Covid-19: Psychological Aspect on Health of the Adoloscent

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Abstract:- In January 2020, COVID-19 was declared a epidemic of public health emergency globally by WHO. There is universal sense of fear caused by this unpredictable fast spreading infectious disease. Adolescent population have become increasingly exposed to anxiety provoking topics, tremendously increasingly new cases, socio-economic crisis and maladaptive lifestyle changes are potential threat to the onset of psychological breakdown. The current study utilized a online survey by using standardised CASPE tool. Total of 600 participants filled the online survey. The results showed that majority were female (89.7 %) and are under 18-24 years of age group (95 %). There are assessment of experiences such as emotional, cognitive and social as faced by adolescents. It is the need of the hour to understand the several precautionary measures associated with this outbreak for rest of the life.

Keywords:- *COVID-19*, *Experiences*, *Psychological*, *Social*, *Cognitive*, *Adolescents*.

I. INTRODUCTION

The corona virus pandemic was declared as global emergency which approximately affected 1,600,000 individuals with mortality rate of 100,000 spreading among 215 countries, areas, or territories (Singh, Roy, Sharma et al., 2020). All the age groups suffered due to this infection either by direct inhalation or contact with infected person. One of the age group which is more susceptible to this catastrophe are adolescents. As per WHO, the adolescents are defined as the time between childhood (10 years) and adulthood (19 years and above). This age is distinctive period of rapid growth and development, also forms the foundation of good health. Lack of human contact, no peer support group , Stressful life events, extended home confinement, brutal grief, intra-familial violence, overuse of the Internet and social media are factors that influenced the mental health of adolescents during this period greatly. (Viner, Russell, Packer et al., 2020)

Several interventions and precautionary measures were adopted by government to cut off the transmission like infection control, home quarantine, limit social interaction, strictness for face masks in public places, hand hygiene and much more. Additionally, there was strictness for mass gathering, public event, government rallies etc. Many countries imposed nationwide lockdown to contain the spread of infection. While these measures are of the utmost necessity to tackle the spread of infection, these measures have created a sense of "panic" in the general public.(Cruz & Zeichner, 2020. Furthermore, several publications, websites and news agencies provided information on the number of cases that have been increased and mortality due to corona infection.(Talic, Shah, Wild et al., 2021)

Adulthood age group have completely "psyche", as they experience heightened emotions. With constant supervision, no outside contact, confinement to home created great sense of restlessness or irritation among them. (Mantovani, Rinaldi, Zusi et al., 2019). They were also naturally inclined to believe the falsehoods and misconceptions about Covid-19 transmission and safety precautions that were circulated on social media. All of these things created sense of fear and anxiety excessively about getting the infection, which can make them feel frightened. (Walsh, Chowdhary, Braithwaite et al., 2021)

Although there is currently no information on the longterm effects of this crisis, the COVID-19 epidemic and lockdown may have a harmful effect on adolescents' mental health. It is important to study the psychological effects of pandemics on adolescents because a situation like this could last for a long time or happen again.

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This study's objective was to use a survey to determine the overall prevalence of symptoms and psychological experiences among teenagers with COVID-19 disease.

II. MATERIAL AND METHODS

The descriptive survey was conducted over using an online platform. Institutional ethical committee reviewed and gave approval for the study. Written consent was collected from each and every participant. A standardised tool CASPE (COVID-19 Adolescent Symptom and Psychological Experiences Questionnaire) (Landoceur, 2020) was used after taking permission from the author in Google form to assess the psychological symptoms of adolescents during COVID-19 pandemic. In section-I there were total 10 items to get information about age, gender, course enrolled, type of institute, area of residence, place of residence, type of family, number of family members, any training/education received were included. Section -II included 40 items which was further divided into part A: questions related to Experience related to COVID 19, part questions related to emotional experience, part C: B٠ questions related to Cognitive experience, part D: questions related to Social experience. Since it was structured tool Reliability was already established.

The Google form prepared was circulated among the messaging as well as emails to all the adolescents studying in class 10th std onwards in Delhi NCR region. Reminders were sent repeatedly and link was deactivated after receiving the responses after one week. The total estimated sample size for the study was 581 using Fisher's Formula (Dattalo, 2008) with C.I 95% and the target sample size was estimated for total 600 students. Informed consent was taken from the participants but there was no offering of incentives, compensation or any other kind of rewards. Adolescents using smart phone studying from class 10th standard onwards till college and able to understand English were included. The particular age group was included assuming that they are most affected due to sudden lockdown in COVID-19. Data was analysed using both descriptive and inferential statistics. Frequency and percentage was calculated and analysed.

- Survey questionnaire
- Demographic profile: The survey collected data about students socio-economic characteristics like Age (in years), Gender, Enrolled in, Type of institute, Area of residence, Place of residence, Type of family, Number of family member, Experience of educational training on COVID-19.

- Experience related to COVID-19: It has 18 questions, the survey collected data about the students experiences during the restriction and lockdown imposed during the pandemic. It included 5-point likert scale question with statements on how COVID-19 effected their lifestyle (Not At All, A Little, Somewhat, A Lot and A Great Deal), Most positive event during this time, whether participant was tested with COVID-19, If yes, symptoms, Impact of family member health status.
- Emotional Experience related to COVID-19: It has 7 questions, the survey collected data about the students emotional experiences during the lockdown. It included 5-point likert scale question with various emotions showed due to pandemic, level of concerns they had about their health and family/relatives (Very Slightly, Slightly, Moderately, Quite A Bit and Extremely). It also had questions on their coping ability to deal with stress due to infectious disease.
- Cognitive Experience: It has 2 questions, the survey collected data about the students cognitive experiences during the lockdown. It included 5-point likert scale questions on how this pandemic has affected the thinking of adolescents (Very Slightly, Slightly, Moderately, Quite A Bit and extremely).
- Social Experience related to COVID-19: It has 15 questions, the survey collected data about the students social experiences during the lockdown. It has multiple choice questions on when social distancing was practiced, agreeing with restrictions, activities missed during lockdown, how often they are going out of house, changes in employment/ job questions. Also, open ended questions on screen time, phone usage (hours). Most loved social activities.

III. RESULTS

In the present survey total 600 adolescents responded, Majority of the adolescents are female (89.7 %) and are under 18-24 years of age group (95 %). Most of them (69.5 %) belong to the nuclear family.Also, 53.3 % of adolescents received an educational training regarding COVID 19 before. Almost all (95%) of the adolescents were enrolled in college with maximum (81%) studying in private institution. During the time of COVID-19, almost half of the adolescents (50%) were staying in urban area and in home (65 %). Majority (69%) were having nuclear family with almost all (94%) having more than 4 family members. Out of 600 adolescents, only half (53%) have received educational training regarding COVID -19.

graphic Characteristics n=600	
<i>f</i> (%)	
62(10)	
. ,	
538(90)	
20(5)	
30(5) 570(05)	
570(95)	
27(4)	
27(4)	
484(81)	
89(15)	
359(60)	
145(24)	
59(10)	
37(6)	
390(65)	
43(7)	
167(28)	
174(29)	
417(70)	
9(1)	
8 (1)	
28 (5)	
564 (94)	
320(53)	
280(47)	
141 (23)	
148 (25)	
31 (5)	
280 (47)	

 Table 1 Frequency and percentage Distribution of Adolescents by Demographic Characteristics n=600

> Demographic characteristics of adolescents

The data from Table no.1 showing the results from the experiences faced by adolescents during COVID-19 pandemic. The data depicting that only 224 (37%) of the adolescents were worried that pandemic is negatively affecting their daily living. More than half, 311 (52 %) of the adolescents were worried about the number of people dying because of the virus. On the other hand, Majority of the study subjects 407 (68%) took this as a opportunity to spending more time with family. Almost all 563 (94%) the subjects were tested for COVID -19 and (97%) test was positive. Majority 495 (82.5%) did not have any flu like symptoms in past 4 weeks of infection. Also, majority had no hospitalization 594 (99%), home isolation 562 (94%), no contact with any relative tested positive 396 (66%). For maximum study subjects the school were closed during COVID-19 in the month of Feb- April, 2021. Almost all 514 (86%) of the study subject had online classes organized by schools.

Further, assessment of emotional experiences faced by the adolescents was done using 5- point likert scale with the categories (very slightly or not at all, slightly, moderately, quite a bit, extremely) revealed that in the last week of this pandemic, extent of emotions showed by the study subjects, majority of the participants were slightly "anxious (33 %)", "angry (31%)", "were afraid (37%)", "sad (30%)", " irritable (31%)", "stressed (26%)", "distressed (34%)". Most of the participants were not at all feeling "content (36%)", "happy (42%)", "lonely (41%)", "hopeless (40%)", "disappointed (31%)". Data further showed that the impactfulness of COVID-19 outbreak as one third of participants were "staying at home (29%)", "were not able to see friends in person (26%)", " spended more time with family (24%)"a lot. Whereas, majority of the participants were not at all or very little worried about "getting sick themselves (43%)" or "other family member (38 %)", " fear of people dying (32%)", "losing jobs (39%)", "not having enough to eat (26%)", "conflicts arising between parents (47%), with parents (45%) or among siblings (40%)". The result also showed that majority 305

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(51%) of the participants used music as distraction during the lockdown.

While assessing the cognitive experiences of adolescents, the data revealed that one third of the participants were slightly "thinking a lot about COVID-19 (34%)", " able to easily switch tasks (34%)", "were disorganized (31%)", "able to sustain attention on tasks (34%)", "able to plan activities or work (31%). Majority of the participants experienced no "forgetfulness in daily activities (34%)", "had racing thoughts (32%)", " were zoned out (42%)". Moderately the participants were "focused (32%)" and "able to review work normally (32%)".

On assessment of social experiences of the adolescents during COVID-19 revealed that Majority 257 (43%) began following social distancing from very day as stay-at-home order by local government. More than half 370 (62%) of the adolescents stayed at home only and went outside for essential purpose. Maximum 362(61%) adolescents agreed that restrictions were good and majority 305 (51%) stopped family travel during COVID-19. Most of 384 (64%) adolescents missed meeting friends/ relatives the most during this pandemic. Less than half 182 (30%), 215 (36%), 121 (20%), 136 (23%) of the adolescents moved out of the house for activities like walking, running etc less than once a week, felt no changes in employment, spent 30 min-1hr on phone for texting or messaging, missed going to college during this pandemic respectively. On the contrary, majority 434 (72%), 295 (49%), 336 (56%), of the always followed all rules about social adolescents distancing, voice called friends to stay connected, restricted to weekly phone screen time usage for less than 5 hours respectively.

IV. DISCUSSION

> Demographic characteristics

The findings of the study with respect to Age, revealed that majority (95%) of the adolescents were under between 18-24 years of age. Findings similarly concluded the emotional setbacks due to extended E-learning for students during lockdown in Saudi Arabia in which 71% of students were between 21-23 years of age. (Hassan, Algahtani, Atteya et al 2021)

As far as gender is concern, majority (89.7%) of adolescents were female. The findings were similar with Cohen, Cosgrove, Deville et al 2021 where females are more effected.

> Negative experiences related to COVID-19 pandemic

About half (51.8%) of adolescents admitted that ' constant thinking about number of people passing away due to the infectious disease ' has been the most negative event/change. These findings were consistent with the study (Boldog, Tekeli, Vizi et al., 2020).

Majority of adolescents (79.8%) were connected with their friends using texting or messaging. About 34.8% adolescents faced difficulty to pay bills in COVID-19. More than half of adolescents (64%) miss the in-person contact with friends. These findings were similar with study (Hassan, Algahtani, Atteya et al., 2021)

V. LIMITATIONS

The aim of our study was to assess the general, sensitive, cognitive and social experiences faced by adolescents during COVID-19. A self structured questionnaire in form of online survey was used to gather information from large number of participants during lockdown. The finding of study is interpreted after considering some limitations also. Firstly in our study adolescents were focused on this study, other age groups can be included. This limits its generalisibility of the findings. School students can also be included from variety of educational institutions. The second limitation was that opinion of parents was not included. The experiences of the adolescents are directly related to the infected or not infected parents with COVID. Taking parents point of view can provide useful insight on impact of this outbreak on minds of adolescents. Thirdly due to restrictions imposed by the viral infection, no intervention could be given by the researcher to improve the experiences for the adolescents feeling low and hopeless. An interventional study can be done to assess the effectiveness of diversional therapy for the adolescents. (Yeager, Dahl, Dweck et al., 2018)

VI. CONCLUSION

The assessment of psychological aspects related to corona outbreak is based on the existing evidence.(Krishnaratne, Pfadenhauer, Coenen et al., 2020) The aim of the study was to report mental health trajectories of adolescents which was significantly altered during corona virus pandemic and lockdown. In this study the researcher reports that fear of losing family member, financial impacts, fear of dying, restricted lifestyle played a essential roles in impacting emotional, cognitive, psychological experiences of adolescents staying at homes during lockdown. Now situation has improved, adolescents and their parents are making difficult decisions to return to schools, colleges and to start post covid lifestyles. While decision making requires carefully thinking about health risks involved in returning to post secondary routine. Effect of this pandemic on the psychological health among adolescents should be considered. Given that mental health difficulties faced early in adulthood makes them more prone and sensitive to mental health problems in future lifetime. In order to prevent any serious mental health problems later in life, it is high time for society to do more to help our children deal with these stresses.

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CONFLICT OF INTEREST

There are no conflicts of interest.

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