



Impact of Covid-19 Pandemic on Loneliness and Anxiety of People in India

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Abstract:

The corona virus (COVID-19) pandemic has posed unprecedented stress to persons of all ages. Despite recent speculative suggestions of poorer mental health of people in all over the world since the start of the pandemic, there have been no systematic efforts to measure these. Here we report on the content of worries of people in India and identify groups of people who may be particularly vulnerable to negative emotions along with reporting on the impact of corona virus on their lives. Hundred people reported on their personal experiences of being infected by the corona virus, the impact of the pandemic and its' restrictions across life domains, their top worries, social restrictions, and levels of negative affect. Findings showed that most participants had no personal experience (97.41%) or knew anyone (82.58%) with COVID-19, yet endorsed moderate-to-severe impact of COVID-19 on their academics, social life, and work. These impacts, in turn, were associated with negative effects. Participants' top worries focused on academic attainments, social and recreational activities, and physical health. More females than males worried about academic attainment and physical health while more males worried about social and recreational activities. Thus, Indian adults report significant impact of the pandemic on various aspects of their life and are particularly worried about academic attainments, social and recreational activities, and physical health. These findings call for a need to ensure provisions and access to digital education and medical care.

Introduction:

The COVID-19 pandemic had a vast effect on the physical and mental health of people across the globe. Moreover, in this historical situation, this pandemic affected every age group and especially those who were affected physiologically. Those bearing physiological effects have experienced a surge in loneliness & anxiety as well as other emotional symptoms which can be associated with many serious mental health outcomes including suicide, long-term physical health consequences, and a significant healthcare burden. The effect of COVID-19 on people's mental health could be more damaging in the long term than the infection itself. Measuring early signs of mental health challenges such as worries and negative emotions in people and identifying those most vulnerable to mental health difficulties is thus an urgent priority for researchers as well as stake holders.

Study Objective:

This study emphasizes the number of respondents who experienced a clinically significant change in their psychological health levels in the

outbreak assessment or significant levels of COVID-19- related traumatic distress.

Materials and Methods:

The present study was carried out at many center in India. Large groups of people within different age groups were assessed with the help of a questionnaire. A sample size of 100 subjects was conducted to study the impact of the COVID-19 pandemic on mental health. Key characteristics measured in this study were loneliness and anxiety of individuals who had tested positive for the virus (at any given time) as well as those who had never tested positive.

Results and discussion:

Seventy-one subjects reported that they did not experience stress and 29 subjects reported that they experienced stress. Ninety-five subjects reported that they did not experience anxiety and Five subjects reported that they experienced anxiety. Eighty-four subjects reported that they did not experience loneliness, while 16 subjects reported that they experienced loneliness.

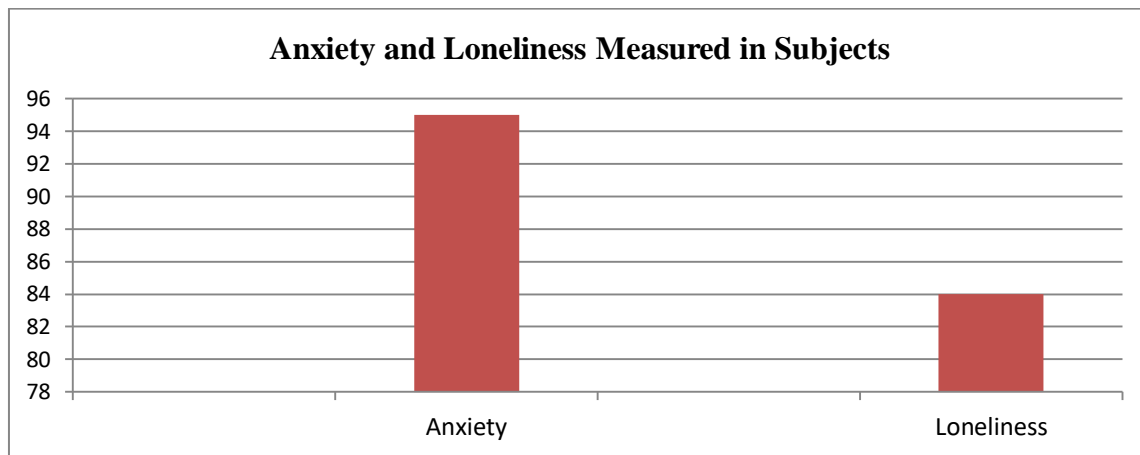


Fig. 4. Psychological details of people who participated in survey.

Discussion:

The results showed that subjects who previously tested positive for COVID-19 collectively exhibited high levels of loneliness and anxiety. Generally, loneliness and anxiety may lead to disturbances in quality of living such as poor sleep quality. It is important to note that the mediating effect of intolerance for uncertainty in the relationship of loneliness and mental health is significant. Loneliness invokes a stronger self-concerned inadaptability to threat response and may lead to more mental diseases through more serious intolerance for uncertainty and insomnia. This paper describes baseline data for a cohort of Indian people recruited to a study aiming to assess the longitudinal impact of COVID-19 on negative emotions and worries, as well as strategies used to manage these emotions. Yet, even during this period of rising infections, personal experiences and knowledge of others who had been exposed to the corona virus infection were uncommon for most of our participants. Nonetheless, participants reported moderate-to-severe impact of COVID-19.

Within these impacts and worries, there were some gender differences. More females than males reported academic stress as a top worry (though this gender difference was not replicated in quantitative impact ratings). Males reported a greater impact of COVID-19 on physical health in quantitative ratings; in the Indian context, male adolescents are more likely to engage in outdoor sports and experience fewer socio-cultural barriers to outdoor physical activity than female adolescents. This difference between genders, where males spend more time outside of the house than females, may also have emerged because males identified social and recreational activities as a top concern; females by contrast, followed restrictions associated with COVID, reporting more days in social isolation and on phone/video calls. Perhaps relatedly, more females expressed worries over physical health, fitness, and safety from contracting the virus than male participants. Some interesting trends were also noted in relation to socio-economic status (SES) of

the participants, as indexed by the per capita monthly income of their families. Lower SES was associated with a higher impact of COVID across life domains but particularly with impacts on physical health and family.

Conclusion:

The research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest. This study is to examine mental health before and after the COVID-19 outbreak. Taking COVID-19-related issues into account, we identified that a particular group experienced increase in stress levels and another group that experienced low stress levels. Beyond insights on risk factors of COVID-19 related psychology, the current study sheds further light on the impact of pandemic. Our results provides useful to enhance resistance by enabling individuals to buffer negative mental health consequences of stressors. The findings of the current study improve our understanding of the mental health consequences of COVID-19. Despite the majority of respondents showing no clinically significant symptom change, our results demonstrate that a group of respondents characterized by high impact on mental health may be at risk for the development of clinically significant symptom change from pre- to post-outbreak. Future studies should investigate the pandemic's impact on public mental health but also its influence on the mental health of health care professionals. Our results may also support the development of resilience trainings. Furthermore, future research should address a broad range of psychosocial consequences of COVID-19 and their impact on treatment access for mental disorders.

References:

1. Ludvigsson JF. Systematic review of COVID 19 in children shows milder cases and a better prognosis than adults. *Acta Paediatr.* (2020) 109:1088–95. doi: 10.1111/apa.15270
CrossRef Full Text | Google Scholar
2. Göttinger F, Santiago-García B, Noguera-Julián A, Lanaspá M, Lancella L, Carducci FIC, et al.

- COVID-19 in children and adolescents in Europe: a multinational, multicentre cohort study. *Lancet Child Adolesc Health.* (2020) 4:653–61. doi: 10.1016/S2352-4642(20)30177-2
CrossRef Full Text | Google Scholar
3. Ellis WE, Dumas TM, Forbes LM. Physically isolated but socially connected: Psychological adjustment and stress among adolescents during the initial COVID-19 crisis. *Canad J Behav Sci.* (2020) 52:177. doi: 10.1037/cbs0000215
CrossRef Full Text | Google Scholar
4. Ozamiz-Etxebarria N, Dosil-Santamaria M, Picaza-Gorrochategui M, Idoiaga-Mondragon N. Stress, anxiety, and depression levels in the initial stage of the COVID-19 outbreak in a population sample in the northern Spain. *Cadernos Saúde Públ.* (2020) 36:e00054020. doi: 10.1590/0102-311x00054020
PubMed Abstract | CrossRef Full Text | Google Scholar
5. Cao W, Fang Z, Hou G, Han M, Xu X, Dong J, et al. The psychological impact of the COVID-19 epidemic on college students in China. *Psychiatry Res.* (2020) 287:112934. doi: 10.1016/j.psychres.2020.112934
CrossRef Full Text | Google Scholar
6. Chen F, Zheng D, Liu J, Gong Y, Guan Z, Lou D. Depression and anxiety among adolescents during COVID-19: a cross-sectional study. *Brain Behav Immun.* (2020) 88:36–8. doi: 10.1016/j.bbi.2020.05.061
PubMed Abstract | CrossRef Full Text | Google Scholar
7. Zhou SJ, Zhang LG, Wang LL, Guo ZC, Wang JQ, Chen JC, et al. Prevalence and socio-demographic correlates of psychological health problems in Chinese adolescents during the outbreak of COVID-19. *Eur Child Adolesc Psychiatry.* (2020) 29:749–58. doi: 10.1007/s00787-020-01541-4
PubMed Abstract | CrossRef Full Text | Google Scholar
8. UK Youth. The Impact of COVID-19 on Young People & The Youth Sector. (2020). Available online at: www.ukyouth.org/wp-content/uploads/2020/04/UK-Youth-Covid-19-Impact-Report-External-Final-08.04.20.pdf (accessed July 22, 2020).
9. Rivenbark JG, Odgers CL, Caspi A, Harrington H, Hogan S, Houts RM, et al. The high societal costs of childhood conduct problems: evidence from administrative records up to age 38 in a longitudinal birth cohort. *J Child Psychol Psychiatry.* (2018) 59:703–10. doi: 10.1111/jcpp.12850
PubMed Abstract | CrossRef Full Text | Google Scholar
10. Ewest F, Reinhold T, Vloet TD, Wenning V, Bachmann CJ. Health insurance expenses caused by adolescents with a diagnosis of conduct disorder. *Kindheit Entwicklung.* (2013) 22:41–7. doi: 10.1026/0942-5403/a000097
CrossRef Full Text
11. Bernfort L, Nordfeldt S, Persson J. ADHD from a socio-economic perspective. *Acta Paediatr.* (2008) 97:239–45. doi: 10.1111/j.1651-2227.2007.00611.x
CrossRef Full Text | Google Scholar
12. Depoux A, Martin S, Karafillakis E, Preet R, Wilder-Smith A, Larson H. The pandemic of social media panic travels faster than the COVID-19 outbreak. *J Travel Med.* (2020) 27:taaa031. doi: 10.1093/jtm/taaa031
CrossRef Full Text | Google Scholar
13. O'Connor DB, Aggleton JP, Chakrabarti B, Cooper CL, Creswell C, Dunsmuir S, et al. Research priorities for the COVID-19 pandemic and beyond: a call to action for psychological science. *Br J Psychol.* (2020) 111:603–29. doi: 10.1111/bjop.12468
PubMed Abstract | CrossRef Full Text | Google Scholar
14. Holmes EA, O'Connor RC, Perry VH, Tracey I, Wessely S, Arseneault L, et al. Multidisciplinary research priorities for the COVID-19 pandemic: a call for action for mental health science. *Lancet Psychiatry.* (2020) 7:P547–60. doi: 10.1016/S2215-0366(20)30168-1
PubMed Abstract | CrossRef Full Text | Google Scholar
15. Gupta A, Banerjee S, Das S. Significance of geographical factors to the COVID-19 outbreak in India. *Model Earth Syst Environ.* (2020) 6:2645–53. doi: 10.1007/s40808-020-00838-2
PubMed Abstract | CrossRef Full Text | Google Scholar
16. Worldometers (2020). Available online at: <http://www.worldometers.info/coronavirus/india/>
17. PIB Delhi. Update on Novel Coronavirus: One Positive Case Reported in Kerala. (2020). Available online at: <https://pib.gov.in/pressreleaseiframepage.aspx?prid=1601095> (accessed July 22, 2020).
18. Kaushik S, Kaushik S, Sharma Y, Kumar R, Yadav JP. The Indian perspective of COVID-19 outbreak. *VirusDisease.* (2020) 31:1–8. doi: 10.1007/s13337-020-00587-x
CrossRef Full Text
19. Patra S, Patro BK. COVID-19 and adolescent mental health in India. *Psychiatry Res.* (2020) 293:113429. doi: 10.1016/j.psychres.2020.113429
PubMed Abstract | CrossRef Full Text | Google Scholar
20. Gururaj G, Varghese M, Benegal V, Rao GN, Pathak K, Singh LK, et al. National Mental Health Survey of India, 2015-16: Summary Report. Bengaluru: National Institute of Mental Health and Neurosciences (2016).
21. Watson D, Clark LA, Tellegen A. Development and validation of brief measures of positive and

negative affect: the PANAS scales. *J Pers Soc Psychol.* (1988) 54:1063–70. doi: 10.1037/0022-3514.54.6.1063

PubMed Abstract | CrossRef Full Text | Google Scholar

22. Snaith RP, Hamilton M, Morley S, Humayan A, Hargreaves D, Trigwell P. A scale for the assessment of hedonic tone the Snaith–Hamilton pleasure scale. *Br J Psychiatry.* (1995) 167:99–103. doi: 10.1192/bjp.167.1.99

PubMed Abstract | CrossRef Full Text | Google Scholar

23. Field A. *Discovering Statistics Using SPSS* (3rd ed.). London: Sage Publications Ltd. (2009).

Google Scholar

24. Trochim WM, Donnelly JP. *The Research Methods Knowledge Base* 3rd ed. Cincinnati: Atomic Dog (2006).

Google Scholar

25. Gravetter F, Wallnau L. *Essentials of Statistics for the Behavioral Sciences* 8th ed. Belmont: Wadsworth (2014).

Google Scholar

26. Tiedeman DV, O'Hara RP. *Career Development: Choice and Adjustment*. New York, NY: College Entrance Examination Board (1963).

Google Scholar

27. Markus HR, Kitayama S. Culture and the self: Implications for cognition, emotion, and motivation. *Psychol Rev.* (1991) 98:224–53. doi: 10.1037/0033-295X.98.2.224

CrossRef Full Text | Google Scholar

28. Das S. Mental health and psychosocial aspects of COVID-19 in India: the challenges and responses. *J Health Manag.* (2020) 22:197–205. doi: 10.1177/0972063420935544

CrossRef Full Text | Google Scholar

29. Dhull I, Kumari S. Academic stress among adolescent in relation to gender. *Int J Appl Res.* (2015) 1:394–6. Available online at: <https://www.allresearchjournal.com/archives/?year=2015&vol=1&issue=11&part=F&ArticleId=931>

30. Swaminathan S, Selvam S, Thomas T, Kurpad AV, Vaz M. Longitudinal trends in physical activity patterns in selected urban south Indian school children. *Ind J Med Res.* (2011) 134:174–80.

PubMed Abstract | Google Scholar

31. Satija A, Khandpur N, Satija S, Mathur Gaiha S, Prabhakaran D, Reddy KS, et al. Physical activity among adolescents in India: a qualitative study of barriers and enablers. *Health Educ Behav.* (2018) 45:926–34. doi: 10.1177/1090198118778332

PubMed Abstract | CrossRef Full Text | Google Scholar

32. Rundle AG, Park Y, Herbstman JB, Kinsey EW, Wang YC. COVID-19–related school closings and risk of weight gain among children. *Obesity.* (2020) 28:1008–9. doi: 10.1002/oby.22813

PubMed Abstract | CrossRef Full Text | Google Scholar

33. Cluver L, Lachman JM, Sherr L, Wessels I, Krug E, Rakotomalala S, et al. Parenting in a time of COVID-19. *Lancet.* (2020) 395:E64. doi: 10.1016/S0140-6736(20)30736-4

CrossRef Full Text | Google Scholar

34. Leventhal AM, Unger JB, Audrain-McGovern J, Sussman S, Volk HE, Strong DR. Measuring anhedonia in adolescents: a psychometric analysis. *J Pers Assess.* (2015) 97:506–14. doi: 10.1080/00223891.2015.1029072

PubMed Abstract | CrossRef Full Text | Google Scholar

35. Pandey VK, Aggarwal P, Kakkar R. Modified BG prasad socio-economic classification, update-2019. *Ind J Commun Health.* (2019) 31:123–5. Available online at: <https://www.iapsmupuk.org/journal/index.php/IJCH/article/view/1055>

Google Scholar