

RESEARCH ARTICLE

PSYCHOSOCIAL CHALLENGES AND EMERGING ISSUES OF COVID-19: A PERCEPTION-BASED SURVEY

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Abstract

Background: Coronavirus pandemic situation is acknowledged as a terrifying situation to human beings and has generated a tremendous loss in many perspectives to human life worldwide. People get impacted by physical, psychosocial, economic, and environmental crises amidst any pandemic crisis. **Objectives:** The current study aimed to interpret and explore the perception of the impact of a pandemic crisis on mental health, emerging issues, and governance among the people of a developing country during the lockdown of Covid-19, the second wave. This study also assessed their knowledge to assess their level of mental preparedness during Covid-19. **Methods and Materials:** An online cross-sectional survey was performed among a sub-set of a developing country population using a modified pre-validated structured tool. The sample size was 124. Responses were analyzed using descriptive and inferential statistics of Chi-square and regression analysis. **Results:** About 55.47% (71) had adequate knowledge. The mean knowledge score was 6.04, with a Standard Deviation (SD) of 2.16, indicating a low knowledge level. There was a higher significant association between demographics and mental health in terms of variables of psychosocial domains ($p < 0.05$). Also, a negative association was found between their knowledge and their profession ($p < 0.05$). **Conclusion:** Partial lockdown at the time of the study due to Covid-19 has led the majority of the people to undergo mental stress disregarded to their age, education, or their boundness to the healthcare profession. The healthcare system needs to emphasize enhancing appropriate knowledge to adopt preventive measures and efficient protocols, including vaccination. *ASEAN Journal of Psychiatry, Vol. 22(10) December, 2021; 1-10.*

Keywords: Covid-19, Mental Health, Emerging Issues, Knowledge, Governance.

Introduction

The covid-19 pandemic has exponentially shaken individuals' physical and mental health across the globe with an unbelievable deterioration in the global economy [1]. As of September 1, 2021, there was a forecasting figure of 1,496,000 fatalities in India [2]; the first case was detected in Kerala, India, on January 27, 2020. It was reported that the patient had returned from China on January 23, 2020, owing, to begin with, the infection outbreak [3]. On March 7, 2020, the first patient with covid-19 was reported in Tamil

Nādu, one among the states of a developing country. On May 13, 2020, there was a spike with 30,987 cases, with Chennai, the capital city of Tamil Nadu, the worst affected town of Tamil Nadu [4]. Evidence from recent studies [5] stated that any pandemics would significantly devastate people's mental resilience worldwide. Knowledge is the fundamental concept behind ill health that could influence preventive behaviors and attitudes. The public needs profound awareness and deeper insights into the pandemic to preserve good mental health [6]. Higher

pessimistic attitudes and preventive behaviors of Covid-19 are negatively associated with higher mental stress and anxiety [7]. Mental health disturbances have the sequel with loss of employment, fear, depression, loss of family, social restrictions, and unpredictability in all on-going emerging issues [8]. The retrospective thoughts and feelings about Covid-19 phases of undergoing illness, early screening, diagnostic measures, acute and chronic conditions treatment, and vaccination would mount one's own stress [9]. Across the globe, all nations have initiated enormous efforts to curb this crisis by national regulations and policies and brought several protocols using stringent strategies. Some governments deployed their army forces to build support and cooperation between their people and nations [10]. However, the inequalities exist upon individuals' knowledge, anxiety and perception of the on-going wildfire of the pandemic [11]. In a developing nation, there are scarcities of information relating to individuals' perceptions about mental health, emerging issues, and their opinion about their surroundings [12]. It is well understood that unprecedented severity leads to a range of insecurity that varies across each aspect of psychosocial domains [13]. As Covid-19 turns out to be a most significant crisis, there is a dire necessity to quantify the level of knowledge and mental health, including emerging issues and governance, to comply perfectly with the health-illness concepts.

Materials and Methods

Study design

The study adopted a cross-sectional online survey with the quantitative approach, conducted among the sub-section of southern parts of Tamil Nādu, with both independent and dependent variables measured at one time. Given the lockdown reality due to covid-19, the study measured all participants using online responses. The study background and objectives were briefly described at the beginning to the participants. Participants gave their consent before answering the self-reported questionnaire.

Objectives

- To assess the level of participants' knowledge about Covid-19.
- To explore the psychosocial effects of covid-19 represented by mental health, emerging issues, and governance (challenges).
- To find out the association between the health profession and participants' level of knowledge.
- To determine the association between demographics and the participant's psychosocial effects of covid-19 represented by mental health, emerging issues, and opinion about governance.

Study setting and population

The study was conducted among 128 participants who have volunteered to participate from the southern region of Tamil Nadu. The sample size was computed using the sample size calculator using the mean, confidence interval, and margin error [14]. Freedom was given to all respondents to withdraw from the study and assured anonymity and confidentiality.

Inclusion/exclusion criteria

Participants living in the specific region, willing to participate and understand the regional language (Tamil) and English, 18 years above, were included to share their responses. Being unwilling to participate, having experienced indications and symptoms of COVID 19, and being present during family members' care and therapy were all grounds for exclusion from the study.

Data collection instrument

The data collection tool for the survey was developed for this study according to the research questions. The evaluation items for the instrument were acquired using a modified pre-validated tool [15] to explore the participants' knowledge and perception of possible psychosocial mental health towards covid-19.

The tool had five major primary parts-the first part of the demographic data age, gender, education, and role in the health field. The second section was the knowledge questionnaire

which had 11 items of evaluation. Respondents were asked to respond to knowledge items with yes, no, and don't know options. Incorrect or uncertain (don't know) responses were not given a score, and correct answers were assigned a score of one. The total score for knowledge ranged from zero to 11, with high scores indicating a better understanding of COVID-19. The rest of the items of the questionnaire was distributed among mental health (10 items), emerging issues (7 items), and governance (6 items). The last three domains used a five-point Likert scale to state their opinion from each statement, as (SA) Strongly Agree (5), (A) Agree (4), (N) Neutral (3), (DA) Disagree (2), (SDA) Strongly Disagree (1).

Initial pilot research, conducted with 10% of the targeted people, examined the survey's feasibility and practicality. According to the researchers, the tool has been shown to have high dependability and test-retest reliability. During the lockdown, the data collection was between March 1 to March 15, 2020. The responses were related to various categories of people nurses, engineers, postgraduate students, the business community, and industry owners.

After deleting one response who had submitted incorrect questionnaires, a total of 128 samples were utilized in the study. The response rate was 99%. After receiving informed consent, the researcher conducted the survey using convenience sampling.

It is a collaborative research for which the relevant nursing professionals from India have been approached to access the volunteers from India. Later the study was approved by the ethical committee of Postgraduate Vice deanship and research, faculty of Nursing, Umm Al-Qura University, Makkah, Saudi Arabia. The researchers strictly followed the standards in involving human participants in preserving anonymity and confidentiality.

The strengthening of the reporting of observational studies in Epidemiology statement was used to write this paper, followed throughout the writing process [16]. It has been made possible by the COVID 19 epidemic that a link to an online questionnaire was sent out by what's app, and it has become the most often and extensively utilized social media platform in light of this present occasional lockdown.

The statistically significant value was fixed as the p-value of $p < 0.05$. The relevant descriptive statistics were used for all items of variables in all five sections. Chi-square and Pearson correlation were used for associating the independent and dependent variables.

Results

The majority of the participants were female, 88 (68.8%), and between 18-30 (75.78%). Nearly half of the 46.88% held an undergraduate degree, and 56.3% (72) did not belong to the health profession. Table 1 summarizes the details of demographic characteristics.

Table 1. Demographic characteristics.

Variable	<i>n</i>	%
Age		
18-30	97	75.78
31-40	15	11.72
41-50	16	12.50
Gender		
Male	40	31.25
Female	88	68.75
Education		
Diploma	4	3.12

Master	21	16.41
Higher secondary	29	22.66
Bachelor	60	46.88
Other	14	10.94
Health professional		
Yes	56	43.75
No	72	56.25

Participant’s responses to Knowledge about Covid-19

The participant's knowledge interpretation is summarized in Table 2 and Table 3. In this study, 71 (55.47%) of the participants had adequate knowledge, 26 (20.31%) were moderate, and 31 (24.32%) with inadequate

knowledge. Moreover, no statistically significant association was found between knowledge and health profession ($p < 0.5$). As the data were collected from the rural sector, male men (mean 5.98; SD 2.06) had substantially higher knowledge than female, male (mean 6.38; SD 2.29).

Table 2. Participant’s responses to the Knowledge on Covid-19.

S. No	Knowledge	TRUE	FALSE	Don't know
1	Currently, there is an effective treatment available for treating Covid-19.	24(18.8)	72 (56.3)	32(25)
2	There are ways to help slow the spread of viral infection.	100(78.1)	14(10.9)	14(10.9)
3	Not all patients go for severe consequences; people with stronger immunity are more likely to recover without serious outcomes.	110(85.9)	9(7)	9(7)
4	Other strains of coronaviruses can infect humans, including those that can cause the common cold	69(53.9)	24(18.8)	35(27.3)
5	The health effects of COVID-19 coronaviruses appear to be more severe for people who already have a severe medical condition (Comorbid)	103(80.5)	9(7)	16(12.5)
6	Taking Vitamin C or other supplements will protect you from the coronavirus	81(63.3)	21(16.4)	26(20.3)
7	There is no evidence that vaccines against pneumonia will protect you against COVID-19	61(47.7)	31(24.2)	36(28.1)
8	Regularly rinsing your nose and throat with saline (saltwater) will protect you against the COVID-19 coronavirus	73(57)	34(26.6)	21(16.4)
9	There is no evidence eating garlic that gives protection against covid-19.	66(51.6)	31(24.2)	31(24.2)

10	Hand dryers are effective in killing Covid-19.	39(30.5)	63(49.2)	26(20.3)
11	Is a severe infectious disease caused by Covid-19	66(51.6)	31(24.2)	31(24.2)

Table 3. Participants level of knowledge about Covid 19.

Knowledge	f	%	Mean	S.D
Adequate	71	55.47	6.07	2.13
Moderate	26	20.31		
Inadequate	31	24.22		

Responses to the questionnaire psychological well-being (mental health, emerging issues, and governance) and its comparison with demographic variables

Table 4 represents participant's perceptions for the items of evaluation with mean and SD. The

significant association ($p < 0.05$) found with the variable age, gender, and education regarding their psychosocial domains of mental health, emerging issues, and governance are detailed in Table 5. Moreover, a remarkable statistically significant relation was found between their health profession and mental health.

Table 4. Variables of Covid-19 mental health, emerging issues, and perception of their regional support.

S. No	Variables	Mean (SD)
1	Afraid of the recent outbreak of coronavirus.	3.65(1.23)
2	Fearful of getting infected with COVID-19.	3.35(1.31)
3	Afraid of losing my life or my relative's lives due to this outbreak	3.56(1.59)
4	Media news of infection and deaths from COVID-19 increases fear.	3.42(1.33)
5	Uncomfortable to be detached from regular activities due to occasional lockdown	3.73(1.18)
6	Something dangerous will happen unexpectedly with the epidemic	3.38(1.22)
7	Difficulties accumulate these days and are hard to overcome	3.67(1.11)
8	Nervous and stressed due to COVID-19 outbreak	3.28(1.26)
9	Things related to the epidemic are out of my control.	3.36(1.30)
10	Unable to control the essential things in my life due to the epidemic.	3.46(1.23)
11	Chance of community transmission of COVID-19 if lockdown is relaxed	3.75(1.18)
12	A vast number of people will be infected until the vaccine is invented	3.91(1.01)
13	The chance of not detecting most of the infected patients due to a lack of health facilities leads to underestimating the number of infected cases.	3.66(1.11)
14	There is a chance of increasing the number of deaths by not having proper health facilities	3.46(1.2)
15	Lack of biomedical waste management facilities in the hospitals will create environmental transmission.	3.51(1.09)
16	People are psychosocially shocked and mentally affected due to this outbreak	4.00(0.97)
17	The government can deal with and manage this outbreak	3.49(1.12)
18	Authorities consider this outbreak of coronavirus seriously	3.75(1.18)
19	Leaders make the proper decision at the right time	3.33(1.22)
20	The government authorities involve in putting efforts to combat the COVID-19 outbreak	3.70(1.02)

21	Regional policy and action plan is more supportive in combating COVID-19	3.66(1.05)
22	Groceries products are higher than usual price.	3.94(1.02)
23	Willing to volunteer for having COVID-19 Vaccine.	3.50(1.21)

Table 5. Statistical relationship demographic variables with psychosocial domains.

Demographic and clinical variables	SA	A	N	D	SD	Test	Significant
	f	f	f	f	f		
Age							
18-30	280	378	150	112	50	182.66 ^b	0.000 ^{***}
31-40	14	38	40	36	22		
41-50	12	32	23	60	33		
Gender							
Male	76	104	64	92	64	78.89 ^b	0.000 ^{***}
Female	230	344	149	116	41		
Education							
Diploma	16	5	7	8	4	181.44 ^b	0.000 ^{***}
Master	86	44	32	30	18		
Higher secondary	112	55	56	39	28		
Bachelor	68	276	104	113	39		
Other	28	64	14	18	16		
Health profession							
Yes	126	183	74	119	58	30.32 ^b	0.000 ^{***}
No	180	265	139	89	47		
Mental Health and Emerging Issues	-	-	-	-	-	0.428 ^a	0.000 ^{***}

SA: Strongly agree, A: Agree, N: Neutral, D: Disagree, SD: Standard Deviation; a: Pearson Correlation, b: Chi-Square; ***: $p < 0.05$ significant

Discussion

Covid-19 is an ongoing pandemic disease that creates great hazards to people worldwide. Given the significant dangers inflicted by Covid-19, lack of knowledge and weak mental health are important factors affecting public preparedness during any pandemic situation [15]. The online cross-sectional survey in a developing country intended to assess the mental health, emerging issues, and the public opinion about their environment (regional support) during the Covid-19 pandemic. A pandemic sweep in Bangladesh caused mental and economic distress due to partial lockdown and a fragile healthcare system [15]. The troubles each individual is exposed to and how they react during any crisis drastically unfold the individual's lives and surroundings. The core knowledge acts as a solid focus to most effectively cope with psychosocial preparedness [17]. According to a study among

the survivors of a severe acute respiratory syndrome, there was a surge in psychological distress, and the study participants negatively perceived the situation [18]. Enormous disruption occurs to both healthy and ill people.

Pandemic illness has a strong negative impact on psychosocial wellbeing that will impact mental health in several ways [19]. In terms of mental health, our study reported that 57.9% (74) were afraid of the outbreak of Covid-19 in their city (mean 3.65 ± 1.23). Almost half of the respondents, 50% (64), expressed fear, irritability, and afraid of getting infected with COVID-19 (mean 3.35 ± 1.31). More than 50% of the studied people strongly perceived that they were fearful of losing their life and relative's life (mean 3.56 ± 1.59). Moreover, 62 (42.5%) of the represented sample were more nervous and stressed about covid-19.

World health organization recommended the public to follow wearing masks, social distancing, hand hygiene, ventilated environment, and coughing techniques [20]. Consequently, regional and national organizations have provided plenty of prevention strategies to the people in the community [21]. Respondents in our study were assessed to reveal their opinion about regional organizational support. The current study explored that 60.9% (74) people were not satisfied as they did not find the necessary biomedical waste management facilities in rural health centers. Only 21% (27) participants had strong confidence in the government policy rendering essential services ($SD\ 3.58 \pm 0.17$). About the participant's everyday survival during a lockdown, 71.1% (91) almost majority of the participants strongly agreed that the primary product prices are high. Surprisingly, 72 (56.2%) do not want to receive a vaccination. A similar study investigating vaccination attitudes disseminated the results with shallow acceptance within and across a low-income country [22]. It is pertinent to assess people's knowledge and associated mental health to diagnose early and take preventive actions.

Our study findings revealed that individuals from developing countries are less knowledgeable about the basic information about covid-19. A study in Saudi Arabia conducted after the WHO announcement of the Covid-19 pandemic revealed that 75% of the study sample was adequate in knowledge. This result implies the differences in ability by an understanding between developing and developed countries. Another published literature is similar to our finding in terms of knowledge. It was conducted in India, Pakistan, and China [23]. Interestingly, there was no statistically significant association found among professions.

In the current study, researchers investigated increasing their fear due to social media that will generally produce alarming scenarios for the most general public. Following the study findings, it was stated that social media creates a panic situation by spreading stories and sensational news, raising peoples' stress and anxiety [24]. The current situation created fear among the public, and they were mentally unable

to overcome the crisis. A study in China observed that a characteristic post with a positive message would help people alleviate their concerns [25].

Pearson correlation and chi-square were adopted and found that mental health, emerging issues, and people's perception about their district health centers were significantly associated with all demographic variables. Amongst all three sub-domains, mental health and emerging problems substantially impact stress (Table 4). However, a study among Nakivale refugees disclosed no associations between demographics and depressive disorders [26].

Additionally, one-quarter of the respondents have approved the benefits and necessity of lockdown. 59% (mean 3.75 ± 1.18) of the participants strongly agreed that there is a possibility of spreading infection due to relaxation of lockdown. Our study has also outlined the lack of facilities to detect infected patients. Participants 65 (50.8%) expressed that the lack of testing labs in their region will undermine the exact number of infected cases. The majority of the respondents, 73 (56.11%), agreed that the fatality would increase. In many developing countries, the facilities for screening covid-19 are few, and it is more likely to cause barriers to fight against Covid-19 [27].

Limitations

Firstly, the study had a modest number of participants, restricting statistical power. Secondly, a non-probability sampling technique was implemented; hence it cannot represent everyone. Thirdly, the online study might under describe the findings.

Conclusion

Our findings concluded that the developing country needs unique healthcare services, especially for the rural community, to revamp their knowledge about any unprecedented pandemic. Subsequently, the fear and anxiety are to be considered to preserve their mental health and positively perceive emerging issues and governance.

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Conflict of Interest

The authors declare that there are no conflicts of interest.

Authors Contribution

NT and PR, we authors, have conceptualized, designed, organized, and performed the study. Study analysis, manuscript writing was equal contributions and approved the final version.

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