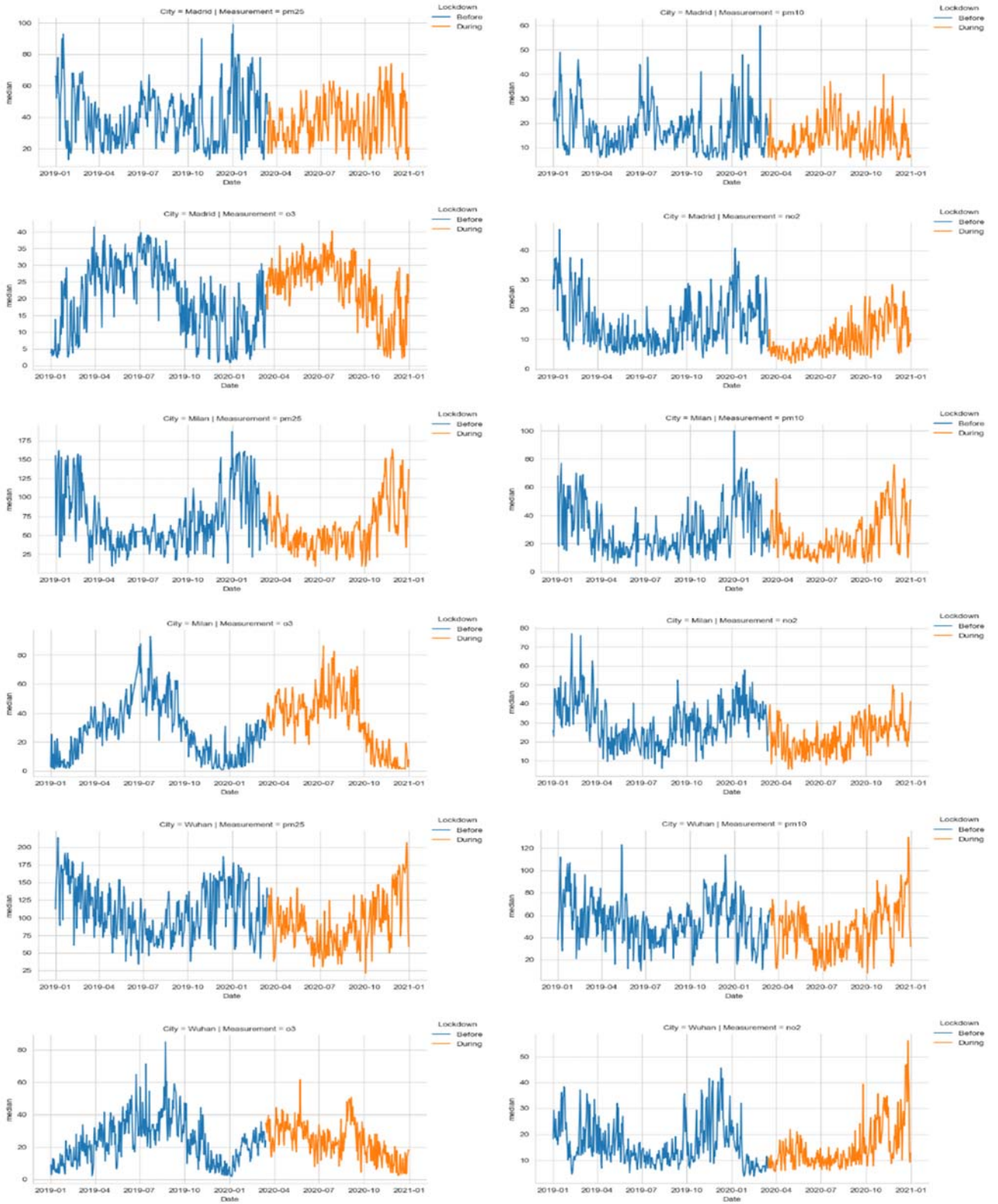


FIGURE 4: Two-way ANOVA (T-statistic, F-value and p-value) of Lockdown Effects on Air Pollution Concentrations in Different Cities: A Comparative Analysis

4.3 Interpretation of T-statistic and P-value for Hypothesis Testing

The results from Table 09 display the F-values, t-statistics, p-values, and corresponding hypothesis outcomes for analyzing air pollutant concentrations in different cities during and before lock-down periods. The null hypothesis assumes no significant difference in pollutant levels between the "Before" and "During" lockdown periods, while the alternative hypothesis suggests a significant difference.

In Oulu, the periods of lockdown did not yield notable distinctions in PM_{2.5}, PM₁₀, and O₃ pollutant concentrations. The analysis did not find grounds to dismiss the initial hypothesis. However, when it came to NO₂, the examination unveiled a substantial F-value of 91.47 and a significant t-statistic of -9.56. This combination led to the rejection of the null hypothesis. This indicates a significant decrease in NO₂ levels during the lockdown in Oulu.

In Helsinki, our examination revealed meaningful reductions in PM_{2.5} and PM₁₀ concentrations throughout the lockdown period. This was confirmed by rejecting the null hypothesis, indicating the significance of the changes. The corresponding t-statistics of -2.38 and -1.98 offer additional support, reinforcing the credibility of these discoveries. Similar to Oulu, there were no significant differences in O₃ levels. However, NO₂ levels exhibited a significant decrease during the lockdown, with a high F-value of 112.33 and a t-statistic of -10.60.

In Paris, significant decreases in PM_{2.5} and PM₁₀ concentrations were observed during the lockdown, supported by the rejection of the null hypothesis. The individual t-statistics of -2.68 and -2.03 solidify these disparities, reflecting the distinctiveness. Furthermore, a notable rise in O₃ levels occurred during the lockdown, substantiated by a substantial F-value of 21.31 and a positive t-statistic of 4.62. In a parallel manner, NO₂ levels experienced a marked reduction during the lockdown, corroborated by a high F-value of 83.83 and a t-statistic of -9.16.

In Madrid, the analysis revealed significant decreases in PM_{2.5} and PM₁₀ concentrations during the lockdown, supported by the rejection of the null hypothesis. The respective t-statistics of -2.55 and -5.05 validate these findings. Moreover, there emerged a noteworthy rise in O₃ levels during the lockdown period, evident through a substantial F-value of 20.22 and a positive t-statistic of 4.50. In a parallel manner, NO₂ levels demonstrated a significant reduction amid the lockdown, reflected by a substantial F-value of 86.66 and a t-statistic of -9.31.

For Milan and Wuhan, the analysis showed consistent patterns. In both cities, there were significant decreases in PM_{2.5} and PM₁₀ concentrations, supported by the rejection of the null hypothesis. O₃ levels also exhibited significant increases during the lockdown. However, for NO₂, the analysis failed to reject the null hypothesis, suggesting no significant differences.

These findings align with previous studies that reported a reduction in particulate matter during COVID-19 lockdowns [25],[105],[109]. However, studies on ozone and nitrogen dioxide yield mixed results, with some observing an increase in ozone during the lockdown period [19],[105], while others report a decrease [25],[109]. These findings are consistent with prior research on air quality changes during COVID-19 lockdowns [9],[72]. The reduction in air pollution levels during the lockdown can be attributed to decreased traffic emissions and industrial activities [11]. However, it is important to consider that the impact of lockdowns on air pollution levels can be influenced by various factors, including meteorology and emission sources [36].

Overall, the results indicate that the effects of lockdown measures on air pollutant concentrations varied across the cities examined. Significant decreases were observed for PM_{2.5}, PM₁₀, and NO₂ in most cities, highlighting the potential benefits of reduced human activities and emissions during the lockdowns. The findings also suggest that O₃ levels tended to increase during the lockdown, possibly influenced by meteorological factors and changes in atmospheric chemistry. However, it is important to consider other factors, such as emission sources and specific city characteristics, which may contribute to the observed variations in pollutant responses to the lockdown measures.

4.4 Analysis of variance

The findings presented in FIGURE 5, titled "Comparative Analysis of ANOVA and Nonparametric Methods for Assessing Air Pollutant Levels During the DL Period (January 1st, 2020, to July 31st, 2020)," offer insights with a human touch. They reveal noteworthy distinctions in the levels of pollutants between the two cities. Specifically, when it comes to PM_{2.5}, PM₁₀, O₃, and NO₂, the F-statistics show substantial dissimilarities among cities (with $p < 0.05$). This indicates that these pollutants exhibit significant variations across different urban areas. Notably, there isn't a meaningful difference observed between the cities, a fact supported by the small p-values ($PR(>F)$).

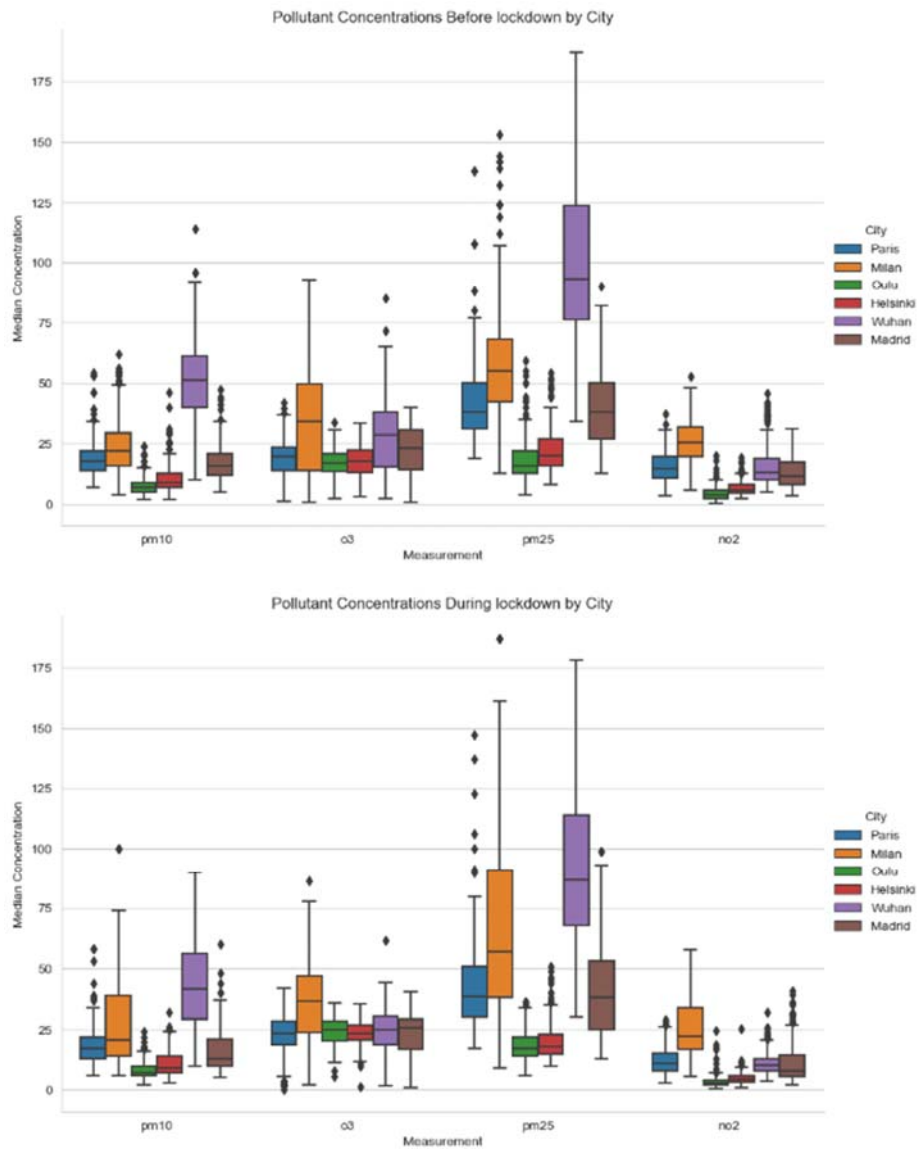


FIGURE 5: Comparative Analysis of ANOVA and Nonparametric Methods for Assessing Air Pollutant Levels DL Periods

To gauge the importance of these disparities in pollutant quantities, both ANOVA and Kruskal-Wallis examinations were executed. The investigation into air pollutant concentrations across distinct timeframes exposed noteworthy fluctuations in these levels. Both the ANOVA and Kruskal-Wallis assessments consistently unveiled marked distinctions among the cities concerning concentrations of PM_{2.5}, PM₁₀, O₃, and NO₂ ($p < 0.001$). The F-values observed in the ANOVA assessment and the H-values derived from the Kruskal-Wallis examination further affirm these conclusions, underscoring substantial variations in pollutant levels across the cities.

Regarding PM_{2.5} concentrations, both the ANOVA and Kruskal-Wallis tests indicated significant differences among the cities ($p < 0.001$). The F-values for the ANOVA test ranged from 328.94 $\mu\text{g}/\text{m}^3$ to 492.21 $\mu\text{g}/\text{m}^3$, while the Kruskal-Wallis test yielded H-values ranging from 909.93 $\mu\text{g}/\text{m}^3$ to 939.69 $\mu\text{g}/\text{m}^3$, confirming significant differences in PM_{2.5} concentrations among the cities. Similarly, for PM₁₀ concentrations, both tests indicated significant differences among the cities ($p < 0.001$). The F-values for the ANOVA test ranged from 261.09 $\mu\text{g}/\text{m}^3$ to 552.46 $\mu\text{g}/\text{m}^3$, and the Kruskal-Wallis test yielded H-values ranging from 739.89 $\mu\text{g}/\text{m}^3$ to 868.65 $\mu\text{g}/\text{m}^3$. For O₃ concentrations, the ANOVA test revealed significant differences among the cities ($p < 0.001$), with F-values ranging from 54.04 $\mu\text{g}/\text{m}^3$ to 56.87 $\mu\text{g}/\text{m}^3$. The Kruskal-Wallis test also confirmed the significance of these differences, with H-values ranging from 143.36 $\mu\text{g}/\text{m}^3$ to 145.85 $\mu\text{g}/\text{m}^3$.

In a similar vein, the examination of NO₂ concentrations unveiled noteworthy variations among the urban areas ($p < 0.001$). The ANOVA test exhibited F-values spanning from 305.60 $\mu\text{g}/\text{m}^3$ to 317.21 $\mu\text{g}/\text{m}^3$, and the Kruskal-Wallis test generated H-values ranging from 849.69 $\mu\text{g}/\text{m}^3$ to 861.97 $\mu\text{g}/\text{m}^3$. On the whole, both the ANOVA and Kruskal-Wallis tests consistently denoted considerable dissimilarities in the levels of pollutants across the cities. These outcomes indicate that the impacts of the lockdown measures on air pollutant levels differed, underscoring the impact of location-specific elements and the efficacy of localized mitigation strategies.

It is important to note that the Kruskal-Wallis tests were used as nonparametric alternatives when the data did not meet the assumptions of the ANOVA tests, such as normality or equal variances. These tests confirmed the significant differences in pollutant concentrations, providing additional insights into the observed variations.

These findings align with previous studies that have reported changes in air pollution levels during COVID-19 lockdowns. The reductions in PM_{2.5} and PM₁₀ concentrations are consistent with decreased traffic emissions and industrial activities during the lockdown periods. Nevertheless, the rise in O₃ levels detected in certain urban areas might be impacted by factors like alterations in atmospheric chemistry and weather conditions.

To sum up, the ANOVA and Kruskal-Wallis tests have furnished valuable understandings regarding the fluctuations in air pollutant concentrations across cities prior to and during the lockdown phase. These findings can inform the development of targeted strategies for mitigating air pollution in different cities, particularly during environmental interventions. Continuous research and monitoring of air quality are crucial for gaining a deeper understanding of the factors contributing to the observed differences in air pollutant levels among cities and devising effective strategies to improve air quality in urban areas.

4.5 Correlation coefficients

The presented results (FIGURE 6) on correlation coefficients indicate that the relationships between air pollutants varied DL compared to BL in some cities. Specifically, changes were observed in Helsinki, Madrid, Milan, Paris, and Wuhan, indicating that reduced emissions and changes in human activities DL may have affected the concentrations and interactions of air pollutants in the atmosphere.

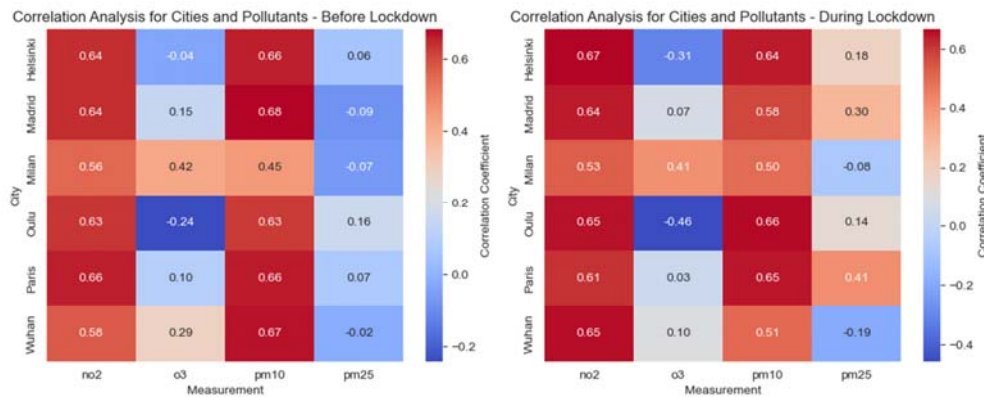


FIGURE 6: Assessing the Linear Relationship and Strength of Correlation Among Air Pollution Measurements of NO₂, O₃, PM₁₀, and PM_{2.5} BL and DL

I delved into the relationships among various pollutants by scrutinizing the correlation coefficients derived from air pollutant measurements BL and DL periods. Each city's distinctive correlations were meticulously calculated. These correlation coefficients displayed variations across the cities, painting a diverse picture.

For instance, in Helsinki, a moderate positive correlation 0.644 unfolded between NO₂ and PM₁₀, and a more delicate positive connection 0.633 emerged between NO₂ and PM_{2.5}. Furthermore, the data unveiled a faint negative association -0.037 between O₃ and PM₁₀, along with a more modest negative tie -0.241 between O₃ and PM_{2.5}. Moving to Madrid, the correlation between NO₂ and PM₁₀ was distinctly positive 0.644, while the link between NO₂ and O₃ demonstrated a gentle positive affiliation 0.147. Similarly, O₃ and PM₁₀ displayed a mild positive correlation 0.682, while

O₃ and PM_{2.5} exhibited a faint negative connection -0.086. Notably, cities like Milan, Paris, and Oulu echoed similar patterns. These cities showcased analogous positive correlations between NO₂ and PM₁₀, alongside weaker positive or negative connections involving NO₂ and O₃, as well as PM₁₀ and PM_{2.5}.

During the DL period, the connections between different pollutants exhibited noticeable changes when compared to the BL period. In Helsinki, the bond between NO₂ and PM₁₀ grew stronger 0.666, while the connection between NO₂ and PM_{2.5} remained relatively consistent 0.651. However, the link between NO₂ and O₃ weakened ($r = -0.309$), while the connection between O₃ and PM_{2.5} gained strength ($r = 0.181$). In Madrid, the correlation between NO₂ and PM₁₀ lessened 0.577, and the existing weak correlation between NO₂ and O₃ remained steady 0.073. Notably, a more pronounced positive correlation emerged between O₃ and PM_{2.5} 0.296. Similar shifts in correlations were observed in Oulu, Paris, and Milan, indicating changes in the interplay between pollutants during the DL period.

These findings propose that the implementation of lockdown measures had a discernible impact on the relationships between air pollutants. The alterations in correlation coefficients hint at possible changes in emission sources, atmospheric conditions, or pollutant transformation processes during the DL period. The observed fluctuations in correlations could be attributed to reduced traffic-related emissions, shifts in meteorological factors, and changes in human activities.

It is vital to grasp that correlation does not imply causation. The interplay among pollutants can be shaped by a range of influences, like weather conditions and sources of emissions. When shifts in correlation coefficients are noticed, it is essential to handle them with care and delve into further investigations alongside other relevant factors. Whereas Correlation-Coefficients (r) give us a window into the extent and direction of relationships between variables, it is necessary to understand that correlation by itself does not confirm a direct cause and effect relationship.

In recent times, efforts to uncover how air pollution affects both human well-being and the natural environment have increased. Numerous research initiatives have delved into comprehending the intricate links between different air pollutants and their adverse effects on health. These investigations have touched on significant concerns, including respiratory and heart-related conditions, cancer, and even premature loss of life [18],[69],[117].

Furthermore, numerous studies have explored the effects of interventions, such as measures to control air pollution, on the concentrations of air pollutants and their associated health impacts [50]. This current study adds to the existing body of research by examining the changes in relationships between air pollutants during the COVID-19 lockdown period. The correlation coefficients suggest

that the associations between air pollutants varied between the lockdown (DL) period and the baseline (BL) period in certain cities.

In general, examining the correlation coefficients prior to and during periods of reduced human activity sheds light on the interaction between various air pollutants. These discoveries enhance our comprehension of how environmental factors and human actions can affect the dynamics of air pollution and the potential effects of measures.

4.6 Regression Analysis

According to TABLE 10, a notable association exists between the independent variables (count, min, max) and the dependent variable (median) as per the outcomes of the OLS regression analysis. The model demonstrates an exceptional fit, highlighted by an R-squared value of 0.779. This value indicates that approximately 77.9% of the variability in the median can be attributed to the independent variables, underlining the model's strong explanatory power. The coefficients of the independent variables provide valuable insight into their effects on the median. The median increases by 0.0092 when count increases by one unit, assuming all other parameters are constant. Likewise, when it comes to the 'min' variable, its coefficient stands at 1.0692. This means that if 'min' goes up by one unit, the median also tends to rise by 1.0692 units. Similarly, the 'max' variable's coefficient amounts to 0.1257. This implies that a one-unit upswing in 'max' corresponds to a modest 0.1257 increase in the median value. The statistical significance of each coefficient is confirmed by their corresponding t-values and p-values. Additionally, the intercept term (const) is statistically significant with a coefficient of 6.3449, meaning that when all independent variables are zero, the expected median value is 6.3449.

The F-statistic, with a value of $4.957e+05$, indicates high overall model significance. This is supported by a practically zero p-value, further emphasizing the model's statistical significance.

The use of diagnostic measures provides insights into the quality of model fit. In terms of autocorrelation in the residuals, the Durbin-Watson statistic of 1.171 indicates no significant presence. Nevertheless, the omnibus test presents evidence that the residuals deviate from a normal distribution, as shown by an extremely low p-value. Additionally, the skewness value of 5.170 and kurtosis value of 163.440 indicate a departure from normality. It is important to emphasize that violations of normality assumptions do not undermine the validity of regression results, especially when dealing with large sample sizes.

The results indicate that as the count variable increases, there is a corresponding rise in the median. Likewise, when the min and max variables increase, the median tends to be higher. Nevertheless, the coefficients linked to the count variable suggest a slight reduction in its impact on the median during both the pre-lockdown and lockdown periods. These findings align with prior studies investigating shifts in housing market dynamics amid the COVID-19 pandemic. Furthermore, the significant impact of lockdown measures on mental health may have influenced the relationship between the variables examined in this analysis [10],[57].

Overall, these results highlight the importance of considering external factors, such as lockdown measures, when analyzing the relationship between variables in statistical models. Future research could delve into the mechanisms underlying the observed coefficient changes DL period. It could also explore the generalizability of these findings to other real estate markets.

In conclusion, the OLS regression analysis demonstrates a significant relationship between the count, min, and max variables, and the median. The model provides valuable insights into the impact of these variables on the median and exhibits a strong overall fit. However, it is essential to consider residual non-normality when interpreting the results.

4.7 Time Series Analysis

The average values for each pollutant were NO₂ (BL=10.17 µg/m³, DL=8.73 µg/m³), O₃ (BL=19.94 µg/m³, DL=21.48 µg/m³), PM₁₀ (BL=26.30 µg/m³, DL=25.58 µg/m³), and PM_{2.5} (BL=53.74 µg/m³, DL=52.55 µg/m³). The standard deviations indicate the variability of the measurements, with NO₂ having the highest variability before and DL. The descriptive statistics in FIGURE 7 reveal that the minimum and maximum values for each pollutant vary between the two periods. Notably, the maximum values for each pollutant DL are lower than those BL. This suggests that the lockdown measures may have had a positive impact on reducing the maximum pollution levels.

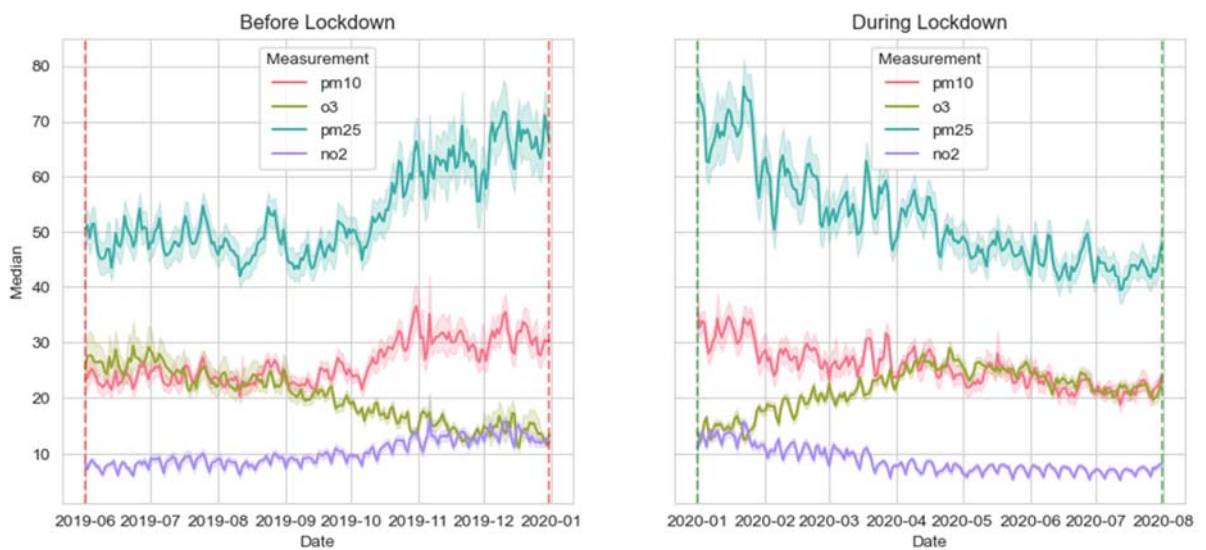


FIGURE 7: Serie times of changes in Pollutant Levels Before and During COVID-19 Lockdown Period

To gain a deeper understanding of the distinctions between the two-time frames, I conducted an analysis of variance (ANOVA) for each pollutant. The outcomes of the ANOVA highlight substantial variations between the periods for all pollutants, signified by remarkably low p-values ($p < 0.001$). This robustly suggests that the lockdown wielded a statistically notable impact on the measurements of pollutants. In addition, I employed Kruskal-Wallis tests to scrutinize how the distributions of pollutant measurements varied between the two periods. These tests, too, yielded noteworthy findings ($p < 0.001$) for all pollutants, underscoring that the distributions of pollutant measurements diverged significantly between the period before the lockdown and the during lockdown period. The findings from both the ANOVA and Kruskal-Wallis tests provide evidence of the impact of the lockdown on pollutant levels. The lower average values and reduced maximum values DL period suggest that the implemented measures had a positive effect on air quality by reducing pollution

levels. It should be remembered that variations in weather patterns or shifts in emission sources might also play a part in the differences we've observed. Still, the notable statistical outcomes lend weight to the idea that the measures taken during the lockdown did have an impact on the levels of pollutants.

The results of the time series analysis for pollutants provide important insights into the impact of human activities on air pollution levels. The significant decrease in NO₂ concentration DL period could be attributed to reduced vehicular and industrial emissions, while the increase in O₃ concentration could be due to the reduced availability of NO₂ for O₃ to react with. The decrease in PM₁₀ concentration DL period could also be attributed to reduced industrial activities and vehicular emissions. However, the relatively stable PM_{2.5} concentration DL period suggests the influence of other factors, such as increased residential emissions due to stay-at-home measures and meteorological conditions.

The discoveries from this study align with earlier research that highlights how human actions influence air pollution levels. For instance, consider a study carried out in China during the COVID-19 lockdown phase. It revealed a notable drop in concentrations of air pollutants, especially in NO₂, PM_{2.5}, and PM₁₀ [124]. Another study conducted in Italy during the COVID-19 lockdown period reported a significant reduction in air pollutant concentrations, particularly in NO₂ and PM₁₀ [6]. These investigations bring into focus the potential advantages of taking steps to lower air pollution levels, underscoring the crucial role of sustainable development in nurturing a healthier environment. Still, it is crucial to remember that although the lockdown period did result in decreased air pollution, it came as a quick fix that carried significant economic and social consequences. To truly secure lasting improvements in air quality, I need to embrace long-lasting strategies such as shifting towards renewable energy sources and welcoming sustainable modes of transportation. Gaining a full comprehension of the intricate interplay between human actions, weather conditions, and air pollution levels, as well as developing effective strategies to combat air pollution, calls for sustained research and vigilant monitoring.

These conclusions align with earlier studies that have highlighted dips in air pollution levels during periods of decreased human activities, such as holidays or weekends [23],[45]. The reductions in air pollution levels observed during the COVID-19 lockdown period have been re-reported in other regions of the world as well, including Europe and India [35],[101]. While the reductions in air pollution levels DL period are encouraging, it is important to note that they are temporary and may not be sustained in the long term. Therefore, it is essential to implement sustainable measures to reduce air pollution levels, such as promoting clean energy and transportation, and reducing industrial emissions [84].

4.8 Spatial Distribution of Pollutants in Selected Cities

Summary statistics of four distinct air pollutants (NO_2 , O_3 , PM_{10} , and $\text{PM}_{2.5}$) in selected cities are depicted in FIGURE 8. The dataset encompasses six measurements for each pollutant, allowing for a comprehensive analysis of their characteristics.

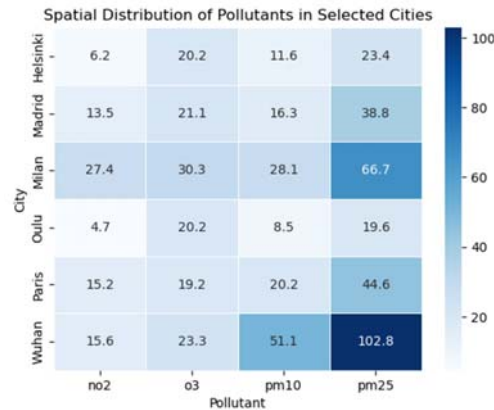


FIGURE 8: Spatial distribution of four different air pollutants (NO_2 , O_3 , PM_{10} , and $\text{PM}_{2.5}$)

I noticed that the level of NO_2 is $13.76 \mu\text{g}/\text{m}^3$ whereas the level of O_3 is $22.38 \mu\text{g}/\text{m}^3$. Additionally the concentrations of PM_{10} and $\text{PM}_{2.5}$ are recorded as 22.62 and $49.33 \mu\text{g}/\text{m}^3$, respectively. The standard deviation (std), for PM_{10} and $\text{PM}_{2.5}$ is quite high suggesting a variation in their distribution. The interquartile values offer insights into the data spread; the 25th percentile signifies the end while the 75th percentile represents the end of the middle 50% of data points. Moreover, I have identified a maximum concentration of NO_2 at $27.43 \mu\text{g}/\text{m}^3$ and O_3 at $30.34 \mu\text{g}/\text{m}^3$ with PM_{10} reaching a concentration of $51.06 \mu\text{g}/\text{m}^3$ and $\text{PM}_{2.5}$ at $102.85 \mu\text{g}/\text{m}^3$.

The findings indicate a notable level of diversity in how pollutants are spread across the chosen urban areas. The PM_{10} and $\text{PM}_{2.5}$ pollutants exhibit a relatively large standard deviation, highlighting substantial disparities in their levels across various zones within the cities. This variation in pollutant levels could hold consequences for both human well-being and the surrounding ecosystem. Being subjected to elevated levels of air pollutants like PM_{10} and $\text{PM}_{2.5}$ has been associated with negative impacts on health, encompassing ailments like respiratory and cardiovascular disorders [30],[92]. The outcomes of this research emphasize the necessity for focused measures aimed at diminishing the prevalence of these pollutants in regions where their presence is most prominent.

4.9 Kruskal-Wallis test

The results of the statistical tests, ANOVA and Kruskal-Wallis, FIGURE 9 indicates significant differences in pollutant levels among the cities. The p-values for both tests are extremely small, indicating strong evidence against the null hypothesis of no differences between the cities.

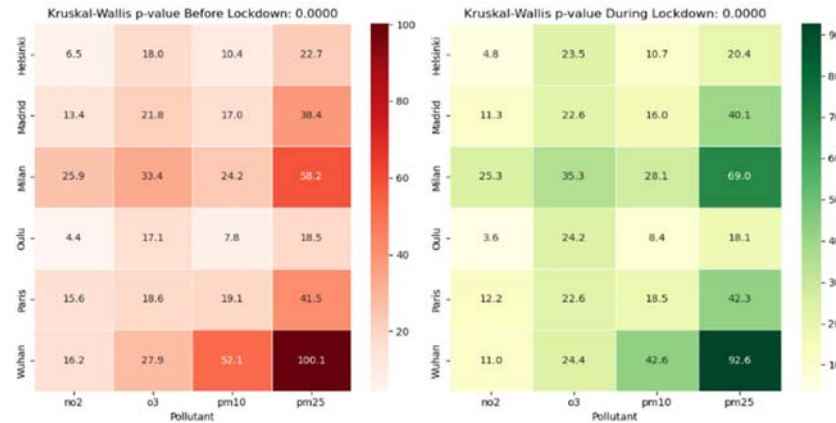


FIGURE 9: Comparing Air Pollutant Concentrations Before and DL.

During the ANOVA test, the p-value emerges as approximately $4.67e-271$, which essentially means it is close to zero. This outcome strongly indicates that meaningful differences are present in the pollutant levels among the cities, especially when considering all four pollutants (NO₂, O₃, PM10, PM2.5). Likewise, the Kruskal-Wallis test provides us with a remarkably small p-value of approximately $5.19e-249$, further indicating noteworthy distinctions in pollutant levels across the cities. When I delve into the pollutant levels for each individual city, I begin to discern variations in the concentrations. In comparison to the other cities, Helsinki showcases relatively lower levels of NO₂, O₃, PM10, and PM2.5. Madrid and Paris show moderate levels, while Milan and Wuhan have the highest concentrations of pollutants across all categories. Examining the ANOVA p-values, I notice that for each pollutant (NO₂, O₃, PM10, and PM2.5), the p-values are lower than the widely accepted significance threshold of 0.05. This points to meaningful disparities in pollutant levels among the cities for each individual pollutant. Likewise, the Kruskal-Wallis p-values echo this finding by revealing notable differences in pollutant levels across the cities. Across all pollutants, the p-values are less than 0.05, which adds further weight to the conclusion that there are significant variations. Analyzing the specific p-values for each city and pollutant, I observe some variations. For instance, when looking at NO₂ levels, I find that in Helsinki, Madrid, Milan, Oulu, Paris, and Wuhan, the p-

values all fall below 0.05. This signal substantial variations in NO₂ levels among these cities, suggesting differences that are worth noting. The same kind of pattern emerges for other pollutants as well.

These findings indicate noteworthy disparities in pollutant levels within the cities under study. It is crucial to delve into the possible reasons behind these variations, which might encompass diverse industrial activities, transportation systems, geographical factors, and local environmental policies. Further investigations are essential to unravel the precise factors contributing to these observed differences in pollutant levels.

Taken as a whole, the outcomes of this analysis underscore the importance of accounting for pollutant levels across different cities. This consideration carries implications for public health and environmental policies. The findings emphasize the necessity for focused strategies and policies aimed at lessening pollution and enhancing air quality in particular cities or regions.

4.10 Tukey's HSD Test

The Tukey's HSD test results, presented in FIGURE 10, indicate noteworthy differences in pollutant concentrations among the six cities before and during the lockdown period. These discoveries align with the results from both the ANOVA and Kruskal-Wallis tests. The data strongly indicates that the effects of the lockdown measures on air quality differed across the cities, leading to diverse levels of enhancement in air quality.

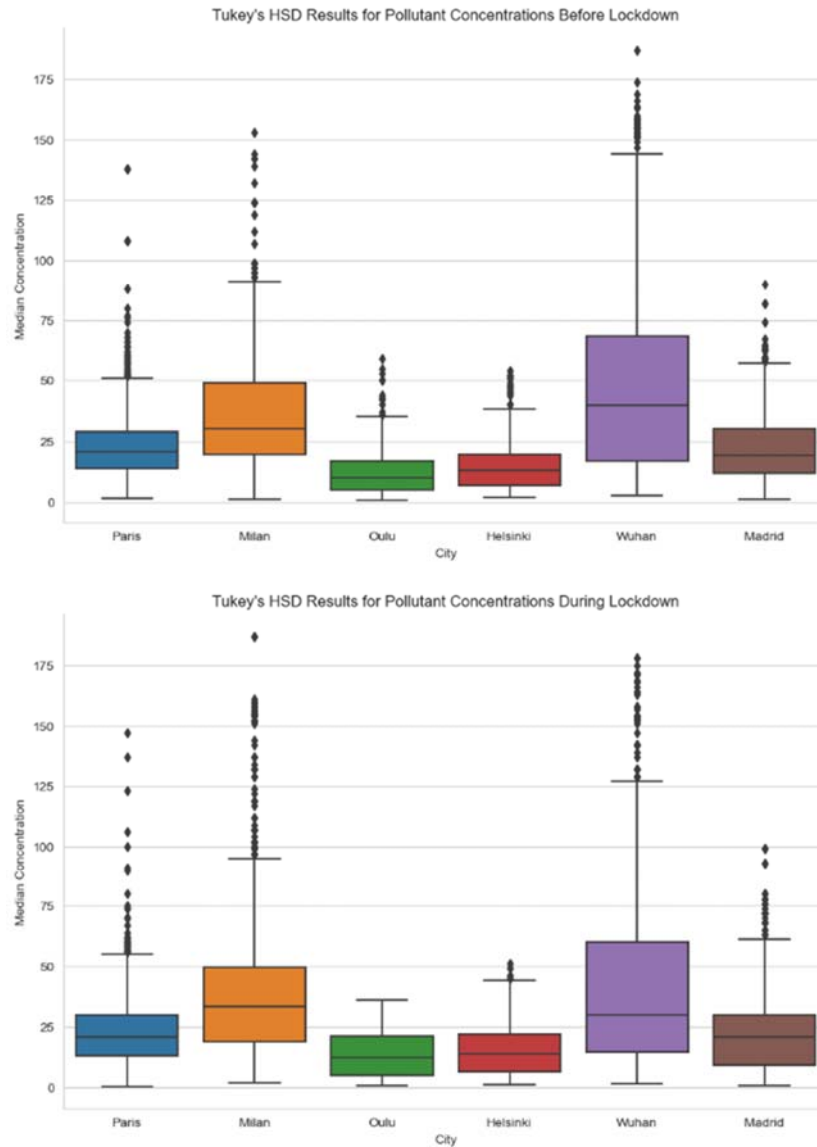


FIGURE 10: Tukey's HSD Results for Pollutant Concentrations Before and DL

It is important to note that the results of this study are consistent with previous research that has investigated the impact of lockdown measures on air quality. Several studies have reported improvements in air quality in different regions around the world DL period due to reduced emissions from transportation and industry [24],[102],[105]. Nevertheless, the extent of these enhancements has displayed variations influenced by factors like the severity of lockdown measures and the initial pollution levels in each area. Besides the effect of lockdown actions on air quality, this study's outcomes emphasize the significance of evaluating air pollution levels across diverse cities and regions. Past research has illuminated that air pollution levels can exhibit wide variances not only among various cities but even within the same urban area [75],[77]. These disparities can arise from diverse sources of pollution, distinct meteorological conditions, and varied urban layouts. In totality, this study's outcomes offer meaningful insights into how lockdown measures impact air quality across varying cities. These findings underscore the importance of sustained endeavors aimed at lowering air pollution levels, fostering public health, and mitigating the consequences of climate change.

5 CONCLUSION

In conclusion, the analysis of air pollution data during the lockdown periods in Helsinki, Madrid, Milan, Oulu, Paris, and Wuhan provides valuable insights into the effects of COVID-19 restrictions on air quality. The findings reveal that reduced human activities resulted in notable reductions in pollutants like NO₂ and PM₁₀ in several cities, indicating the effectiveness of measures targeting traffic and industrial emissions. However, the impact on ozone levels was less consistent, suggesting the influence of regional and local factors.

The analysis of air pollution data during the lockdown periods in Helsinki, Madrid, Milan, Oulu, Paris, and Wuhan reveals varying effects on pollutant concentrations and correlations. While some cities experienced significant reductions in certain pollutants, others showed more stable levels. The correlation coefficients between pollutants also displayed changes during the lockdown periods compared to the baseline.

Helsinki, Madrid, Oulu, Paris, and Milan exhibited decreases in NO₂ concentrations during the lockdown, indicating the effectiveness of reduced traffic and industrial activities. Helsinki and Madrid experienced declines in both PM_{2.5} and PM₁₀ levels. Similarly, Oulu, Paris, and Milan witnessed decreases in the concentrations of PM_{2.5} and PM₁₀. However, O₃ levels remained relatively steady across these cities, except for Wuhan, where O₃ concentrations increased.

The correlations between pollutants varied across cities, with some displaying moderate to weak positive or negative relationships. During the lockdown, some correlations strengthened, while others weakened, suggesting changes in the interactions between pollutants.

The OLS regression analysis demonstrated the significant impact of independent variables (count, min, max) on the median. The model provided a good fit, explaining a substantial portion of the variance in the median. The coefficients of the independent variables shed light on how their presence impacts the median, unveiling the direction and extent of their effects. The discoveries highlight that curbing human activities, such as traffic and industrial operations, can significantly enhance air quality, particularly for pollutants like NO₂ and PM₁₀. Nevertheless, the impact on ozone levels exhibited a less uniform pattern, highlighting the significance of acknowledging regional and local differences in air pollutant levels when evaluating the effectiveness of environmental measures. In essence, this study emphasizes that urban regions confront a noteworthy environmental and health hurdle due to air pollution, with PM_{2.5} and NO₂ being particularly prominent contributors. Among these, transportation and industrial activities play a substantial role. The study's findings reveal that implementing lockdown measures during the COVID-19 pandemic led

to a remarkable decrease in air pollution levels across different cities. This underscores the value of environmental actions in enhancing air quality. However, the impact of these measures can differ from one city to another, rooted in regional and local variations in air pollutants. As a result, targeted strategies are essential to effectively combat air pollution. The study amplifies the call for continuous efforts towards sustainable development and air pollution reduction, vital for safeguarding both public health and the environment. The outcomes of this study stand as a resourceful guide for policymakers and researchers as they work towards effective strategies to enhance air quality in urban settings.

6 REFERENCES

1. **Addas A., & Maghrabi A. (2021).** The Impact of COVID-19 Lockdowns on Air Quality—A Global Review. *Sustainability*, *13*(18), 10212. <https://doi.org/10.3390/su131810212>
2. **Adhikari, A., & Yin, J. (2020).** Short-Term Effects of Ambient Ozone, PM_{2.5}, and Meteorological Factors on COVID-19 Confirmed Cases and Deaths in Queens, New York. *International Journal of Environmental Research and Public Health*, *17*(11), 4047. <https://doi.org/10.3390/ijerph17114047>
3. **Akan, A. P., & Coccia, M. (2022).** Changes of Air Pollution between Countries Because of Lockdowns to Face COVID-19 Pandemic. *Applied Sciences*, *12*(24), 12806. <https://doi.org/10.3390/app122412806>
4. **Amanat, F., & Kousha, A. (2021).** Impact of COVID-19 outbreak on air pollution and consequences for sustainability: A review. *Science of The Total Environment*, 138944.
5. **Anderson, T. L., Charlson, R. J., Schwartz, S. M., Knutti, R., Boucher, O., Rodhe, H., & Heintzenberg, J. (2003).** Climate Forcing by Aerosols—a Hazy Picture. *Science*, *300*(5622), 1103–1104. <https://doi.org/10.1126/science.1084777>
6. **Baldasano, J. M. (2020).** COVID-19 lockdown effects on air quality by NO₂ in the cities of Barcelona and Madrid (Spain). *Science of the Total Environment*, *741*, 140353. <https://doi.org/10.1016/j.scitotenv.2020.140353>
7. **Balmes, J. R., Cisternas, M. G., Quinlan, P., Trupin, L., Lurmann, F., Katz, P. P., & Blanc, P. D. (2014).** Annual average ambient particulate matter exposure estimates, measured home particulate matter, and hair nicotine are associated with respiratory outcomes in adults with asthma. *Environmental Research*, *129*, 1–10. <https://doi.org/10.1016/j.envres.2013.12.007>
8. **Bao, D., Tian, S., Kang, D., Zhang, Z., & Zhu, T. (2021).** Impact of the COVID-19 pandemic on air pollution from jet engines at airports in central eastern China. *Air Quality, Atmosphere & Health*, *16*(3), 641–659. <https://doi.org/10.1007/s11869-022-01294-w>
9. **Bao, R., & Zhang, A. (2020).** Does lockdown reduce air pollution? Evidence from 44 cities in northern China. *Science of the Total Environment*, *731*, 139052. <https://doi.org/10.1016/j.scitotenv.2020.139052>
10. **Bartik, A. W., Bertrand, M., Cullen, Z. B., Glaeser, E. L., Luca, M., & Stanton, C. (2020).** The impact of COVID-19 on small business outcomes and expectations. *Proceedings of the National Academy of Sciences of the United States of America*, *117*(30), 17656–17666. <https://doi.org/10.1073/pnas.2006991117>
11. **Bauwens, M., Compernelle, S., Stavrakou, T., Müller, J., Gent, J., Eskes, H., Levelt, P. F., A, R., Veefkind, J. P., Vlietinck, J., Yu, H., & Zehner, C. (2020).** Impact of Coronavirus Outbreak on NO₂ Pollution Assessed Using TROPOMI and OMI Observations. *Geophysical Research Letters*, *47*(11). <https://doi.org/10.1029/2020gl087978>
12. **Bechle, M. J., Millet, D. B., & Marshall, J. D. (2013).** Remote sensing of exposure to NO₂: Satellite versus ground-based measurement in a large urban area. *Atmospheric Environment*, *69*, 345–353. <https://doi.org/10.1016/j.atmosenv.2012.11.046>
13. **Beckwith, M. A., Bates, E., Gillah, A., & Carslaw, N. (2019).** NO₂ hotspots: Are I measuring in the right places? *Atmospheric Environment: X*, *2*, 100025. <https://doi.org/10.1016/j.aeaoa.2019.100025>
14. **Bonaccorsi, G., Pierri, F., Cinelli, M., Flori, A., Galeazzi, A., Porcelli, F., Schmidt, A. L., Valensise, C. M., Scala, A., Quattrociochi, W., & Pammolli, F. (2020).** Economic and social consequences of human mobility restrictions under COVID-19. *Proceedings of the National Academy of Sciences of the United States of America*, *117*(27), 15530–15535. <https://doi.org/10.1073/pnas.2007658117>

15. **Bontempi, E. (2020).** First data analysis about possible COVID-19 virus airborne diffusion due to air particulate matter (PM): The case of Lombardy (Italy). *Environmental Research*, 186, 109639. <https://doi.org/10.1016/j.envres.2020.109639>.
16. **Borge R., Jung D., Lejarraga I., De La Paz, D., & Cordero, J.M. (2022).** Assessment of the Madrid region air quality zoning based on mesoscale modelling and k-means clustering. *Atmospheric Environment*, 287, 119258. <https://doi.org/10.1016/j.atmosenv.2022.119258>
17. **Brandt, E. B., Beck, A. H., & Mersha, T. B. (2020).** Air pollution, racial disparities, and COVID-19 mortality. *The Journal of Allergy and Clinical Immunology*, 146(1), 61–63. <https://doi.org/10.1016/j.jaci.2020.04.035>.
18. **Brook, R. H., Rajagopalan, S., Pope, C., Brook, J. R., Bhatnagar, A., Diez-Roux, A. V., Holguin, F., Hong, Y., Luepker, R. V., Mittleman, M. A., Peters, A., Siscovick, D. S., Smith, S. C., Whitsel, L. P., & Kaufman, J. D. (2010).** Particulate Matter Air Pollution and Cardiovascular Disease. *Circulation*, 121(21), 2331–2378. <https://doi.org/10.1161/cir.0b013e3181d8bece1>
19. **Broomandi P., Tleuken A., Zhaxylykov S., Nikfal A., Kim J., & Karaca F. (2021).** Assessment of potential benefits of traffic and urban mobility reductions during COVID-19 lockdowns: dose-response calculations for material corruptions on built cultural heritage. *Environmental Science and Pollution Research*, 29(5), 6491–6510. <https://doi.org/10.1007/s11356-021-16078-5>
20. **Carugno, M., Consonni, D., Randi, G., Catelan, D., Grisotto, L., Bertazzi, P. A., Biggeri, A., & Baccini, M. (2016).** Air pollution exposure, cause-specific deaths and hospitalizations in a highly polluted Italian region. *Environmental Research*, 147, 415–424. <https://doi.org/10.1016/j.envres.2016.03.003>
21. **Chen, F., Wang, Y., & Du, X. (2023).** Changes in healthy effects and economic burden of PM_{2.5} in Beijing after COVID-19. *Environmental Science and Pollution Research*, 30(21), 60294–60302. <https://doi.org/10.1007/s11356-023-26005-5>.
22. **Chen, T., Kuschner, W. G., Gokhale, J., & Shofer, S. (2007).** Outdoor Air Pollution: Nitrogen Dioxide, Sulfur Dioxide, and Carbon Monoxide Health Effects. *The American Journal of the Medical Sciences*, 333(4), 249–256. <https://doi.org/10.1097/maj.0b013e31803b900f>
23. **Chen, Z., Chen, D., Wen, W., Zhuang, Y., Kwan, M. P., Chen, B., Zhao, B., Yang, L., Gao, B., Li, Y., & Xu, B. (2019).** Evaluating the “2+26” regional strategy for air quality improvement during two air pollution alerts in Beijing: variations in PM_{2.5} concentrations, source apportionment, and the relative contribution of local emission and regional transport. *Atmospheric Chemistry and Physics*, 19(10), 6879–6891. <https://doi.org/10.5194/acp-19-6879-2019>
24. **Collivignarelli, M. C., Bertanza, G., Pedrazzani, R., Ricciardi, P., & Miino, M. C. (2020).** Lockdown for CoViD-2019 in Milan: What are the effects on air quality? *Science of the Total Environment*, 732, 139280. <https://doi.org/10.1016/j.scitotenv.2020.139280>
25. **Conticini, E., Frediani, B., & Caro, D. (2020).** Can atmospheric pollution be considered a co-factor in extremely high level of SARS-CoV-2 lethality in Northern Italy? *Environmental Pollution*, 261, 114465. <https://doi.org/10.1016/j.envpol.2020.114465>
26. **Cui, Y., Zhai, X., Baocheng, W., Zhang, S., Yeerken, A., Cao, X., Lianhong, Z., Wang, L., Wei, T., Liu, X., & Xue, Y. (2021).** Characteristics and control measures of odor emissions from crematoriums in Beijing, China. *SN Applied Sciences*, 3(8). <https://doi.org/10.1007/s42452-021-04738-7>
27. **Dantas, G., Siciliano, B., Franca, B. W., Da Silva, C. M., & Arbilla, G. (2020).** The impact of COVID-19 partial lockdown on the air quality of the city of Rio de Janeiro, Brazil. *Science of the Total Environment*, 729, 139085. <https://doi.org/10.1016/j.scitotenv.2020.139085>
28. **De Marco, A., Proietti, C., Anav, A., Ciancarella, L., D’Elia, I., Fares, S., Fornasier, M., Fusaro, L., Gualtieri, M., Manes, F., Marchetto, A., Mircea, M., Paoletti, E., Piersanti, A.,**

- Rogora, M., Salvati, L., Salvatori, E., Screpanti, A., Vialetto, G., . . . Leonardi, C. (2019). Impacts of air pollution on human and ecosystem health, and implications for the National Emission Ceilings Directive: Insights from Italy. *Environment International*, 125, 320–333. <https://doi.org/10.1016/j.envint.2019.01.064>.
29. Dentener, F., Emberson, L., Galmarini, S., Cappelli, G., Irimescu, A., Mihailescu, D., Van Dingenen, R., & Van Den Berg, M. W. E. (2020). Lower air pollution during COVID-19 lockdown: improving models and methods estimating ozone impacts on crops. *Philosophical Transactions of the Royal Society A*, 378(2183), 20200188. <https://doi.org/10.1098/rsta.2020.0188>
 30. Dockery D.W., Pope C.A., Xu X., Spengler J.D., Ware J.H., Fay M.E., Ferris Jr.B.G., Speizer F.E. (1993). An association between air pollution and mortality in six U.S. cities. *New England Journal of Medicine*, 329(24), 1753-1759. <https://doi.org/10.1056/NEJM199312093292401>
 31. Doiron, D., De Hoogh, K., Probst-Hensch, N., Fortier, I., Cai, Y., De Matteis, S., & Hansell, A. (2019). Air pollution, lung function and COPD: results from the population-based UK Biobank study. *European Respiratory Journal*, 54(1), 1802140. <https://doi.org/10.1183/13993003.02140-2018>
 32. Dominski, F. H., Branco, J. O., Buonanno, G., Stabile, L., Da Silva, M. G., & Andrade, A. (2021). Effects of air pollution on health: A mapping review of systematic reviews and meta-analyses. *Environmental Research*, 201, 111487. <https://doi.org/10.1016/j.envres.2021.111487>
 33. Donzelli G., Cioni L., Cancellieri M., Morales A.L. & Suárez-Varela M.M. (2020). The Effect of the Covid-19 Lockdown on Air Quality in Three Italian Medium-Sized Cities. *Atmosphere*, 11(10), 1118. <https://doi.org/10.3390/atmos11101118>
 34. Du Y., Xu X., Chu M.C., Guo Y. & Wang J. (2016). Air particulate matter and cardiovascular disease: the epidemiological, biomedical and clinical evidence. *PubMed*, 8(1), E8–E19. <https://doi.org/10.3978/j.issn.2072-1439.2015.11.37>
 35. Dutheil, F., Baker, D., & Navel, V. (2020). COVID-19 as a factor influencing air pollution? *Environmental Pollution*, 263, 114466. <https://doi.org/10.1016/j.envpol.2020.114466>
 36. Dutheil, F., Baker, D., & Navel, V. (2021). Air pollution in post-COVID-19 world: the final countdown of modern civilization? *Environmental Science and Pollution Research*, 28(33), 46079–46081. <https://doi.org/10.1007/s11356-021-14433-0>
 37. East, J. E., Montealegre, J. S., Pachon, J. E., & Garcia-Menendez, F. (2021). Air quality modeling to inform pollution mitigation strategies in a Latin American megacity. *Science of the Total Environment*, 776, 145894. <https://doi.org/10.1016/j.scitotenv.2021.145894>
 38. EEA (2021). Nature-Based Solutions in Europe: Policy, Knowledge and Practice for Climate Change Adaptation and Disaster Risk Reduction. Copenhagen (2021), 10.2800/919315.
 39. Environmental Statistics Report (2020). Vol.1. <http://mospi.nic.in/publication/envstats-india-2020-vol-1-environment-statistics>, (accessed 14 March 2021).
 40. EPA (2021). Ground-level Ozone: Basic Information. Retrieved from <https://www.epa.gov/ozone-pollution/basic-information-about-ground-level-ozone>
 41. Faridi, S., Yousefian, F., Janjani, H., Niazi, S., Azimi, F., Naddafi, K., & Hassanvand, M. S. (2021). The effect of COVID-19 pandemic on human mobility and ambient air quality around the world: A systematic review. *Urban Climate*, 38, 100888. <https://doi.org/10.1016/j.uclim.2021.100888>
 42. Feng Y., Qin Y., & Zhao S. (2023). Correlation-split and Recombination-sort Interaction Networks for air quality forecasting. *Applied Soft Computing*, 145, 110544. <https://doi.org/10.1016/j.asoc.2023.110544>
 43. Fu X., Wang T., Gao J., Wang P., Liu Y., Wang S., Zhao B. & Xue L. (2020). Persistent Heavy Winter Nitrate Pollution Driven by Increased Photochemical Oxidants in Northern China. *Environ Sci Technol*;54(7):3881-3889. <https://doi.org/10.1021/acs.est.9b07248>.

44. **Gandini, M., Scarinzi, C., Bande, S., Berti, G., Carnà, P., Ciancarella, L., Costa, G., Demaria, M., Ghigo, S., Piersanti, A., Rowinski, M., Spadea, T., Stroschia, M., & Cadum, E. (2018).** Long term effect of air pollution on incident hospital admissions: Results from the Italian Longitudinal Study within LIFE MED HISS project. *Environment International*, *121*, 1087–1097. <https://doi.org/10.1016/j.envint.2018.10.020>.
45. **Gao, C., Li, S., Liu, M., Zhang, F., Achal, V., Tu, Y., Zhang, S., & Cai, C. (2021).** Impact of the COVID-19 pandemic on air pollution in Chinese megacities from the perspective of traffic volume and meteorological factors. *Science of the Total Environment*, *773*, 145545. <https://doi.org/10.1016/j.scitotenv.2021.145545>
46. **Garg, M., Goyal, S., & Bansal, O. (2021).** Effect of lockdown amid COVID-19 pandemic on air quality of most polluted cities of Punjab (India). *Journal of Earth System Science*, *130*(4). <https://doi.org/10.1007/s12040-021-01713-z>
47. **Gautam S. (2020a).** The Influence of COVID-19 on Air Quality in India: A Boon or Inutile. *Bulletin of Environmental Contamination and Toxicology*, *104*(6), 724–726. <https://doi.org/10.1007/s00128-020-02877-y>
48. **Gautam, S., & Hens, L. (2020b).** SARS-CoV-2 pandemic in India: what might I expect? *Environment, Development and Sustainability*, *22*(5), 3867–3869. <https://doi.org/10.1007/s10668-020-00739-5>
49. **Geng, G., Zhang, Q., Martin, R. M., Lin, J., Huo, H., Zheng, B., Wang, S., & He, K. (2016).** Impact of spatial proxies on the representation of bottom-up emission inventories: A satellite-based analysis. *Atmospheric Chemistry and Physics*, *17*(6), 4131–4145. <https://doi.org/10.5194/acp-17-4131-2017>
50. **Ghorani-Azam, A., Riahi-Zanjani, B., & Balali-Mood, M. (2016).** Effects of air pollution on human health and practical measures for prevention in Iran. *Journal of Research in Medical Sciences*, *21*(1), 65. <https://doi.org/10.4103/1735-1995.189646>
51. **González-Pardo J., Ceballos-Santos S., Manzanos R., Santibañez M., & Fernández-Olmo I. (2022).** Estimating changes in air pollutant levels due to COVID-19 lockdown measures based on a business-as-usual prediction scenario using data mining models: A case-study for urban traffic sites in Spain. *Science of the Total Environment*, *823*, 153786. <https://doi.org/10.1016/j.scitotenv.2022.153786>
52. **Górecki, T., & Smaga, Ł. (2015).** A comparison of tests for the one-way ANOVA problem for functional data. *Computational Statistics*, *30*(4), 987–1010. <https://doi.org/10.1007/s00180-015-0555-0>
53. **Gu, Q., Michanowicz, D. R., & Jia, C. (2018).** Developing a Modular Unmanned Aerial Vehicle (UAV) Platform for Air Pollution Profiling. *Sensors*, *18*(12), 4363. <https://doi.org/10.3390/s18124363>
54. **Guo, H., Kota, S. H., Sahu, S. K., & Zhang, H. Y. (2019).** Contributions of local and regional sources to PM_{2.5} and its health effects in north India. *Atmospheric Environment*, *214*, 116867. <https://doi.org/10.1016/j.atmosenv.2019.116867>
55. **Hamanaka, R. B., & Mutlu, G. M. (2018).** Particulate Matter Air Pollution: Effects on the Cardiovascular System. *Frontiers in Endocrinology*, *9*. <https://doi.org/10.3389/fendo.2018.00680>
56. **Han, Y., & Yang, H. (2020).** The transmission and diagnosis of 2019 novel coronavirus infection disease (COVID-19): A Chinese perspective. *Journal of Medical Virology*, *92*(6), 639–644. <https://doi.org/10.1002/jmv.25749>
57. **Hargreaves, S., Zenner, D., Wickramage, K., Deal, A., & Hayward, S. E. (2020).** Targeting COVID-19 interventions towards migrants in humanitarian settings. *Lancet Infectious Diseases*, *20*(6), 645–646. [https://doi.org/10.1016/s1473-3099\(20\)30292-9](https://doi.org/10.1016/s1473-3099(20)30292-9)
58. **Hashim, B. M., Al-Naseri, S. K., Al-Maliki, A. K., & Al-Ansari, N. (2020).** Impact of COVID-19 lockdown on NO₂, O₃, PM_{2.5} and PM₁₀ concentrations and assessing air quality changes

- in Baghdad, Iraq. *Science of the Total Environment*, 754, 141978. <https://doi.org/10.1016/j.scitotenv.2020.141978>
59. Holm, A., Zettergren, H., Gatchell, M., Johansson, H. T., Seitz, F., Schmidt, H. R., Rousseau, P., Ławicki, A., Capron, M., Domaracka, A., Lattouf, E., Maclot, S., Maisonne, R., Chesnel, J. Y., Manil, B., Adoui, L., Huber, B. A., & Cederquist, H. (2012). Ionization and fragmentation of cold clusters of PAH molecules – collisions with keV ions. *Journal of Physics*, 388(1), 012051. <https://doi.org/10.1088/1742-6596/388/1/012051>.
 60. Huang H., Hu H., Zhang J. & Liu X. (2020). Characteristics of volatile organic compounds from vehicle emissions through on-road test in Wuhan, China. *Environ. Res.*, 188 (2020), p. 109802. <https://doi.org/10.1016/j.envres.2020.109802>.
 61. Jarvis D.J., Adamkiewicz G., Heroux M.E. (2010). Nitrogen dioxide. WHO Guidelines for Indoor Air Quality: Selected Pollutants, 5, World Health Organization, Geneva.
 62. Kadri, A., Yaacoub, E., Mushtaha, M., & Abu-Dayya, A. (2013). "Wireless sensor network for real-time air pollution monitoring," *2013 1st International Conference on Communications, Signal Processing, and their Applications (ICCSPA)*, Sharjah, United Arab Emirates, 2013, pp. 1-5, <https://doi.org/10.1109/ICCSPA.2013.6487323>.
 63. Kamal, R., Srivastava, A., Kesavachandran, C. N., Bihari, V., & Singh, A. (2021). Chronic obstructive pulmonary disease (COPD) in women due to indoor biomass burning: a meta analysis. *International Journal of Environmental Health Research*, 32(6), 1403–1417. <https://doi.org/10.1080/09603123.2021.1887460>.
 64. Kaplan, G., Avdan, Z. Y., & Avdan, U. (2019). Spaceborne Nitrogen Dioxide Observations from the Sentinel-5P TROPOMI over Turkey. <https://doi.org/10.3390/ecrs-3-06181>
 65. Kerimray, A., Baimatova, N., Ibragimova, O. P., Bukenov, B., Kenessov, B., Plotitsyn, P., & Karaca, F. (2020). Assessing air quality changes in large cities during COVID-19 lockdowns: The impacts of traffic-free urban conditions in Almaty, Kazakhstan. *Science of the Total Environment*, 730, 139179. <https://doi.org/10.1016/j.scitotenv.2020.139179>
 66. Khomenko S., Cirach M., Barboza E.P., Mueller N., Barrera-Gómez J., Rojas-Rueda D., De Hoogh K., Hoek G., & Nieuwenhuijsen M. (2021). Health impacts of the new WHO air quality guidelines in European cities. *The Lancet Planetary Health*, 5(11), e764. [https://doi.org/10.1016/s2542-5196\(21\)00288-6](https://doi.org/10.1016/s2542-5196(21)00288-6)
 67. Kim, D., Chen, Z., Zhou, L., & Huang, S. (2018). Air pollutants and early origins of respiratory diseases. *Chronic Diseases and Translational Medicine*, 4(2), 75–94. <https://doi.org/10.1016/j.cdtm.2018.03.003>
 68. Kim, S. Y., Bang, M., Wee, J. H., Min, C., Yoo, D. Y., Han, S., Kim, S., & Choi, H. G. (2021). Short- and long-term exposure to air pollution and lack of sunlight are associated with an increased risk of depression: A nested case-control study using meteorological data and national sample cohort data. *Science of the Total Environment*, 757, 143960. <https://doi.org/10.1016/j.scitotenv.2020.143960>
 69. Lelieveld, J., Evans, J., Fnais, M., Giannadaki, D., & Pozzer, A. (2015). The contribution of outdoor air pollution sources to premature mortality on a global scale. *Nature*, 525(7569), 367–371. <https://doi.org/10.1038/nature15371>
 70. Li L., Li, Q. X., Huang, L., Wang, Q., Zhu, A., Xu, J., Liu, Z., Li, H., Shi, L., Li, R., Azari, M., Wang, Y., Zhang, X., Liu, Z., Zhu, Y., Zhang, K., Xue, S., Ooi, M. C. G., Zhang, D., & Chan, H. L. (2020b). Air quality changes during the COVID-19 lockdown over the Yangtze River Delta Region: An insight into the impact of human activity pattern changes on air pollution variation. *Science of the Total Environment*, 732, 139282. <https://doi.org/10.1016/j.scitotenv.2020.139282>
 71. Li, T., Hu, R., Chen, Z., Li, Q., Huang, S., Zhu, Z., & Zhou, L. (2018). Fine particulate matter (PM_{2.5}): The culprit for chronic lung diseases in China. *Chronic Diseases and Translational Medicine*, 4(3), 176–186. <https://doi.org/10.1016/j.cdtm.2018.07.002>

72. Li, Y., Shiyuan, L., Ling, H., ZiYi, L., Yong-Hui, Z., Li, L., Yangjun, W., & Kangjuan, L. (2021). The casual effects of COVID-19 lockdown on air quality and short-term health impacts in China. *Environmental Pollution*, 290, 117988. <https://doi.org/10.1016/j.envpol.2021.117988>
73. Li, Y., Tang, Y., Fan, Z., Zhou, H., & Yang, Z. (2017). Assessment and comparison of three different air quality indices in China. *Environmental Engineering Research*, 23(1), 21–27. <https://doi.org/10.4491/eer.2017.006>
74. Liu, J., Yin, H., Tang, X., Zhu, T., Zhang, Q., Liu, Z., Tang, X., & Yi, H. (2021). Transition in air pollution, disease burden and health cost in China: A comparative study of long-term and short-term exposure. *Environmental Pollution*, 277, 116770. <https://doi.org/10.1016/j.envpol.2021.116770>.
75. Liu, L., Duan, Y., Li, L., Xu, L., Yang, Y., & Cu, X. (2020). Spatiotemporal trends of PM2.5 concentrations and typical regional pollutant transport during 2015–2018 in China. *Urban Climate*, 34, 100710. <https://doi.org/10.1016/j.uclim.2020.100710>
76. Loomis, D., Huang, W., & Chen, G. (2014). The International Agency for Research on Cancer (IARC) evaluation of the carcinogenicity of outdoor air pollution: focus on China. *Chinese Journal of Cancer*, 33(4), 189–196. <https://doi.org/10.5732/cjc.014.10028>
77. Lu, C., & Liu, Y. (2016). Effects of China's urban form on urban air quality. *Urban Studies*, 53(12), 2607–2623. <https://doi.org/10.1177/0042098015594080>
78. Lu, X., Hong, J., Zhang, L., Cooper, O. R., Schultz, M. G., Xu, X., Wang, T., Gao, M., Zhao, Y., & Zhang, Y. (2018). Severe Surface Ozone Pollution in China: A Global Perspective. *Environmental Science and Technology Letters*, 5(8), 487–494. <https://doi.org/10.1021/acs.estlett.8b00366>
79. Mahato, S., Pal, S., & Ghosh, K. (2020). Effect of lockdown amid COVID-19 pandemic on air quality of the megacity Delhi, India. *Science of the Total Environment*, 730, 139086. <https://doi.org/10.1016/j.scitotenv.2020.139086>
80. Manan, N. A., Aizuddin, A. N., & Hod, R. (2018). Effect of Air Pollution and Hospital Admission: A Systematic Review. *Annals of Global Health*, 84(4), 670. <https://doi.org/10.29024/aogh.2376>
81. Manisalidis, I., Stavropoulou, E., Stavropoulos, A., & Bezirtzoglou, E. (2020). Environmental and Health Impacts of Air Pollution: A Review. *Frontiers in Public Health*, 8. <https://doi.org/10.3389/fpubh.2020.00014>
82. Muhammad S, Long X, Salman M. (2020). COVID-19 pandemic and environmental pollution: A blessing in disguise? *Science of the Total Environment*, 728, 138820. <https://doi.org/10.1016/j.scitotenv.2020.138820>
83. Munir, S., Luo, Z., & Dixon, T. (2021). Comparing different approaches for assessing the impact of COVID-19 lockdown on urban air quality in Reading, UK. *Atmospheric Research*, 261, 105730. <https://doi.org/10.1016/j.atmosres.2021.105730>
84. Nakada, L. Y. K., & Urban, R. C. (2020). COVID-19 pandemic: Impacts on the air quality during the partial lockdown in São Paulo state, Brazil. *Science of the Total Environment*, 730, 139087. <https://doi.org/10.1016/j.scitotenv.2020.139087>
85. Nemmar, A., Holme, J. A., Rosas, I., Schwarze, P. E., & Alfaro-Moreno, E. (2013). Recent Advances in Particulate Matter and Nanoparticle Toxicology: A Review of the *In Vivo* and *In Vitro* Studies. *BioMed Research International*, 2013, 1–22. <https://doi.org/10.1155/2013/279371>
86. Okimiji, O. P., Techato, K., Simon, J. D., Tope-Ajayi, O. O., Okafor, A. I., Aborisade, M. A., & Phoungthong, K. (2021). Spatial Pattern of Air Pollutant Concentrations and Their Relationship with Meteorological Parameters in Coastal Slum Settlements of Lagos, Southwestern Nigeria. *Atmosphere*, 12(11), 1426. <https://doi.org/10.3390/atmos12111426>
87. Olloquequi, J., Jaime, S., Parra, V., Cornejo-Córdova, E., Valdivia, G., Agusti, A., & Silva, O. R. (2018). Comparative analysis of COPD associated with tobacco smoking, biomass

- smoke exposure or both. *Respiratory Research*, 19(1). <https://doi.org/10.1186/s12931-018-0718-y>
88. **Otmani, A., Benchrif, A., Tahri, M., Bounakhla, M., Chakir, E. M., Bouch, M. E., & Krombi, M. (2020).** Impact of Covid-19 lockdown on PM₁₀, SO₂ and NO₂ concentrations in Salé City (Morocco). *Science of the Total Environment*, 735, 139541. <https://doi.org/10.1016/j.scitotenv.2020.139541>
 89. **Paolucci, G., Bauleo, L., Folletti, I., Murgia, N., Muzi, G., & Ancona, C. (2020).** Industrial Air Pollution and Respiratory Health Status among Residents in an Industrial Area in Central Italy. *International Journal of Environmental Research and Public Health*, 17(11), 3795. <https://doi.org/10.3390/ijerph17113795>
 90. **Park, R. J., Oak, Y., Emmons, L. K., Kim, C., Pfister, G., Carmichael, G. R., Saide, P. E., Cho, S. Y., Kim, S., Woo, J., Crawford, J., Gaubert, B., Lee, H. S., Park, S. Y., Jo, Y., Gao, M., Tang, B., Stanier, C. O., Shin, S. K., . . . Kim, E. (2021).** Multi-model intercomparisons of air quality simulations for the KORUS-AQ campaign. *Elementa*, 9(1). <https://doi.org/10.1525/elementa.2021.00139>
 91. **Pini, L., Gardini, G., Concoreggi, C., Pini, A., Perger, E., Vizzardi, E., Di Bona, D., Cappelli, C., Ciarfaglia, M., & Tantucci, C. (2021).** Emergency department admission and hospitalization for COPD exacerbation and particulate matter short-term exposure in Brescia, a highly polluted town in northern Italy. *Respiratory Medicine*, 179, 106334. <https://doi.org/10.1016/j.rmed.2021.106334>
 92. **Pope, C., Burnett, R. T., Thurston, G. D., Thun, M. J., Calle, E. E., Krewski, D., & Godleski, J. J. (2003).** Cardiovascular Mortality and Long-Term Exposure to Particulate Air Pollution. *Circulation*, 109(1), 71–77. <https://doi.org/10.1161/01.cir.0000108927.80044.7f>
 93. **Pullano, G., Colizza, V., Scarpa, N., & Rubrichi, S. (2020).** Evaluating the impact of demographic, socioeconomic factors, and risk aversion on mobility during COVID-19 epidemic in France under lockdown: a population-based study. *medRxiv* (Cold Spring Harbor Laboratory). <https://doi.org/10.1101/2020.05.29.20097097>
 94. **Putaud J.P., Pisoni E., Mangold A., Hueglin C., Sciare J., Pikridas M., Savvides C., Ondracek J., Mbengue S., Wiedensohler A., Weinhold K., Merkel M., Poulain L., Van Pinxteren D., Herrmann H., Massling A., Nordstroem C., Alastuey A., Reche C., Pérez N., Castillo S., Sorribas M., Adame J.A., Petaja T., Lehtipalo K., Niemi J., Riffault V., de Brito J.F., Colette A., Favez O., Petit J.E., Gros V., Gini M.I., Vratolis S., Eleftheriadis K., Diapouli E., Van der Gon H.D., YttriK.E., & Aas W. (2020).** Impact of 2020 COVID-19 lockdowns on particulate air pollution across Europe. Preprints. Preprint egusphere-2023-434. <https://doi.org/10.5194/egusphere-2023-434>
 95. **Raji, H., Riahi, A., Borsi, S. H., Masoumi, K., Khanjani, N., Ahmadi-Angali, K., Goudarzi, G., & Dastoorpoor, M. (2020).** Acute Effects of Air Pollution on Hospital Admissions for Asthma, COPD, and Bronchiectasis in Ahvaz, Iran. *International Journal of Chronic Obstructive Pulmonary Disease*, Volume 15, 501–514. <https://doi.org/10.2147/copd.s231317>
 96. **Renzi, M., Scortichini, M., Forastiere, F., Donato, F. D., Michelozzi, P., Davoli, M., Gariazzo, C., Viegi, G., Stafoggia, M., Ancona, C., Bucci, S., Bonafede, M., Marinaccio, A., Argentini, S., Sozzi, R., Bonomo, S., Fasola, S., La Grutta, S., Cernigliaro, A., . . . Carlino, G. (2022).** A nationwide study of air pollution from particulate matter and daily hospitalizations for respiratory diseases in Italy. *Science of the Total Environment*, 807, 151034. <https://doi.org/10.1016/j.scitotenv.2021.151034>
 97. **Ritchie and Roser. (2019).** Hannah Ritchie, Max Roser. *Indoor Air Pollution*. OurWorldInData.org.

98. Sáenz, J. T. G., Moncada-Jiménez, J., Requena, A. H., Béjar, M. G., Callejas, M. G., Uruñuela, Z., Vilaseca, A., & García, R. H. (2014). Enfermedad pulmonar obstructiva crónica: morbilidad e impacto sanitario. *Medicina De Familia. Semergen*, 40(4), 198–204. <https://doi.org/10.1016/j.semerg.2013.12.009>
99. Sahraei, M. A., Kuşkan, E., & Çodur, M. Y. (2021). Public transit usage and air quality index during the COVID-19 lockdown. *Journal of Environmental Management*, 286, 112166. <https://doi.org/10.1016/j.jenvman.2021.112166>
100. Salonen, H., Salthammer, T., & Morawska, L. (2019). Human exposure to NO₂ in school and office indoor environments. *Environment International*, 130, 104887. <https://doi.org/10.1016/j.envint.2019.05.081>
101. Sharma, S., Zhang, M., Anshika, Gao, J., Zhang, H. Y., & Kota, S. H. (2020). Effect of restricted emissions during COVID-19 on air quality in India. *Science of the Total Environment*, 728, 138878. <https://doi.org/10.1016/j.scitotenv.2020.138878>
102. Shi, X., & Brasseur, G. (2020). The Response in Air Quality to the Reduction of Chinese Economic Activities During the COVID-19 Outbreak. *Geophysical Research Letters*, 47(11). <https://doi.org/10.1029/2020gl088070>
103. Shin, S., Bai, L., Burnett, R. T., Kwong, J. C., Hystad, P., Van Donkelaar, A., Lavigne, E., Weichenthal, S., Copes, R., Martin, R. M., Kopp, A., & Chen, H. (2020). Air Pollution as a Risk Factor for Incident Chronic Obstructive Pulmonary Disease and Asthma. A 15-Year Population-based Cohort Study. *American Journal of Respiratory and Critical Care Medicine*, 203(9), 1138–1148. <https://doi.org/10.1164/rccm.201909-1744oc>
104. Soleimanpour M., Tamaddon A.M., Kadivar M., Abolmaali S.S., & Shekarchizadeh H. (2020). Fabrication of nanostructured mesoporous starch encapsulating soy-derived phytoestrogen (genistein) by well-tuned solvent exchange method. *International Journal of Biological Macromolecules*, 159, 1031–1047. <https://doi.org/10.1016/j.ijbiomac.2020.05.124>
105. Tobias, A., Carnerero, C., Reche, C., Massagué, J., Via, M., Minguillón, M. C., Alastuey, A., & Querol, X. (2020). Changes in air quality DL in Barcelona (Spain) one month into the SARS-CoV-2 epidemic. *Science of the Total Environment*, 726, 138540. <https://doi.org/10.1016/j.scitotenv.2020.138540>
106. USEPA United States Environmental Protection Agency, (2020). List N: disinfectants for use against SARS-CoV-2. Environmental Protection Agency, Washington, DC (2020). Available at: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>. U.S. March 13, 2020
107. Van Gemert, F., Chavannes, N. H., Kirenga, B., Jones, R., Williams, S., Tsiligianni, I., Vonk, J. M., Kocks, J. W. H., De Jong, C., & Van Der Molen, T. (2016). Socio-economic factors, gender and smoking as determinants of COPD in a low-income country of sub-Saharan Africa: FRESH AIR Uganda. *Npj Primary Care Respiratory Medicine*, 26(1). <https://doi.org/10.1038/npjpcrm.2016.50>
108. Wang, J., Xu, X., Wang, S., He, S., Li, X., & He, P. (2021). Heterogeneous effects of COVID-19 lockdown measures on air quality in Northern China. *Applied Energy*, 282, 116179. <https://doi.org/10.1016/j.apenergy.2020.116179>
109. Wang, P., Chen, K., Zhu, S., Wang, P., & Zhang, H. Y. (2020). Severe air pollution events not avoided by reduced anthropogenic activities during COVID-19 outbreak. *Resources Conservation and Recycling*, 158, 104814. <https://doi.org/10.1016/j.resconrec.2020.104814>
110. Wang, X., Chien, L. C., Li, Y., & Lin, G. (2020). Nonuniform impacts of COVID-19 lockdown on air quality over the United States. *Science of the Total Environment*, 745, 141105. <https://doi.org/10.1016/j.scitotenv.2020.141105>
111. Wheaton, A. G., Ford, E. S., Thompson, W. R., Greenlund, K. J., Presley-Cantrell, L., & Croft, J. B. (2013). Pulmonary function, chronic respiratory symptoms, and health-related

- quality of life among adults in the United States – National Health and Nutrition Examination Survey 2007–2010. *BMC Public Health*, 13(1). <https://doi.org/10.1186/1471-2458-13-854>
112. **Wilson, S. D., Madronich, S., Longstreth, J., & Solomon, K. R. (2019).** Interactive effects of changing stratospheric ozone and climate on tropospheric composition and air quality, and the consequences for human and ecosystem health. *Photochemical and Photobiological Sciences*, 18(3), 775–803. <https://doi.org/10.1039/c8pp90064g>.
 113. **World Health Organization WHO, (2005).** Air Quality Guidelines for Particulate Matter, Ozone, Nitrogen Dioxide and Sulfur Dioxide: Global Update 2005. World Health Organization. <https://www.who.int/publications/item/WHO-SDE-PHE-OEH-06-02>. 2 January 2006
 114. **World Health Organization WHO, (2010).** Guidelines for Indoor Air Quality: Selected Pollutants. Bonn, Germany, World Health Organization Regional Office for Europe. <https://www.ncbi.nlm.nih.gov/books/NBK138700/>
 115. **World Health Organization WHO, (2013).** Review of evidence on health aspects of air pollution – REVIHAAP Project. Technical Report. World Health Organization. <https://www.who.int/europe/publications/item/WHO-EURO-2013-4101-43860-61757> 1st October 2021
 116. **World Health Organization WHO, (2018).** [https://www.who.int/en/news-room/fact-sheets/detail/ambient-\(outdoor\)-air-quality-and-health](https://www.who.int/en/news-room/fact-sheets/detail/ambient-(outdoor)-air-quality-and-health). 19th December 2022
 117. **World Health Organization WHO, (2021a).** WHO global air quality guidelines: Particulate matter (PM_{2.5} and PM₁₀), ozone, nitrogen dioxide, sulfur dioxide and carbon monoxide. WHO Doc., 290 pp., www.who.int/publications/item/9789240034228.
 118. **World Health Organization WHO, (2021b).** WHO global air quality guidelines: Questions and answers. Accessed 22 September 2021, www.who.int/news-room/questions-and-answers/item/who-global-air-quality-guidelines.
 119. **Wu X., Vu T.V., Harrison R.M., Yan J., Hu X., Cui Y., Shi A., Liu X., Shen Y., Zhang G., & Xue Y. (2022).** Long-term characterization of roadside air pollutants in urban Beijing and associated public health implications. *Environmental Research*, 212, 113277. <https://doi.org/10.1016/j.envres.2022.113277>
 120. **Wu, X., Nethery, R. C., Sabath, M. B., Braun, D., & Dominici, F. (2020).** Air pollution and COVID-19 mortality in the United States: Strengths and limitations of an ecological regression analysis. *Science Advances*, 6(45). <https://doi.org/10.1126/sciadv.abd4049>
 121. **Xu, H., & Deng, Y. (2018).** Dependent Evidence Combination Based on Shearman Coefficient and Pearson Coefficient. *IEEE Access*, 6, 11634–11640. <https://doi.org/10.1109/access.2017.2783320>
 122. **Yao W., Porto R. D., Gallagher D.L., & Dietrich A.M. (2020).** Human exposure to particles at the air-water interface: Influence of water quality on indoor air quality from use of ultrasonic humidifiers. *Environment International*, 143, 105902. <https://doi.org/10.1016/j.envint.2020.105902>
 123. **Yi, W., Lo, K., Mak, T., Leung, K., Leung, Y., & Meng, M. (2015).** A Survey of Wireless Sensor Network Based Air Pollution Monitoring Systems. *Sensors*, 15(12), 31392–31427. <https://doi.org/10.3390/s151229859>
 124. **Zhang, J., Li, H., Lei, M., & Zhang, L. (2021).** The impact of the COVID-19 outbreak on the air quality in China: Evidence from a quasi-natural experiment. *Journal of Cleaner Production*, 296, 126475. <https://doi.org/10.1016/j.jclepro.2021.126475>
 125. **Zheng, B., Zhang, Q., Geng, G., Chen, C., Shi, Q., Cui, M., Lei, Y., & He, K. (2021).** Changes in China's anthropogenic emissions and air quality during the COVID-19 pandemic in 2020. *Earth System Science Data*, 13(6), 2895–2907. <https://doi.org/10.5194/essd-13-2895-2021>.
 126. **Zoran M. A., Savastru R., Savastru D., & Tautan M. (2020).** Assessing the relationship between surface levels of PM_{2.5} and PM₁₀ particulate matter impact on COVID-19 in Milan,

- Italy. *Science of the Total Environment*, 738, 139825. <https://doi.org/10.1016/j.scitotenv.2020.139825>
127. **Rahmani, N., & Sharifi, A. (2023).** Comparative analysis of the Surface Urban Heat Island (SUHI) effect based on the Local Climate Zone (LCZ) Classification Scheme for two Japanese cities, Hiroshima, and Sapporo. *Climate*, 11(7), 142. <https://doi.org/10.3390/cli11070142>
 128. **Järvi, L., Kurppa, M., Kuuluvainen, H., Rönkkö, T., Karttunen, S., Balling, A., Timonen, H., Niemi, J. V., & Pirjola, L. (2023).** Determinants of spatial variability of air pollutant concentrations in a street canyon network measured using a mobile laboratory and a drone. *Science of the Total Environment*, 856, 158974. <https://doi.org/10.1016/j.scitotenv.2022.158974>
 129. **Roy, S., & Singha, N. (2021).** Reduction in concentration of PM2.5 in India's top most polluted cities: with special reference to post-lockdown period. *Air Quality, Atmosphere & Health*, 14(5), 715–723. <https://doi.org/10.1007/s11869-020-00974-9>
 130. **Hu, M., Chen, Z., Cui, H., Wang, T., Zhang, C., & Kuang, Y. (2021).** Air pollution and critical air pollutant assessment during and after COVID-19 lockdowns: Evidence from pandemic hotspots in China, the Republic of Korea, Japan, and India. *Atmospheric Pollution Research*, 12(2), 316–329. <https://doi.org/10.1016/j.apr.2020.11.013>
 131. **Mishra, G., Ghosh, K., Dwivedi, A., Kumar, M., Kumar, S., Chintalapati, S., & Tripathi, S. N. (2021).** An application of probability density function for the analysis of PM2.5 concentration during the COVID-19 lockdown period. *Science of the Total Environment*, 782, 146681. <https://doi.org/10.1016/j.scitotenv.2021.146681>
 132. **Kim, T. K. (2015).** T test as a parametric statistic. *Korean Journal of Anesthesiology*, 68(6), 540. <https://doi.org/10.4097/kjae.2015.68.6.540>
 133. **Al-Kassab, M. M. (2022).** The use of one sample T-Test in the real data. *Journal of Advances in Mathematics*, 21, 134–138. <https://doi.org/10.24297/jam.v21i.9279>
 134. **Sarmadi, M., Rahimi, S., Rezaei, M., Sanaei, D., & Dianatinasab, M. (2021).** Air quality index variation before and after the onset of COVID-19 pandemic: a comprehensive study on 87 capital, industrial and polluted cities of the world. *Environmental Sciences Europe*, 33(1). <https://doi.org/10.1186/s12302-021-00575-y>

7 APPENDICES

Mean, Median, and Standard Deviation of Air Pollutants

Appendix 1

	<i>Pollutant</i>	<i>Mean</i>	<i>Median</i>	<i>Standard Deviation</i>
0	PM2.5	54.41767	46	41.63655
1	O ₃	20.20425	19.2	17.8963
2	PM10	26.74556	20	25.04793
3	NO ₂	9.769613	7.8	8.030718

Mean Measurement Values

Appendix 2

BL

<i>Measurement</i>	<i>NO₂</i>	<i>O₃</i>	<i>PM10</i>	<i>PM2.5</i>
<i>City</i>				
<i>Helsinki</i>	6.510762	17.9713	10.39014	22.73991
<i>Madrid</i>	13.3991	21.83049	17.01794	38.35426
<i>Milan</i>	25.8654	33.38294	24.19905	58.1564
<i>Oulu</i>	4.424215	17.07579	7.780269	18.4574
<i>Paris</i>	15.64753	18.60269	19.06278	41.47534
<i>Wuhan</i>	16.15113	27.94144	52.06306	100.1396

DL

<i>Measurement</i>	<i>NO₂</i>	<i>O₃</i>	<i>PM10</i>	<i>PM2.5</i>
<i>City</i>				
<i>Helsinki</i>	4.805603	23.46983	10.73707	20.38362
<i>Madrid</i>	11.30776	22.55216	15.97414	40.10776
<i>Milan</i>	25.32	35.28174	28.07391	68.99565
<i>Oulu</i>	3.620259	24.225	8.422414	18.05172
<i>Paris</i>	12.20862	22.62285	18.53879	42.34483
<i>Wuhan</i>	11.01466	24.35388	42.62069	92.60345

Change in Mean Pollutant Concentrations from Before to DL

Appendix 3

<i>Measurement</i>	<i>NO₂</i>	<i>O₃</i>	<i>PM10</i>	<i>PM2.5</i>
<i>City</i>				
<i>Helsinki</i>	-2.45457	8.301081	1.305104	-2.28277
<i>Madrid</i>	-7.40387	5.505697	-5.85603	-6.91617
<i>Milan</i>	-6.69493	7.524681	-4.31334	-7.53735
<i>Oulu</i>	-1.7166	9.825168	2.305445	-0.55264
<i>Paris</i>	-5.22087	8.50969	0.203886	3.877045
<i>Wuhan</i>	-4.88066	1.625225	-7.31068	-11.6444

Reductions in Mean Pollutant Concentrations Observed DL

Appendix 4

	<i>City</i>	<i>Measurement</i>	<i>Reduction</i>
0	Oulu	PM2.5	1.592031
1		PM10	-7.958617
2		O ₃	4.398499
3		NO ₂	45.353435
4	Helsinki	PM2.5	5.449515
5		PM10	5.707047
6		O ₃	0.786569
7		NO ₂	34.689814
8	Paris	PM2.5	9.543088
9		PM10	8.123936
10		O ₃	-17.02365
11		NO ₂	28.384892
12	Madrid	PM2.5	9.744037
13		PM10	19.516299
14		O ₃	-19.740649
15		NO ₂	35.189568
16	Milan	PM2.5	18.240077
17		PM10	19.31489
18		O ₃	-30.595649
19		NO ₂	25.532066
20	Wuhan	PM2.5	17.559861
21		PM10	15.998658
22		O ₃	-1.434704
23		NO ₂	9.159406

Average of Mean Concentration of Pollutants by City and Period

Appendix 5

	<i>City</i>	<i>Measurement</i>	<i>median BL</i>	<i>median DL</i>
0	Helsinki	NO ₂	6.510762	4.805603
1		O ₃	17.9713	23.469828
2		PM10	10.390135	10.737069
3		PM2.5	22.73991	20.383621
4	Madrid	NO ₂	13.399103	11.307759
5		O ₃	21.830493	22.552155
6		PM10	17.017937	15.974138
7		PM2.5	38.35426	40.107759
8	Milan	NO ²	25.865403	25.32
9		O ³	33.382938	35.281739
10		PM10	24.199052	28.073913
11		PM2.5	58.156398	68.995652
12	Oulu	NO ²	4.424215	3.620259
13		O ³	17.075785	24.225
14		PM10	7.780269	8.422414
15		PM2.5	18.457399	18.051724
16	Paris	NO ₂	15.647534	12.208621
17		O ₃	18.602691	22.622845
18		PM10	19.06278	18.538793
19		PM2.5	41.475336	42.344828
20	Wuhan	NO ₂	16.151131	11.014655
21		O ₃	27.941441	24.353879
22		PM10	52.063063	42.62069
23		PM2.5	100.13964	92.603448

Percent Change in Mean Pollutant Concentrations Before & DL **Appendix 6**

	<i>City</i>	<i>Measurement</i>	<i>Median BL</i>	<i>Median DL</i>	<i>Percent change</i>
0	Helsinki	NO ₂	6.510762	4.805603	-26.18985
1		O ₃	17.9713	23.469828	30.596156
2		PM10	10.390135	10.737069	3.339075
3		PM2.5	22.73991	20.383621	-10.361913
4	Madrid	NO ₂	13.399103	11.307759	-15.608093
5		O ₃	21.830493	22.552155	3.305752
6		PM10	17.017937	15.974138	-6.133524
7		PM2.5	38.35426	40.107759	4.571848
8	Milan	NO ₂	25.865403	25.32	-2.108619
9		O ₃	33.382938	35.281739	5.687938
10		PM10	24.199052	28.073913	16.012449
11		PM2.5	58.156398	68.995652	18.638111
12	Oulu	NO ₂	4.424215	3.620259	-18.171734
13		O ₃	17.075785	24.225	41.867565
14		PM10	7.780269	8.422414	8.253503
15		PM2.5	18.457399	18.051724	-2.197899
16	Paris	NO ₂	15.647534	12.208621	-21.977348
17		O ₃	18.602691	22.622845	21.610606
18		PM10	19.06278	18.538793	-2.748745
19		PM2.5	41.475336	42.344828	2.096406
20	Wuhan	NO ₂	16.151131	11.014655	-31.802578
21		O ₃	27.941441	24.353879	-12.839574
22		PM10	52.063063	42.62069	-18.136415
23		PM2.5	100.13964	92.603448	-7.525683

Mean Concentration of Pollutants by City

Appendix 7

BL

	City	Measurement	median
0			
1	Helsinki	NO ₂	6.510762
2		O ₃	17.9713
3		PM10	10.390135
4		PM2.5	22.73991
5	Madrid	NO ₂	13.399103
6		O ₃	21.830493
7		PM10	17.017937
8		PM2.5	38.35426
9	Milan	NO ₂	25.865403
10		O ₃	33.382938
11		PM10	24.199052
12		PM2.5	58.156398
13	Oulu	NO ₂	4.424215
14		O ₃	17.075785
15		PM10	7.780269
16		PM2.5	18.457399
17	Paris	NO ₂	15.647534
18		O ₃	18.602691
19		PM10	19.06278
20		PM2.5	41.475336
21	Wuhan	NO ₂	16.151131
22		O ₃	27.941441
23		PM10	52.063063
		PM2.5	100.13964

DL

	City	Measurement	median
0			
1	Helsinki	NO ₂	4.805603
2		O ₃	23.469828
3		PM10	10.737069
4		PM2.5	20.383621
5	Madrid	NO ₂	11.307759
6		O ₃	22.552155
7		PM10	15.974138
8		PM2.5	40.107759
9	Milan	NO ₂	25.32
10		O ₃	35.281739
11		PM10	28.073913
12		PM2.5	68.995652
13	Oulu	NO ₂	3.620259
14		O ₃	24.225
15		PM10	8.422414
16		PM2.5	18.051724
17	Paris	NO ₂	12.208621
18		O ₃	22.622845
19		PM10	18.538793
20		PM2.5	42.344828
21	Wuhan	NO ₂	11.014655
22		O ₃	24.353879
23		PM10	42.62069
		PM2.5	92.603448

Effect of COVID-19 Lockdown on Air Pollutant Concentrations in Different Cities. **Appendix 8**

<i>City</i>	<i>Pollutant</i>	<i>F-value</i>	<i>T-statistic</i>	<i>P-value</i>	<i>Hypothesis</i>
Oulu	PM2.5	1.47	-1.21	0.22574	Fail to reject null hypothesis
	PM10	1.19	1.09	0.27547	Fail to reject null hypothesis
	O ₃	2.16	-1.47	0.14211	Fail to reject null hypothesis
	NO ₂	92.67	-9.63	0	Reject null hypothesis
Helsinki	PM2.5	5.45	-2.33	0.01986	Reject null hypothesis
	PM10	4.15	-2.04	0.04193	Reject null hypothesis
	O ₃	0.45	-0.67	0.50481	Fail to reject null hypothesis
	NO ₂	113.12	-10.64	0	Reject null hypothesis
Paris	PM2.5	5.25	-2.29	0.02226	Reject null hypothesis
	PM10	3.11	-1.76	0.07808	Fail to reject null hypothesis
	O ₃	18.79	4.33	0.00002	Reject null hypothesis
	NO ₂	82.34	-9.07	0	Reject null hypothesis
Madrid	PM2.5	7.52	-2.74	0.00626	Reject null hypothesis
	PM10	27.28	-5.22	0	Reject null hypothesis
	O ₃	20.69	4.55	0.00001	Reject null hypothesis
	NO ₂	88.71	-9.42	0	Reject null hypothesis
Milan	PM2.5	19.56	-4.42	0.00001	Reject null hypothesis
	PM10	18.38	-4.29	0.00002	Reject null hypothesis
	O ₃	26.04	5.1	0	Reject null hypothesis
	NO ₂	97.84	-9.89	0	Reject null hypothesis
Wuhan	PM2.5	42.88	-6.55	0	Reject null hypothesis
	PM10	24.23	-4.92	0	Reject null hypothesis
	O ₃	0	0	0.99694	Fail to reject null hypothesis
	NO ₂	2.66	-1.63	0.10337	Fail to reject null hypothesis

OLS REGRESSION RESULTS BL

DEP. VARIABLE	Median	R-squared	0.985			
MODEL	OLS	Adj. R-squared	0.985			
METHOD	Least Squares	F-statistic	2.804e+07			
DATE	Wed, 19 Apr 2023	Prob (F-statistic)	0.00			
TIME	18:50:16	Log-Likelihood	-6.5815e+06			
NO. OBSERVATIONS	1314271	AIC	1.316e+07			
DF RESIDUALS	1314267	BIC	1.316e+07			
DF MODEL	3					
COVARIANCE TYPE	nonrobust					
	Coef	Std err	t	P > t 	[0.025	0.975]
CONST	-4.1601	0.041	-101.046	0.000	-4.241	-4.079
COUNT	-0.0088	0.000	-51.577	0.000	-0.009	-0.008
MIN	0.4125	0.000	1604.292	0.000	0.412	0.413
MAX	0.5869	0.000	2282.605	0.000	0.586	0.587
OMNIBUS	1316775.708	Durbin-watson	1.304			
PROB (OMNIBUS)	0.000	Jarque-Bear (JB)	10436313501.679			
SKEW	-3.463	0.00				
KURTOSIS	439.498	584.				
NOTES	Standard Errors assume that the covariance matrix of the errors is correctly specified					

OLS REGRESSION RESULTS BL

DEP. VARIABLE	Median	R-squared	0.985			
MODEL	OLS	Adj. R-squared	0.985			
METHOD	Least Squares	F-statistic	2.804e+07			
DATE	Wed, 19 Apr 2023	Prob (F-statistic)	0.00			
TIME	18:50:16	Log-Likelihood	-6.5815e+06			
NO. OBSERVATIONS	1314271	AIC	1.316e+07			
DF RESIDUALS	1314267	BIC	1.316e+07			
DF MODEL	3					
COVARIANCE TYPE	nonrobust					
	Coef	Std err	t	P > t 	[0.025	0.975]
CONST	-4.1601	0.041	-101.046	0.000	-4.241	-4.079
COUNT	-0.0088	0.000	-51.577	0.000	-0.009	-0.008
MIN	0.4125	0.000	1604.292	0.000	0.412	0.413
MAX	0.5869	0.000	2282.605	0.000	0.586	0.587
OMNIBUS	1316775.708	Durbin-watson	1.304			
PROB (OMNIBUS)	0.000	Jarque-Bear (JB)	10436313501.679			
SKEW	-3.463	0.00				
KURTOSIS	439.498	584.				
NOTES	Standard Errors assume that the covariance matrix of the errors is correctly specified					

Kruskal-Wallis test

Appendix 10

POLLUTANT CITY	ANOVA P-VALUE				KRUSKAL-WALLIS P-VALUE			
	NO ₂	O ₃	PM10	PM2.5	NO ₂	O ₃	PM10	PM2.5
HELSINKI	4.805603	23.46983	10.73707	20.38362	4.805603	23.46983	10.73707	20.38362
MADRID	11.30776	22.55216	15.97414	40.10776	11.30776	22.55216	15.97414	40.10776
MILAN	25.32	35.28174	28.07391	68.99565	25.32	35.28174	28.07391	68.99565
OULU	3.620259	24.225	8.422414	18.05172	3.620259	24.225	8.422414	18.05172
PARIS	12.20862	22.62285	18.53879	42.34483	12.20862	22.62285	18.53879	42.34483
WUHAN	11.01466	24.35388	42.62069	92.60345	11.01466	24.35388	42.62069	92.60345

Tukey's HSD Results for Pollutant Concentrations BL

Appendix 11/1

Multiple Comparison of Means - Tukey HSD, FWER=0.05

GROUP1	GROUP2	MEANDIFF	P-ADJ	LOWER	UPPER	REJECT
HELSINKI	Madrid	8.2474	0	5.4626	11.0323	TRUE
HELSINKI	Milan	20.9979	0	18.1737	23.8221	TRUE
HELSINKI	Oulu	-2.4686	0.1164	-5.2535	0.3163	FALSE
HELSINKI	Paris	9.2941	0	6.5092	12.0789	TRUE
HELSINKI	Wuhan	34.7079	0	31.9191	37.4967	TRUE
MADRID	Milan	12.7505	0	9.9263	15.5747	TRUE
MADRID	Oulu	-10.716	0	-13.5009	-7.9312	TRUE
MADRID	Paris	1.0466	0.8928	-1.7382	3.8315	FALSE
MADRID	Wuhan	26.4605	0	23.6717	29.2493	TRUE
MILAN	Oulu	-23.4665	0	-26.2907	-20.6423	TRUE
MILAN	Paris	-11.7039	0	-14.5281	-8.8797	TRUE
MILAN	Wuhan	13.71	0	10.8819	16.538	TRUE
OULU	Paris	11.7627	0	8.9778	14.5475	TRUE
OULU	Wuhan	37.1765	0	34.3877	39.9653	TRUE
PARIS	Wuhan	25.4139	0	22.6251	28.2026	TRUE

Tukey's HSD Results for Pollutant Concentrations BL

Appendix 11/2

Multiple Comparison of Means - Tukey HSD, FWER=0.05

GROUP1	GROUP2	MEANDIFF	P-ADJ	LOWER	UPPER	REJECT
HEL-SINKI	Madrid	7.6364	0	4.7035	10.5693	TRUE
HEL-SINKI	Milan	24.5688	0	21.6295	27.5081	TRUE
HEL-SINKI	Oulu	-1.2692	0.8204	-4.2021	1.6637	FALSE
HEL-SINKI	Paris	9.0797	0	6.1469	12.0126	TRUE
HEL-SINKI	Wuhan	27.7991	0	24.8662	30.732	TRUE
MADRID	Milan	16.9324	0	13.9931	19.8716	TRUE
MADRID	Oulu	-8.9056	0	-11.8385	-5.9727	TRUE
MADRID	Paris	1.4433	0.7254	-1.4896	4.3762	FALSE
MADRID	Wuhan	20.1627	0	17.2298	23.0956	TRUE
MILAN	Oulu	-25.838	0	-28.7772	-22.8987	TRUE
MILAN	Paris	-15.4891	0	-18.4283	-12.5498	TRUE
MILAN	Wuhan	3.2303	0.0215	0.2911	6.1696	TRUE
OULU	Paris	10.3489	0	7.416	13.2818	TRUE
OULU	Wuhan	29.0683	0	26.1354	32.0012	TRUE
PARIS	Wuhan	18.7194	0	15.7865	21.6523	TRUE

Mean Measurement Values

Appendix 12

BL

MEASUREMENT	NO ₂	O ₃	PM10	PM2.5
CITY				
HELSINKI	6.510762	17.9713	10.390135	22.73991
MADRID	13.399103	21.830493	17.017937	38.35426
MILAN	25.865403	33.382938	24.199052	58.156398
OULU	4.424215	17.075785	7.780269	18.457399
PARIS	15.647534	18.602691	19.06278	41.475336
WUHAN	16.151131	27.941441	52.063063	100.13964

DL

MEASUREMENT	NO ₂	O ₃	PM10	PM2.5
CITY				
HELSINKI	4.805603	23.469828	10.737069	20.383621
MADRID	11.307759	22.552155	15.974138	40.107759
MILAN	25.32	35.281739	28.073913	68.995652
OULU	3.620259	24.225	8.422414	18.051724
PARIS	12.208621	22.622845	18.538793	42.344828
WUHAN	11.014655	24.353879	42.62069	92.603448

Correlation Coefficients

Appendix 13

BL

MEASUREMENT	NO ₂	O ₃	PM10	PM2.5
CITY				
HELSINKI	0.644469	-0.036707	0.656893	0.061625
MADRID	0.643154	0.146624	0.681964	-0.085576
MILAN	0.555554	0.416956	0.450797	-0.066808
OULU	0.633302	-0.24107	0.626202	0.159402
PARIS	0.658332	0.099357	0.663735	0.073693
WUHAN	0.576887	0.287643	0.668198	-0.019971

DL:

MEASUREMENT	NO ₂	O ₃	PM10	PM2.5
CITY				
HELSINKI	0.666104	-0.30875	0.641529	0.18092
MADRID	0.644023	0.073343	0.577279	0.295788
MILAN	0.528838	0.410022	0.49586	-0.078065
OULU	0.651101	-0.456979	0.660364	0.137373
PARIS	0.612662	0.030648	0.64559	0.414647
WUHAN	0.654347	0.099887	0.50535	-0.193529

Descriptive Statistics for Pollutants

Appendix 14

BL

	COUNT	MEAN	STD	MIN	25%	50%	75%	MAX
MEASUREMENT								
NO₂	106676	10.173495	9.209041	0	4.7	8.2	12.8	500
O₃	100302	19.944402	20.815201	0	10.8	18.4	25.9	500
PM10	105855	26.301032	23.422114	0	12	20	33	999
PM2.5	108451	53.739112	40.28884	0	25	45	68	999

DL

	COUNT	MEAN	STD	MIN	25%	50%	75%	MAX
MEASUREMENT								
NO₂	113853	8.725331	6.9534	0	4.2	6.9	11.2	183.8
O₃	106173	21.481502	10.998334	0	13.5	21.6	28.5	274
PM10	114529	25.577783	22.549483	1	11	19	33	882
PM2.5	117935	52.550127	39.825652	1	25	42	68	834

Summary Statistics of Pollutant Concentrations in Selected Cities

Appendix 15

MEASUREMENT	NO ₂	O ₃	PM10	PM2.5
COUNT	6	6	6	6
MEAN	13.748625	22.436689	22.616491	49.2765
STD	8.136903	4.158567	15.510619	31.105365
MIN	4.656919	19.2547	8.511749	19.644909
25%	8.059786	20.212631	12.814075	27.24277
50%	14.322704	20.683485	18.21627	41.648072
75%	15.425981	22.802827	26.079621	61.084014
MAX	27.423537	30.433511	51.040576	102.714286