

Effect of covid 19 psychological adjustment and stress among adolescent: A cross sectional study

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ABSTRACT

Background: After the declaration of COVID-19 as a pandemic by the WHO, every country took important measures to reduce its spread such as lockdowns and social distancing. However, lockdown and social distancing have created many problems worldwide economically, socially, and psychologically. This study was regarding the psychological impacts upon adolescents of social distancing during the COVID-19 pandemic lockdown, particularly in urban areas like Delhi, INDIA.

Methods: An online survey was designed, and a Google form was sent to adolescents aged 13 to 17 years old through Email, WhatsApp, and Facebook groups. The survey included demographic information and the questions asked about depression, and anger during COVID-19.

Results: Sixty adolescents recorded their responses from 1st June to 30th June 2021.

Conclusion: Intensive psychosocial interventions are required on the part of parents, teachers, and policy makers to deal with the psychological issues of the young population. They are not only following the social distancing rules and missing campus life, but sudden shift to E-learning, and future employment insecurities make them more vulnerable to psychological disturbances.

INTRODUCTION

The corona virus disease 2019 (COVID-19) and the resultant social distancing and lockdowns have generated difficulties in every field of human life around the globe. Social distancing is a term that we are now hearing every day and it is a new and strange phenomenon for most of us. It means avoiding social venues like shopping malls, cinemas and clubs, not going to schools, colleges or universities, staying at home, if possible, not travelling outside of the city, and refraining from social gatherings like weddings, parties and even funerals. If it is necessary to go outside, we must keep a safe distance of 2 to 6metres from others.1COVID-19 was declared a pandemic in March 2020by the WHO. After this, social distancing wasadvocated to reduce the spread of COVID-19, as experts stated that it was spread through human contact. The number of confirmed COVID-19 cases in INDIA was89208. as of 1st July 2020. The most affected province is Maharashtra, followed by kerala.2 The Indian government announced the closure of all educational institutions from 14thMarch 2020 followed by lockdown on 24 th March 2020. For the present investigation, the target population was adolescents aged between 13 and 17 years old. They were asked in an online surveyabout the impacts of social distancing in relation to their feelings, behaviour, and thoughts. Children and adolescents are usually healthy and need only regular check-ups and vaccinations, but mental health is an important area to be assessed and treated at its earliest.**3** For the sound physical, cognitive, and emotional development of children, a comprehensive environment is required, full of nourishment and nurturance.

During that time the coronavirus affected the lives of children and adolescents in every respect, whether it was physical, cognitive, or psychological.

During the pandemic, the circumstances of every country decided the impacts of the coronavirus, although it affected the whole world. According to UNESCO, 188 countries suspended their academic activities around 8th April nationwide. Lockdown was declared in India on 24th March 2020. Children and adolescents were probably most affected psychologically due to their limited knowledge and lack of adequate coping mechanisms to deal with emergency situations like this. **4**Children and adolescents were not only anxious andstressed because of school closure but in some areasof the world they were self-isolated, taking care oftheir diseased elders or coping with their deceased loved ones' memories. A questionnaire conducted by UNICEF, the Children and Youth Council ofThailand, The United Nations Development Programme (UNDP) and The United Nations PopulationsFund (UNFPA) during March and April 2020surveyed 6,771 young people aged 15 to 19 years old.



They reported that many of the participants wereworried about not only the presenteducational conditions but also their future education and employmentopportunities. Half of them were worried that theywere not allowed to go outside to meet their friends, and about 7% of the population was concerned aboutchild abuse.5

Social distancing procedures force children andadolescents into self-isolation or staying in anabusive environment where abuse may be increaseddue to health and economic insecurities. 6Manycomparisons have been carried out with previoushealth outbreaks such as SARS and Ebola. There wasan increased number of reports of domestic violencein Jianli, a county of Hubei province in China, from47 last year to 162 in this year so far. There was alsoan increase in the number of cases of child abuseand neglect reported, due to the COVID-19 lockdown.Most of theresearch was focussed on measuring the physicaldamage caused by this virus and some surveyshave been conducted to measure the damage causedby social distancing and lockdown, but there is still alarge research gap in this area. Long-term schoolclosure and strict social distancing could be a bigthreat to the well-being of children and adolescents, although research in this field is extremely limited.

METHODS

Cross sectional research design was followed and employed a self-reported survey method for data collection. WHO Well Being Index was used as a screening tool for depression through an online survey of adolescents between 13-17 years. Sampling was done with the help of convenience and snowball sampling techniques. Sixty girls and boys with an age range of 13 to 17 years participated in an online survey and recorded their responses between 1st June and 30thJune 2021from Delhi,India. Keeping in mind the present research objectives anonline survey questionnaire was developed. With basic information regarding the objectives of the survey, the questionnaire was sent through email and it was also shared with the target population on WhatsApp and Facebook groups. The inclusion criteria were adolescents aged13–17 years old who were attending their mainstream secondary school, high school or college before the pandemic and were presently staying at their housesand following the rules of social distancing.

WHO Well Being Score

- This screening tool was used as it is:
 - I. Easy to administer
 - II. Can be used without in person
- III. Maintain privacy
- IV. Highly sensitive
- V. Gives objective scoring

Scoring

- The raw score is calculated by totalling the figures of the five answers. It ranges from 0 to 25, 0 representing worst possible and 25 representing best possible quality of life.
- To obtain a percentage score ranging from 0 to 100, the raw score is multiplied by 4. A percentage score of 0 represents worst possible, whereas a score of 100 represents best possible quality of life.

Interpretation:

• It is recommended to administer the Major Depression (ICD-10) Inventory if the raw score is below 13 or if the patient has answered 0 to 1 to any of the five items. A score below 13 indicates poor wellbeing and is an indication for testing for depression under ICD-10.

Monitoring:

• In order to monitor possible changes in wellbeing, the percentage score is used. A 10% difference indicates a significant change.

Statistical Analysis

The Statistical Package for Social Sciences version 21 (SPSS) was used to analyse the study results. Descriptive analysis was executed, and frequencies and percentages were calculated to determine how many adolescents were affected psychologically due to social distancing after the COVID-19 pandemic lockdown.

RESULTS

The frequencies and percentages were calculated to see the occurrence of depression in adolescents, as well as the demographic characteristics of the sample. The participants were aged 13–17 years of age, 50.8% were girls and 49.2% were boys.



WHO1

WHO2

WHO3

WHO4

WHO5

Ihavefeltcalmandrelaxed.

thingsthatinterestme.

Ihavefeltactive and vigorous.

Iwokeupfeelingfresh andrested. Mydailylifehasbeenfilledwith

markii regar	aserespondtoeachitem by ng <u>one box per row,</u> dinghowyoufeltinthe zoweeks.	Allofth etime	Most of theti me	More than halftheti me	Less than halftheti me	Some of theti me
VHO1	Ihavefeltcheerfulingoodspirits.	5	4	3	2	1

WHO-5Well-beingIndex

WHO Well Being	Boys 13-17 year	Girls
Score	13-17 year	13-17 years
0-5	19	18
5-13	11	13
13-20	1	2
20-25	1	1

DISCUSSION

This novel coronavirus was novel in every respect. For the very first time, children and adolescents had to follow the rules of social distancing, which means social isolation in some houses and the sudden closure of schools and colleges. This has further added to this group's insecurities. The present survey results revealed that the participants were experiencingfeelings of depression, a lack of pleasure and sadness. They experienced moderate sleep problems and they found it difficult to maintain their attention and concentration. These results are in line with a study conducted in Iran which concluded that some factors like uncertainty, misinformation, social distancing/isolation, and unpredictability are addingto disease-related stress and other psychological disorders.7Similarly, another study conducted during the SARS pandemic in the Middle East revealed that 7% of undergraduates who were in quarantine reported symptoms of anxiety and 17% expressed feelings of anger in comparison to those who were not quarantined.8

Zanonia Chiu, a registered clinical psychologist dealing with children and adolescents, reported that in Hong Kong where schools have been closed since 3rd Feb 2020, children lock themselves and refuse to take care of their personal hygiene or to take regular meals. She further added that the situation after the pandemic will be difficult for those children who aresuffering from depression when they resume school attendance.6Due to social distancing, teenagers are experiencing distress as they are unable to hang out with their friends or attend their schools. With school, they are not only missing their academic activities but also campus life including sports, open days, farewell parties, and birthday celebrations. Most of the participants reported boredom, depression, irritability, and frustration.4

In their responses to the two specific questions related to COVID-19, 60% reported anxiety over harm to themselves or their loved ones. Likewise, 70% reported fear of catching the virus after touching different things. In the early days of the pandemic, UNICEF conducted a survey with 1,700 children, parents, and teachers in 104 countries with reference to mental health and well-being in the COVID-19 pandemic. Children were very much worried about catching and dying from the virus and they were sad because they had to stay away from their family and friends. Similarly, parents were worried about how to explain to their children the need for extreme confinement in the form of social distancing and social isolation.

The research participants also experienced somatic complaints and anger problem and gender differences were reflected in these two variables. Girls experienced more somatic complaints and boys experienced more anger outbursts, which can also be explained in the cultural context of Pakistan where girls usually express their emotional distress in the form of somatic complaints and expressing anger is considered the norm for boys.9

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Humans depend upon social interactions with their own species because humans are social animals. The more stringent the rules are for social distancing; the higher cost humans will pay psychologically. Social isolation/distancing is followed to reduce the spread

of the coronavirus, but it will ultimately increase the subjective feelings of loneliness.1 According to the European Public Health Alliance, different socioeconomic groups have reacted differently to this pandemic; it has resulted in social isolation and distancing but obviously also reduced psychological well-being and even depression and anxiety.10

The present survey results indicate a great need for psychosocial measures to be taken by parents, teachers, and policy makers to save our youth from depression, anxiety, and aggression as potential impacts of the COVID-19 pandemic. Immediate practical steps and the effort of mental health professionals and social workers are required to arrange distant learning and tele counselling for children, adolescents, and their parents. To reduce the impacts of social distancing, parents should encourage their teenagers to contact their friends and community via social media, Zoom meetings and Google meetups.

CONCLUSION

The present study results indicated that adolescents were experiencing the symptoms of depression, anxiety and irritability during lockdown and social distancing. Apart from the physical and economic consequences of the COVID-19 pandemic and the subsequent lockdown and social distancing, its psychological impacts are also tremendous and should be the world's next focus for research and interventions.

The post-pandemic psychological influences are yet to be anticipated and early detection and treatment are the need of the hour. Adolescents are in their transitory developmental years, already experiencing many hormonal, emotional and identity changes. COVID-19-like pandemics can aggravate their crises and lead them to experience many psychological problems.

Ethics Statement

All ethical considerations were followed. Thebasic information regarding research procedures wasalso communicated to the survey participants andtheir assent was obtained. They were also told thattheir participation was voluntary and without anymonetary gains. The confidentiality of the information the privacy of the demographic variables were also maintained

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