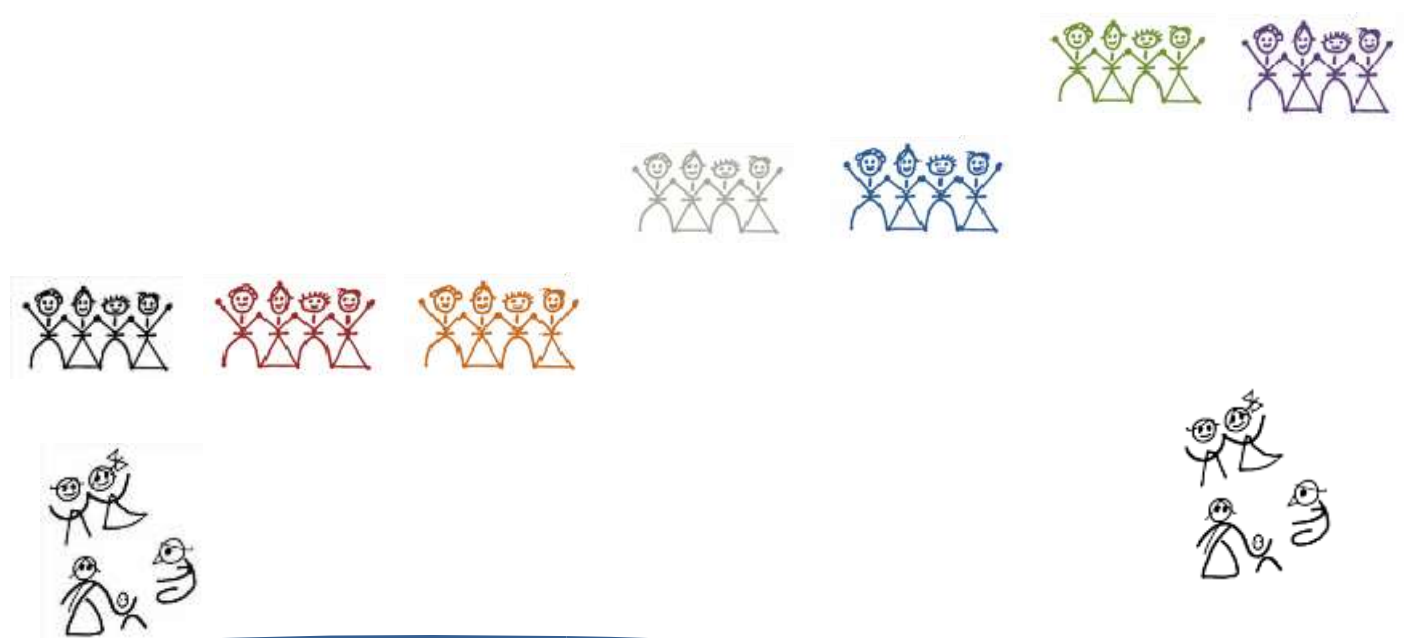


2021-22

Community Health Learning

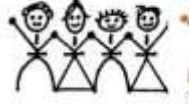
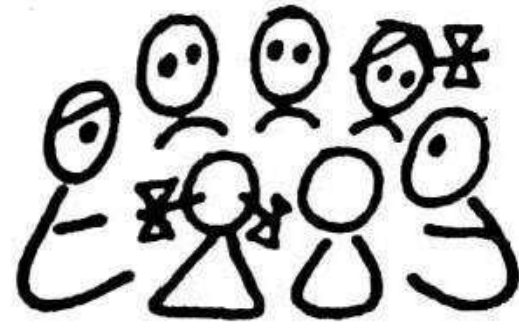
Programme

A Report



**ASIF ASFAN
PARANGODATH**





PART-A

Introduction

Why did I join the fellowship?

I am a post-graduate scholar in MPH. I theoretically learned about public health, its importance, issues, etc., during the fellowship period, which is also online due to Covid-19 imposed situations. I joined this course very passionately. But getting theoretical knowledge only made suffocation for me. That time my classmate shared the details of the CHLP Fellowship and its details. I was very eager to get some pieces of knowledge from experienced ones regarding the ground reality, their experience sharing, etc. for this; I felt CHLP is a better option

What were my learning objectives, and were they met?

My learning objectives is were

- To know the ground reality of public health issues in India
- How to deal with the public on their health issues
- Getting knowledge sharing from experienced peoples
- Expanding my network

Through the one-year CHLP fellowship, I am delighted to share that I met more than what I expected at the beginning of this course

Learning from modules and how I applied the learning in my work.

Learning through modules is very helpful because they are organized professionally, and I can apply that during my study while selecting my dissertation topic, approaching people, etc.

Reflections on the use of the LMS, videos and participation in live online sessions.

I felt LMS was having some glitches and was not that user-friendly. If they can update it technically, it will benefit upcoming fellows. The videos are very informative, but some are a bit lengthy. I felt difficult to attend some online sessions due to timings

How was a balance between work, life and the CHLP maintained?

Academic from MPH course and CHLP assignment together made some difficulties. Sometimes I didn't get time to watch videos and attend live sessions. Especially during my exams. But while watching recorded sessions, I felt that I missed some great discussions

Mentorship process and reflections

The best part of the CHLP is mentorship, and the best thing I get from CHLP is my mentor. He is a helpful, informative, friendly guide. Sometimes I won't get words to explain about him. He helped me very well in completing CHLP and MPH also. He is a perfect mentor

Project learning experience

During the mental health module, I realized that we need an expert opinion on mental health issues. So many are facing mental health issues, but some won't share that. So I decided to do a project on the psychological impact of Covid-19 on young adults. It was a good experience for me to understand how covid affected young adults' lives

Take away from CHLP and Looking Ahead -Where do I go from here?

Takeaways

- Mentorship
- Networks
- Knowledge about the ground reality
- Improved understanding of public health
- Communication skills

Looking ahead to meeting all fellows face to face and continuing the network for a lifetime. I can apply the learnings from CHLP in my life and work

PART-B

Project on

A STUDY TO ASSESS THE PSYCHOLOGICAL IMPACT OF THE COVID-19 PANDEMIC AMONG ADULTS OF AGE 18-30 YEARS IN VENGARA PANCHAYATH OF MALAPPURAM DISTRICT, KERALA.

Principal investigator

DR.ASIF ASFAN PARANGODATH

CHLP 2021

SOCHARA BANGALORE

Undertaken under the main supervision of

DR.UNNIKRISHNAN PAYYAPPALLI

PROFESSOR, CENTRE FOR LOCAL HEALTH TRADITIONS AND POLICY

Part fulfillment of the requirement for Community Health Learning Program, SOCHARA

DECLARATION

The work presented in this project report entitled "A STUDY TO ASSESS THE PSYCHOLOGICAL IMPACT OF THE COVID-19 PANDEMIC AMONG ADULTS OF AGE 18-30 YEARS IN VENGARA PANCHAYATH OF MALAPPURAM DISTRICT, KERALA" has been carried out entirely by me under the main supervision of DR.UNNIKRISHNAN PAYYAPPALLI (PROFESSOR, CENTRE FOR LOCAL HEALTH TRADITIONS AND POLICY in Part fulfillment of the requirement for Community Health Learning Program, SOCHARA

I hereby declare that this work is original and has not been submitted in part or full to any other University or Institute for the award of any Degree or Diploma Certificate.

Date: 22th April
Place: Bangalore

DR.ASIF ASFAN PARANGODATH
CHLP 2021, SOCHARA

ACKNOWLEDGEMENT

I hereby take the opportunity to extend my heartfelt gratitude to all those who helped me to complete this report, special gratitude to my supervisor DR.UNNIKRISHNAN PAYYAPPALLI (Professor, Centre for local health traditions and policy), whose contribution in stimulating suggestions and encouragement helped to coordinate my project, especially writing this report. I also thank full to the members from the SOCHARA Core team, who helped me in every time and every movement without hesitation. And I also thank full to my Parents and my friends who helped me a lot during the data collection. Last but not least I am also very thank full to all my study participants for their great support and shared their information throughout the study.

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1. ABSTRACT

CoronaVirus (COVID-19) pandemic hit India in 2020. The first case of infection was reported in the State of Kerala, on January 27, 2020, and the continuous surge of cases, variants of concern, lockdown restrictions, social distancing and economic impacts were increasingly testing the psychological resilience of the masses. When the global focus has been chiefly on testing, preventing the transmission, and vaccination, people are going through a myriad of psychological problems in adjusting to the current lifestyles and fear of the disease. This study helps to assess the psychological impact of the covid-19 pandemic among young adults in the Vengara Panchayath of Malappuram district, Kerala.

1.1 Methods

An online survey was conducted using principles of convenience sampling and by invitation through text messages to participants. The survey collected data on socio-demographic details and specific incidents that triggered participants' mental health and measured psychological impact with the help of the Impact of Event– revised (IES-R) scale.

1.2 Results

There were 80 responses from the Vengara Panchayath of Malappuram district, Kerala. The respondents' age ranged from 18 to 30, with a male-female ratio of 2.08:1. Overall, 82.5% of respondents had an extended psychological impact (IES-R score>24). Using the T-test, the psychological impact of covid-19 among males (M= 34.37, SD= 8.25, N=54) and females (M=32.65, SD= 9.52, N=26) has no significant difference. Using the Chi-square test, there is no significant association between the demographic variables and psychological impacts of covid-19 for marital status (P-0.19), educational qualification (P-0.79), and type of family (P-0.95) are greater than alpha (0.05).

1.3 Conclusion

During the COVID-19 pandemic in India, almost one-third of respondents had a significant psychological impact. This shows a need for a more longitudinal and systematic assessment of the psychological needs of the population, which can help the government in formulating holistic interventions for affected individuals.

Keywords: COVID-19, psychological impact, IES-R Scale

2. INTRODUCTION

Corona is a single-stranded RNA virus that has had its roots in the world for almost 60 years since its discovery in the late 1960s⁶. In 2019 a new variant of the coronavirus infection emerged. The International Taxonomy of Viruses (ICTV) referred to this novel pathogen as SARS-CoV-2 (formerly known as 2019-nCoV) in 2019⁶. The first case was identified in the city of Wuhan, a Chinese seafood market. Since then, it has been exponentially increasing with an evident human-to-human contact via respiratory droplets while sneezing and coughing. On January 30, the World Health Organization (WHO) declared the Covid-19 outbreak a Public Health Emergency of International Concern (PHEIC) and a pandemic On March 11, 2020. Since the middle of March 2021, the second wave has started, and on April 09, the highest number of cases (144,829) has been identified in India¹. As per the data, the third wave started almost in September-October, and on January 19, 2022, India reported 317000²⁷. In late 2020, the emergence of variants posed an increased risk to global public health, such as ALPHA, BETA, GAMMA, DELTA, and Omicron variants².

It has been more than a year since the first case of COVID-19 (the first case reported on January 27, 2020) was reported in India. Since then, the focus has been on finding a cure for the disease. Pandemics are severe medical concerns and cause severe problems to the general day-to-day lives of people. Many individuals struggled with financial issues, and a large part of the population were victims of mental health problems.

Over the period, COVID-19 threatened people's physical and mental health, as many studies indicate. For example, according to Behavioral Immune System Theory, people show emotions, such as aversion and anxiety, for self-protection. Moreover, Stress Theory and Perceived Risk Theory mention that public health emergencies trigger negative emotions, reducing people's immune function and destroying the balance of their standard physiological mechanisms³. Previous studies have shown the immediate psychological sequelae of a pandemic, as occurred with the severe acute respiratory syndrome (SARS) and H1N1, include stress, poor sleep, depressed mood, weepiness, nightmares, and poor concentration. Furthermore, it has also been shown that people experience fear of falling sick or dying themselves, feelings of helplessness, irrational nervousness, loneliness, and stigma.

A very crucial and overlooked issue is the impact of lockdown on the lives of adults. Since the imposition of the lockdown, all schools, colleges, institutes, and companies were shut down, forcing classes to be conducted remotely, and all office work is done by work from home, which has led adults to face a large set of problems. Stressors, such as monotony, disappointment, lack of face-to-face contact with classmates, friends, and teachers, lack of enough personal space at home, and family financial losses during lockdowns, can potentially trigger troublesome and even prolonged adverse mental consequences in adults. Several dynamic factors like social isolation, routine changes, and fear of infection can increase mental health problems in adults. The study looked at the Self-perceived impact on the state of well-being. The individual realizes their abilities, can cope with the everyday stresses of life, can work productively and fruitfully, and contribute to their own abilities community.

The study assessed the pandemic's impact on young adults in a panchayat, Vengara, in the Malappuram district of Kerala State.

3. NEED OF THE STUDY

Since there is a shortage of recent, micro-level research on the issue after the near-complete easing of the lockdowns, we decided to conduct a study to evaluate the Covid-19 psychological impact on adults aged 18-30 years in the Vengara Panchayath Malappuram district, Kerala.

Vengara is a "special grade" Panchayath containing 23 wards at Tirurangadi taluk in Malappuram, Kerala. In terms of religious composition, it has a predominance of Muslims followed by Hindus, with few Christians. The 18-30 age group continues to face extended shutting of schools and colleges, working from home, job loss, difficulty finding earnings, increased household expenditure, out-of-pocket expenditure, early marriages, increased household activities, and less socialization among girls, etc. While looking at gender-based differentials, males face difficulty finding earnings, social isolation, and early marriages in Vengara Panchayat. In the case of females, relatively little socialization, early weddings, shutting of schools and colleges, increased pressure on household activities, etc., appear to have affected them.

In early November 2021, after the near-complete easing of lockdown, all the public activities were relaxed, and educational institutions were opened. Still, COVID cases were high in Kerala and Vengara. The study assessed the impact among the 18 to 30 year age group in the period following the opening of educational institutions and easing public activities in December 2021.

4. RESEARCH QUESTIONS

- What is the psychological impact of the Covid-19 pandemic among adults of age 18-30years in the Vengara Panchayath of Malappuram district, Kerala?
- What is the difference in psychological impact among young adults based on the gender participants?

5. AIMS AND OBJECTIVES

5.1 AIM

To study the psychological impact of the covid-19 pandemic among adults of age 18-30 in the Vengara Panchayath of Malappuram district, Kerala

5.2 OBJECTIVES

1. To assess in detail the factors leading to the psychological impact of the covid-19 pandemic among young adults in the Vengara Panchayath of Malappuram district, Kerala
2. To study if there is a difference in the psychological impact of the covid-19 pandemic based on the gender of the participants

6. REVIEW OF LITERATURE

1. Kaustav Chakraborty and Moumita Chatterjee conducted a cross-sectional study in March 2020 in West Bengal on the psychological impact of COVID 19 on the general population. The method used for data collection was in the form of google forms which was shared through WhatsApp. The questionnaire contained 38 questions. A total of 507 responses was received at the end. Among that, 5/7 of them were more worried for the past two weeks, which constituted 71.8% of the total study population, and 1/5th of them were depressed, which constituted 24.7% of the total.
2. A cross-sectional study conducted in India to evaluate doctors' mental health, working in corona wards throughout April and May 2020, by Preethi Selvaraj and Purushothaman Muthukanagara, et al. concluded that 'during the time of the pandemic, 55% of them were having moderate levels of depression. Considering gender, 30% of the males were affected with mild stress and 44% with moderate stress. Coming about females, 70% reported mild stress, and 56% had a moderate stress level.
3. In the 2020 march, Mohit Varshney and Jithin Thomas Pare et al. for the assessment of psychological impact of COVID19 (fears ,worries and impairment in sleep) in New Delhi. IES-R (impact of event scale revised) scale was used for this. 1106 responses were obtained in total through the survey monkey platform. Among that, 1/3 rd had a significant psychological impact with an IES-R score > 24. And the impact was higher on younger age, female sex, and persons with comorbid physical illness.
4. 'Psychological impact of COVID 19 –an online survey from India' was conducted by Grover S, Sahoo S, and Mehra A, et al. in April 2020. It was conducted online under the aegis of the Indian Psychiatric Society. The number of responses collected was 1871. In conclusion, 40% of participants had anxiety or depression. 3/4th of them had moderate stress(74.1%), and 71.7% reported poor well-being.
5. A cross-sectional study was done by Sreesupria Purushothaman Ravichandran and Mekhala Kumaravel Palanichami et al. on 'psychological impact of COVID 19 in lockdown college students across different states of India. The total responses collected were 727. The age of participants varies from 17 to 25, with a mean age of 20.19. In conclusion, 53.1% were affected with depression, 37.2% with anxiety, and 24.3% with stress with varying severities (n=727). In addition, there was an increased incidence of domestic violence, increased sleep duration, disturbed sleep, financial crisis, etc.
6. In Kashmir valley, a cross-sectional study was conducted at Govt medical college, Srinagar in Kashmir division of Jammu and Kashmir, India, on the topic ' Impact of COVID 19 pandemic on the mental health of the general population in Kashmir valley, India'. And it was done by Feroz Ahmad Wani, Rifat Jan, and Mudasir Ahmad in May 2020 with the help of the google forms app. The participated individuals lie on the age limit above and equal to 15. A total of 287 participants were there. Among them, 49.5% had depression, 34.8% had anxiety, and 22.35 had stress, which varied from mild to extremely severe limits. The risk factors for increased psychiatric morbidity include female sex, minor age, high levels of education, and unemployment.
7. From June 20, 2020, to July 4, 2020, a cross-sectional study was conducted by Amit Srivastava and Renu Bala et al. on anxiety, obsession, and fear from Coronavirus in the Indian population. The study population includes persons of both gender, having ages greater than or equal to 18 yrs. It was a web-based study using COVID 19 specific scales. For recruiting participants, a convenient sampling method was used. From 31 states and union territories of India, a total of 2004 responses were received. The prevalence of people with anxiety due to COVID 19 was 3.29%(n=66), obsession 13.47%(n=270), and fear 46.95(n=1045), which constitute an overall prevalence of psychological disorders due to COVID 19 as 53.3% (n=1068). Among which 2.8% (n=55) of the study population was affected by all three types of psychological disorders.
8. Chiara Davico, Ada Ghiggia, et al. on March 20–26, 2020 were conducted a self-rated online survey conducted with the title Psychological Impact of the COVID-19 Pandemic on Adults and Their Children in Italy, including the Impact of Event Scale-Revised (IES-R) for adults and the Children Revised Impact of Event Scale-Revised-13 items (CRIES-13) for their 8–18- year-old offspring. Data were available from 2,419 adults (78.4% females, mean age 38.1 ± SD 13.1 years; 15.7% HCW) and 786 children (50.1% male, mean age 12.3 ± 3.2 years). The Median (IQR) IES-R score was 30.0 (21.0–40.0), corresponding to mild psychological impact, with 33.2% reporting severe psychological impact. This study revealed that up to 30% of adults and children in the pandemic area are at high risk for post-traumatic stress disturbances. The risk is more significant for HCWs directly involved in COVID-19 care and for their children.
9. Chew NW, Lee GK, Tan BY, From February 19 to April 17, 2020, were conducted a study titled "A multinational, multicentre study on the psychological outcomes and associated physical symptoms amongst healthcare workers during COVID-19 outbreak". Depression Anxiety Stress Scales (DASS-21) and the Impact of Events Scale-Revised (IESR) instruments. Out of the 906 healthcare workers who participated in the survey, 48 (5.3%) screened positive for moderate to very-severe depression, 79 (8.7%) for moderate to highly severe anxiety, 20 (2.2%) for moderate to extremely-severe stress, and 34 (3.8%) for moderate to severe levels of psychological distress. The most typical reported symptom was headache (32.3%), with many participants (33.4%) reporting more than four symptoms. Participants who had experienced symptoms in the preceding month were more likely to be older have pre-existing comorbidities and a positive screen for depression, anxiety, stress, and PTSD
10. during the lockdown period and following the lifting of the lockdown for a total of 3 months duration Raj R, Koyalada S, Kumar A, and Kumari S, et al. observation-based cross-sectional study conducted with the title 'Psychological impact of the COVID-19 pandemic on healthcare workers in India': The questionnaire was shared via email. The target population includes 350 people. Mean ± SD values for age were found to be 35.54 ± 6.09; 33.84 ± 7.87; 32.16 ± 5.89 and 55.76 ± 8.98 for physicians, nurses, technical staff, and non-healthcare professionals. For males, the percentage was 37.2%, 15%, 57%, and 65%, and for females, the same was 62.8%, 85%, 43%, and 35% physicians, nursing staff, technicians, and non-healthcare professionals, respectively. Between health care and non-healthcare professional workers, depression, insomnia, and anxiety demonstrated a significant P value of 0.05, 0.03, and 0.02, respectively.

7. MATERIALS AND METHODS

7.1 STUDY AREA

The study area is Vengara Panchayath of Malappuram district, Kerala.

7.2 STUDY PERIOD

The study period was from December 2021 to January 2022

7.3 STUDY DESIGN

It was a quantitative study with a cross-sectional study design that included socio-demographic details and data collected through the Impact of Event Scale-Revised for the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition—DSM-IV. The study was

conducted online, and data was collected using Google Forms. The translation, validation, and pilot testing of the questionnaire were done before data collection

7.4 POPULATION

Compared to other age groups, the adults aged 18-30 are usually occupied with diverse activities, including higher education, search for employment, socializing, marriage, etc. The unprecedented crisis has disrupted this age group like never before where they have to restrict themselves to stay at their residence due to this social detachment, fear of life, the question of life is substantially increased, and a lot of psychological problems have increased among this population according to the existing literature. So I restricted the age limit to 18-30yrs to assess their lives with the psychological impact of the covid-19 pandemic. The study included those aged between 18-30 years residing in the Vengara Panchayath of Malappuram district, Kerala

7.5 SAMPLING TECHNIQUE

Convenient Sampling

7.6 SAMPLE SIZE

The sample size of the study was 100 participants.

7.7 ELIGIBILITY CRITERIA

Inclusion criteria

- Adult population having age 18-30years who are residing in Vengara Panchayath of Malappuram district, Kerala.
- Any gender
- Residents who are willing to participate in the study
- Participants with internet access

Exclusion criteria

- Age less than 18 and above 30 years.
- People outside Vengara Panchayath of Malappuram district, Kerala.
- Unwilling and not provide informed consent for the study

8. RESULTS AND DATA ANALYSIS

Data was entered into MS-Excel software. Descriptive analysis was done to find the psychological impact of covid-19. Further, it analyzed the data using inferential statistics to determine the difference between the gender, association among educational qualifications, marital status, type of family, and the psychological impact.

8.1 Ethical issues

Ethical approval was taken from the SOCHARA Institutional Scientific and Ethical Committee (SISEC) before the conduct of the study. The subjects were informed about the purpose of the study, and consent was taken from all the participants. They were assured that all the information would be kept confidential and only be used for research and study purposes. In addition, participant's willingness to participate in the study was respected in every manner, and participants were assured that they could withdraw their participation at any point in time.

8.2 Data collection

After getting approval from the SOCHARA Institutional Scientific and Ethical Committee (SISEC), consent was taken from every individual. Participants' willingness to participate in the study was respected, and participants were assured that they could withdraw their participation at any point in time. Data was collected online (anonymous) as per the Indian government's pandemic-related recommendations to minimize face-to-face or physical interaction as citizens continue to isolate themselves at home. Respondents were invited through a text message, which led them to a google form to fill. Additionally, using the principles of convenient sampling, the link was circulated through social media for capturing data from young adults (who have access to the Internet). We collected data anonymously, without collecting information that could identify the respondents. The period of data collection was between December 2021 and January 2022. Data was collected using the IES-R scale. The Impact of Event Scale-Revised (IES-R) is a self-report measure of current subjective distress in response to a specific traumatic event (Weiss and Marmar 1997)

The 5 points on the scale are 0 (not at all), 1 (a little bit), 2 (moderately), 3 (quite a bit), and 4 (extremely). The sum of the means of each subscale instead of raw sums is recommended (Weiss and Marmar 1997).

The **intrusion subscale includes** 8 items related to intrusive thoughts, nightmares, intrusive feelings, and imagery associated with the traumatic event.

Intrusion sub scale- Question No- 14,15,16,19,22,27,29,33

The **avoidance subscale includes** 8 items related to avoidance of feelings, situations, and ideas.

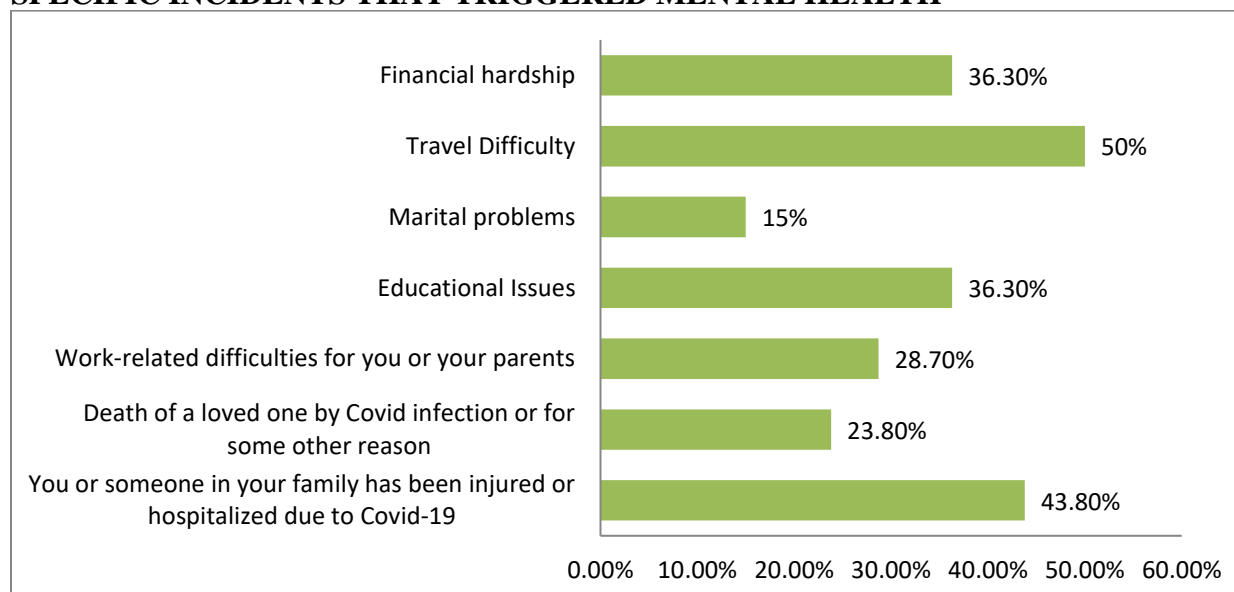
Avoidance sub scale- Question No- 18,20,21,24,25,26,30,35.

The **hyperarousal subscale includes** 6 items related to difficulty concentrating, anger and irritability, psychophysiological arousal upon exposure to reminders, and hypervigilance.

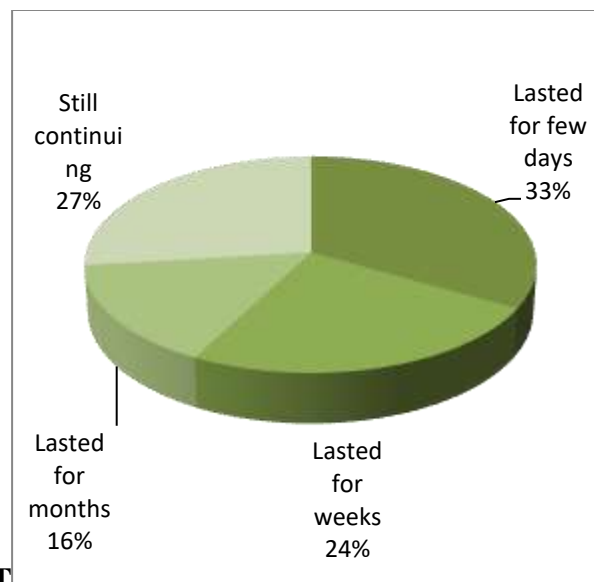
Hyper arousal sub scale: Question No- 17,23,28,31,32,34.

8.3 Results

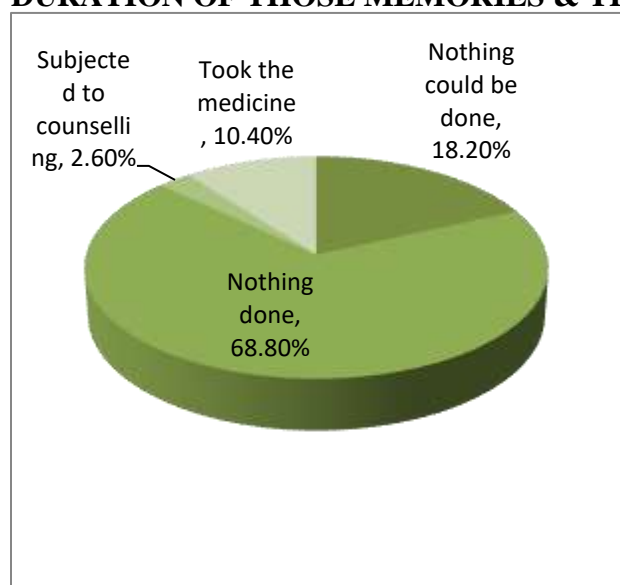
SPECIFIC INCIDENTS THAT TRIGGERED MENTAL HEALTH



When asked about the specific incident that triggered respondents' mental health, the majority of the respondents replied that it was difficult to travel. In contrast, only 15% of respondents have marriage-related issues that trigger their mental health. These findings were not similar to those of Deena Dimple Dsouza et al. (August 2020)²⁶. Studied the factors that led to suicide during Covid-19 due to fear of getting the infection by Covid.



DURATION OF THOSE MEMORIES & TREATMENT SOUGHT

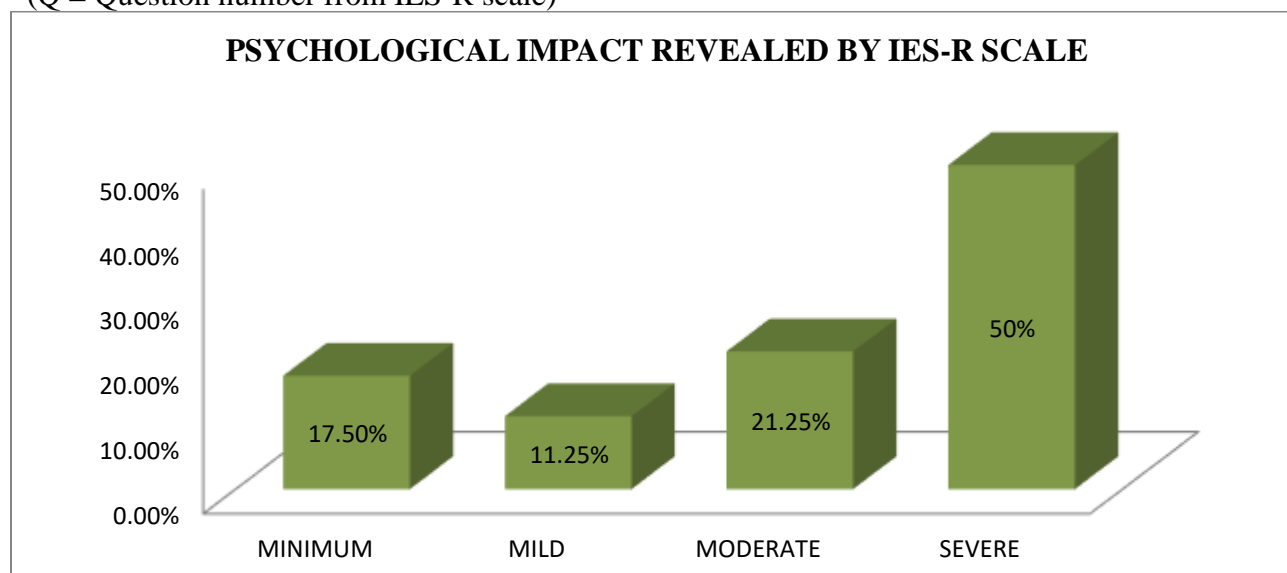


When asked about the duration of those specific incidents which triggered their mental health, 33% of respondents replied that it was only for a few days. But for 27% of respondents, those memories still exist. Among the respondents, 68.8% didn't seek any treatment for their mental health issues. But for 18.2% of respondents, nothing could be done. While 10.4% took medicine and 2.6% of respondents were subject to counseling.

Table.1 Frequency and percentage distribution of psychological impact in response to the COVID-19 pandemic.

S.NO	Scale derived Values	Categories	Frequency	Percentage
1	Impact of event scale	Minimal (0-23)	14	17.5%
		Mild (24-32)	09	11.25%
		Moderate (33-36)	17	21.25%
		Severe (>36)	40	50%
SUB-SCALE (RANGE OF SCORES)	Sub-scales	Items	Mean	Median
2	INTRUSIVITY SUB-SCALE	Q 14,15,16,19,22,27,29,33	1.52	01
3	AVOIDANCE SUB-SCALE	Q 18,20,21,24,25,26,30,35	1.62	1.25
4	HYPER AROUSAL SUB-SCALE	Q 17,23,28,31,32,34	1.46	1.08

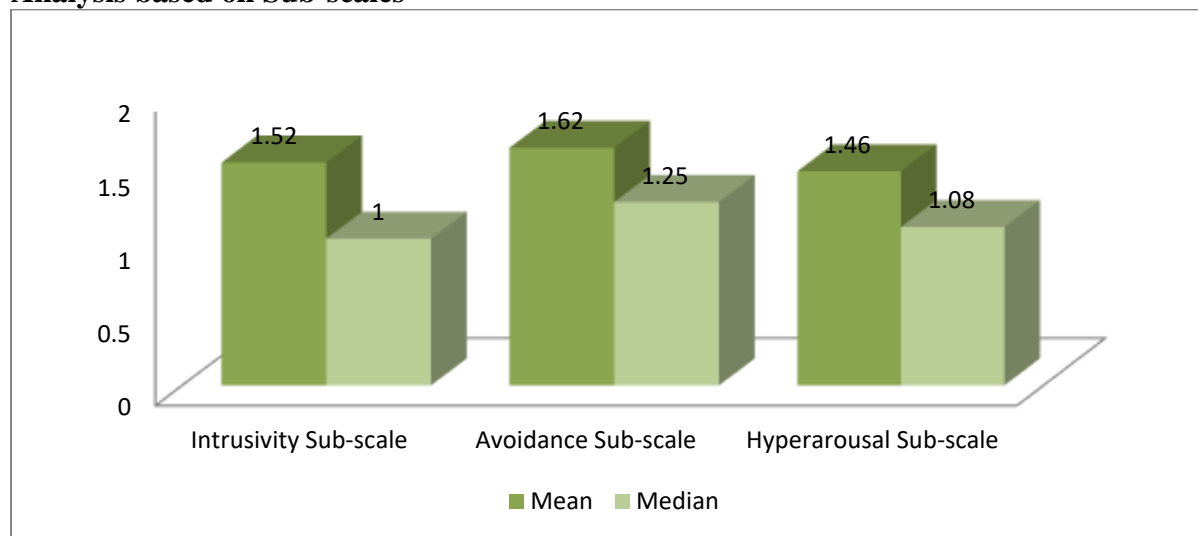
*(Q = Question number from IES-R scale)



*MIN=Minimal (IES-R Score 0-23), MIL=Mild (IES-R Score 24-32), MOD=Moderate (IES-R Score 33-36), SEV=Severity (IES-R >36). A total of 80 responses was obtained during the study duration through the social media platforms. The respondents' age ranged from 18 to 30, with a male preponderance of (67.5%) and female participants (32.5%). Most of the respondents (56.25%) belong to nuclear families, and 36.25% are married. As measured by the IES-R scale, the psychological impact of the COVID-19 pandemic revealed a mean score of 33.81, SD =8.66, and a Median of 36.5. 14(17.5%) had a minimal psychological impact (IES-R Score 0-23). Of the

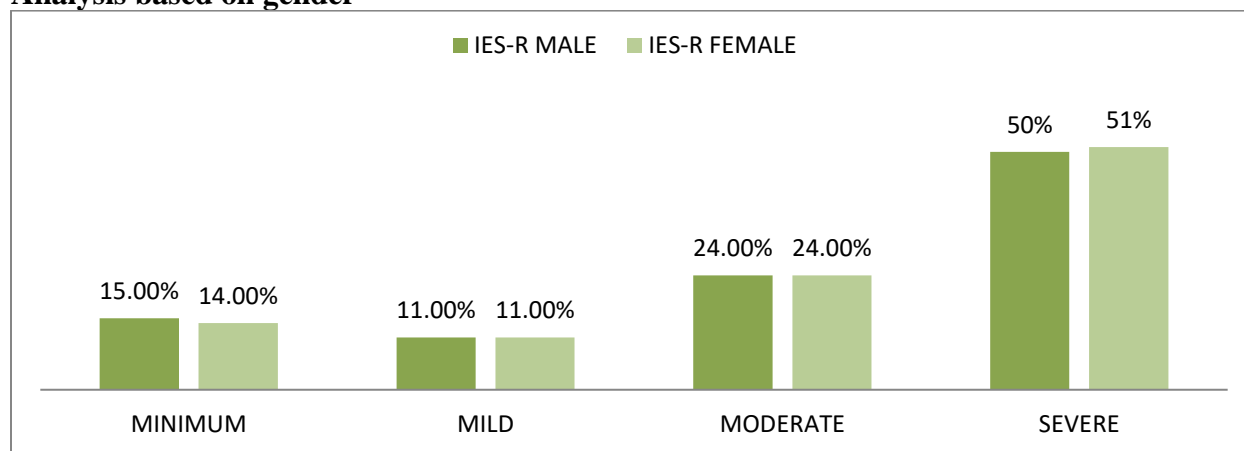
participants, 09(11.25%) had a mild psychological impact (IES-R score of 24–32), and 17 (21.25%) had a moderate psychological impact (IES-R score of 33–36). 40(50%) reported (an IES-R score of >36) severe psychological impact in reaction to the COVID-19.

Analysis based on Sub-scales

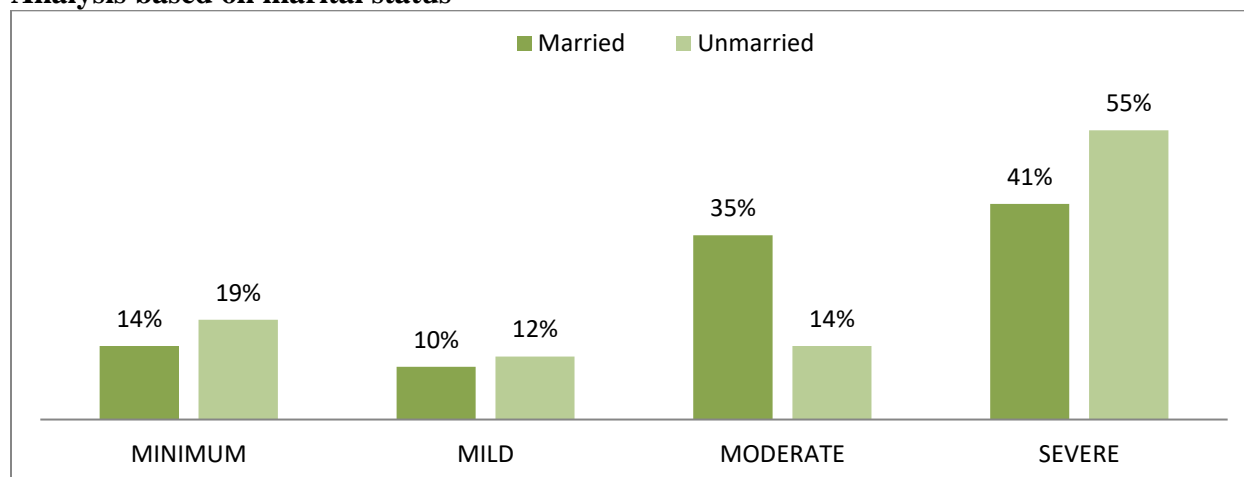


The average intrusive sub-scale value (Mean=1.52) and median fall at 1.00. While the average value of the avoidance sub-scale fell to 1.62, and the median remained at 1.25. The average value hyper-arousal sub-scale remained as (Mean=1.46) and median 1.08

Analysis based on gender



Analysis based on marital status



T-TEST

The psychological impact of covid-19 among males (M= 34.37, SD= 8.25, N=54) and females (M=32.65, SD= 9.52, N=26) was hypothesized with a significance level of p < 0.05 to find out is there any difference between the males and females at t(44) = 2.01, p= 0.43 (2 Tail).

Variable	Distribution of psychological impact (N=80)	T-Test	p-value
Gender	MALE -67.5% FEMALE -32.5%	0.79	0.43

The above table shows the difference in the psychological impact of covid-19 based on the gender of participants in this study. It shows there is no significant difference in the gender of participants.

CHI-SQUARE TEST

Association with the demographic variables:

Variable	Distribution of psychological impact (N=80)	p-value
Marital Status	Married-36.25%(29) Unmarried-63.75%(51)	0.19

Educational qualification	Plus 2-09 ITI-01 Diploma-11 Degree-46 PG-13	0.79
Type of family	Extended family-1 Joint family-34 Nuclear family-45 Broken family-0	0.95

*statistically significant variable is considered as P -Value <0.05 .

The above table shows no significant association between the demographic variables and the psychological impacts of covid-19. Using the Chi-square test, marital status ($P=0.19$), educational qualification ($P=0.79$), and type of family ($P=0.95$) are greater than alpha (0.05).

9. DISCUSSION

The current study investigated the psychological impact of the COVID-19 outbreak among young adults (18-30yrs). Health, economy, and livelihood concerns increased daily as the disease progressed. The findings of the pandemic's impact on mental health could help inform health officials and the public to provide mental health interventions to those in need. This can guide researchers in planning prospective longitudinal studies for assessing treatment needs. There are mental health concerns like anxiety, worries, and insomnia, especially after declaring lockdown in India on March 24, 2020. The government of India has launched helpline numbers to provide guidance and counseling in collaboration with different Institutes of national importance. World Health Organization has urged us to take the necessary precautions to tackle the negative impact of the spread of Coronavirus on psychological health and well-being. There is a shortage of recent, micro-level research on the issue after the near-complete easing of the lockdowns. When asked about treatment sought for particular incidents that triggered participants' mental health, 68.8% didn't seek treatment. It might have been due to a lack of seriousness about the issue, short duration of symptoms, or lack of awareness about the requirement of counseling. Overall, among the 80 respondents 82.5% had extended level of impact (mild / moderate /severe) psychological impact regarding COVID-19. In the past, during outbreaks such as the 'Ebola Virus,' individuals and communities at national and international had a major and wide spectrum of psycho-social impacts due to the sudden outbreak of the disease. People are likely to relate contracting the virus to fear of falling sick, helplessness, hopelessness, stigma, and even death. Providing psychological first-aid & counseling are quintessential during an epidemic. It helps reduce psychological distress and promotes adaptive coping strategies to deal with the situation. Despite the efforts of WHO and other public health authorities to contain the COVID-19 pandemic, this time of crisis is generating stress in the Vengara Panchayath and throughout the country, much like its impact on its global counterparts. Constant support for mental and psycho-social well-being in different groups should be the highest priority during the pandemic. Demographic variables(marital status, type of family, and educational qualification) show no specific association in psychological impact and gender showcase no difference in psychological impact on the COVID-19 pandemic.

10.LIMITATIONS

However, there are some more limitations to be considered while analyzing the study results.

- The inherent design of the study, like the sampling technique being only restricted to people with internet access, could also limit the generalizability of the study.
- Concerns about social desirability while responding to questions on mental health issues
- The study was conducted during the easing of lockdown and social distancing. So there might have been recollection bias.
- Due to the pandemic face to face interactions were restricted, and particularly in this age group are, don't show patience to respond, so data were not collected as proposed for the study (80 collected out of 100)

These issues could have caused under, or over-reporting the psychological impact rate found in the study.

Despite the limitations, this study provides the first cross-sectional data on the actual level of psychological impact among the young adult population of Vengara panchayath and how people's mental health is affected during a pandemic of this nature. Online surveys (or self-administered questionnaires) are an effective way of assessing mental health problems. This becomes a prudent method of researching in the period of lockdown. Since these findings pertain to the continuous period of the pandemic in India, a more extensive longitudinal study should be conducted in the current time to guide policymakers in understanding the psychological impact

11.CONCLUSION

The COVID-19 pandemic has caused a lot of uncertainty in the lives of the young adult population. Our survey is one of the few mental health-related studies regarding the adult population during the COVID-19 pandemic and indicated that a significant proportion of them have had a psychological impact during the crisis. There is a need to consider mental health issues by the policymakers. While dealing with the aspect of mental health, a Psychological Support team has been instituted in Kerala state. The team has devised many strategies to manage stress and other mental health concerns resulting from the pandemic. District Mental Health Program (DMHP), DISHA under the Department of Health and Family welfare are brought together to strategize and implement mental health initiatives. Authorities should monitor and evaluate whether the programs are reaching the ground level.

12.RECOMMENDATIONS

- Since one-third of the participants showed a significant psychological impact, there is a need to raise awareness about psychological health among young adults in Vengara Panchayath.
- Young adults living in rural areas have no access to mental health services, so there is a need to decentralize psychological services at the grassroots level.
- Since young adults living in rural areas are more prone to lack proper information regarding psychological services, there is a need to raise awareness about the psycho-social helpline 08046110007 provided by the ministry of health and family welfare, India.
- There is a need to conduct more research to determine the psychological impact of covid-19 among young adults living in rural areas.

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14.ANNEXURES

14.1 Questionnaire

A study to assess the psychological impact of the covid-19 pandemic among adults of age 18-30 years in Vengara Panchayath of Malappuram District, Kerala.

I. Socio-demographic details

- 1) Age:.....
- 2) Gender:-
 - a) Male b) Female c) Others
- 3) Marital status
 - A) Married B) Unmarried C) widow/divorced D) Don't want to disclose
- 4) Religion:-
 - a) Hindu b) Muslim c) Christian d) Others
- 5) Educational qualification of the participant?
 - a) SSC b) Intermediate c) graduation d)post-graduation and above
- 6) Type of family:
 - a) Nuclear family b) extended family c) Joint family d) Broken- family
- 7) Head of the family:
 - a) Participant b) Parent c) Spouse d) Others
- 8) Father's Education:
 - a) Illiterate b) Primary Education c) Secondary Education d) Graduate and above
- 9) Mother's Education:
 - a) Illiterate b) Primary Education c) Secondary Education d) Graduate and above
- 10) Father's occupation:
 - a) Laborer / daily wages b) Self-employed / Private employed c) Government employed d) Business
- 11) Mother's occupation:
 - a) Laborer / daily wages b) Self-employed / Private employed c) Government employed d) Business

II. The Impact of Event Scale-Revised (IES-R)

Directions: Below is a list of difficulties people sometimes have after stressful life events. Please read each item, and then indicate how distressing each problem has been for you DURING THE PAST with respect to how much were you distressed or bothered by these difficulties?

- 12) Whether there is any following specific incident that triggered your mental health?
 - a. You or anyone in the family gets hospitalized due to covid-19
 - b. Any near/ dear one died of COVID
 - c. Work related difficulties for you or your parents (eg-Lock down, job loss, Online job)
 - d. Educational issues (eg-Online class)
 - e. Marital problems (eg-family troubles, unexpected marriage, divorce)
 - f. Travel Difficulty (eg-Overseas Travel, Lock Down)
 - g. Financial hardship
 - h. Other life-changing incidence_____
- 13) If yes, how long did those memories last?
 - a) Lasted for days
 - b) Lasted for weeks
 - c) Lasted for months
 - d) Still continuing
 - e) Others
- 14) Have you sought any treatment for that?
 - a) Nothing done
 - b) Nothing could be done
 - c) Took the medicine
 - d) Subjected to counseling

(Among the following 'it' means the incident that triggered your mental health mentioned above)

Any reminder brought back feelings about it	0	1	2	3	4
I had trouble staying asleep	0	1	2	3	4
Other things kept making me think about it	0	1	2	3	4
I felt irritable and angry	0	1	2	3	4
I avoided letting myself get upset when I thought about it or was reminded of it	0	1	2	3	4
I thought about it when I didn't mean to	0	1	2	3	4
I felt as if it hadn't happened or wasn't real	0	1	2	3	4
I stayed away from reminders about it	0	1	2	3	4
Pictures about it popped into my mind	0	1	2	3	4
I was jumpy and easily startled	0	1	2	3	4
I tried not to think about it	0	1	2	3	4
I was aware that I still had a lot of feelings about it, but I didn't deal with them	0	1	2	3	4
My feelings about it were kind of numb.	0	1	2	3	4
I found myself acting or feeling as though I was back at that time.	0	1	2	3	4
I had trouble falling asleep	0	1	2	3	4
I had waves of strong feelings about it	0	1	2	3	4
I tried to remove it from my memory	0	1	2	3	4
I had trouble concentrating	0	1	2	3	4
Reminders of it caused me to have physical reactions, such as sweating, trouble breathing, nausea, or a pounding heart	0	1	2	3	4
I had dreams about it	0	1	2	3	4
I felt watchful or on-guard	0	1	2	3	4
I tried not to talk about it	0	1	2	3	4

14.2 INFORMED CONSENT FORM

STUDY TITLE: A study assess the psychological impact of the covid-19 pandemic among adults of age 18-30 years in Vengara Panchayath of Malappuram District, Kerala.

Date: -----

I, Asif Asfan Parangodath, a fellow at Community Health Learning Program fellowship at SOCHARA through School of Public Health Equity and Action, would like to conduct a study on "**a study to assess the psychological impact of the covid-19 pandemic of age 18-30 years in Vengara Panchayath of Malappuram District, Kerala**". The study is conducted as part of the fellowship requirement. The study will be conducted under the supervision of Dr. Unnikrishnan Payyappalli. The procedure involves only a list of questionnaires that will not include any physical risk to the participants. If the participant feels any discomfort or is not interested in answering, they can withdraw voluntarily. The data may be used only for academic / research purposes. The confidentiality and anonymity of data will be maintained. Data will be delinked from personal identifiers and relinked only if they need to be contacted again.

Principal Investigator:

Signature:

Participant Consent Form I, Mr/Ms _____, have understood the purpose and details of the study explained to me. I confirm that I am willing to participate voluntarily in the study and had the opportunity to ask questions. I fully give consent for my participation in the study.

Participant name:

Participant signature:

പഠന ശീർഷകം: കേരളത്തിലെ മലപ്പുറം ജില്ലയിലെ വേങ്ങര പഞ്ചായത്തിൽ 18-30 വയസ് പ്രായമുള്ള മുതിർന്നവരിൽ കോവിഡ് -19 പാൻഡെമിക്കിന്റെ മാനസിക ആഘാതം ഒരു പഠനം വിലയിരുത്തുന്നു.

തീയതി: -----

സുകുൾ ഓഫ് പബ്ലിക് ഹെൽത്ത് ഇക്വിറ്റി ആൻഡ് ആക്ഷൻ മുഖേന ശോചനയിലെ കമ്മ്യൂണിറ്റി ഹെൽത്ത് ലേണിംഗ് പ്രോഗ്രാം ഫെലോഷിപ്പിലെ സഹപ്രവർത്തകനായ ആസിഫ് അസ്ഫാൻ പറങ്ങോടത്ത് "18 വയസ്സുള്ള കോവിഡ് -19 പാൻഡെമിക്കിന്റെ മാനസിക ആഘാതം വിലയിരുത്തുന്നതിനുള്ള ഒരു പഠനം" എന്ന വിഷയത്തിൽ ഒരു പഠനം നടത്താൻ ആഗ്രഹിക്കുന്നു. കേരളത്തിലെ മലപ്പുറം ജില്ലയിലെ വേങ്ങര പഞ്ചായത്തിൽ 30 വർഷം" ഫെലോഷിപ്പ് ആവശ്യകതയുടെ ഭാഗമായാണ് പഠനം നടത്തുന്നത്. ഡോ.ഉണ്ണിക്കൃഷ്ണൻ പയ്യപ്പള്ളിയുടെ മേൽനോട്ടത്തിലായിരിക്കും പഠനം. പങ്കെടുക്കുന്നവർക്ക് ശാരീരിക അപകടസാധ്യതകളൊന്നും ഉൾപ്പെടാത്ത ചോദ്യാവലികളുടെ ഒരു ലിസ്റ്റ് മാത്രമേ നടപടിക്രമത്തിൽ ഉൾപ്പെട്ടിട്ടുള്ളൂ. പങ്കെടുക്കുന്നയാൾക്ക് എന്തെങ്കിലും അസ്വസ്ഥത അനുഭവപ്പെടുകയോ ഉത്തരം നൽകാൻ താൽപ്പര്യമില്ലെങ്കിലോ, അവർക്ക് സ്വമേധയാ പിൻവലിക്കാം. ഡാറ്റ അക്കാദമിക് / ഗവേഷണ ആവശ്യങ്ങൾക്ക് മാത്രമേ ഉപയോഗിക്കാവൂ. ഡാറ്റയുടെ രഹസ്യസ്വഭാവവും അജ്ഞാതതയും നിലനിർത്തും. വ്യക്തിഗത ഐഡന്റിഫയറുകളിൽ നിന്ന് ഡാറ്റ ഡിലിങ്ങ് ചെയ്യപ്പെടും, അവരെ വീണ്ടും ബന്ധപ്പെടണമെങ്കിൽ മാത്രം വീണ്ടും ലിങ്ങ് ചെയ്യും

പ്രധാന അന്വേഷകൻ:

കയ്യൊപ്പ്:

പങ്കെടുക്കുന്നവരുടെ സമ്മതപത്രം

ഞാൻ, Mr/Ms _____, എനിക്ക് വിശദീകരിച്ച പഠനത്തിന്റെ ഉദ്ദേശ്യവും വിശദാംശങ്ങളും മനസ്സിലായി. പഠനത്തിൽ സ്വമേധയാ പങ്കെടുക്കാൻ ഞാൻ തയ്യാറാണെന്നും ചോദ്യങ്ങൾ ചോദിക്കാനുള്ള അവസരമുണ്ടെന്നും ഞാൻ സ്ഥിരീകരിക്കുന്നു. പഠനത്തിൽ എന്റെ പങ്കാളിത്തത്തിന് ഞാൻ പൂർണ്ണമായും സമ്മതം നൽകുന്നു.

പങ്കെടുക്കുന്നയാളുടെ പേര്:

പങ്കാളിയുടെ ഒപ്പ്



ಸಮುದಾಯ ಆರೋಗ್ಯ ಜಾಗೃತಿ, ಸಂಶೋಧನೆ ಮತ್ತು ಕ್ರಿಯಾ ಸಂಸ್ಥೆ

Society for Community Health Awareness, Research and Action - SOCHARA

Registered under the Karnataka Societies Registration Act 17 of 1960, S.No. 44/91-92.

13th January 2022

To Whomsoever it May Concern

Scientific and Ethical Clearance

The SOCHARA Institutional Scientific and Ethics Committee (SISEC) has reviewed all the necessary documents submitted to SISEC for clearance on scientific and ethical aspects of the research proposal title, “A Study to Assess the Psychological Impact of COVID-19 Pandemic Among Young Adults of Age 18-30 years in Vengara Panchayath of Malappuram District of Kerala” by Dr Asif Asfan Parangodath, CHLP 2021 Fellow. The SISEC found them satisfactory and hereby a provisional approval to carry out the study as planned is issued. Reporting to SISEC on the progress needs to be done at regular intervals and any adverse effect happening during the study should be intimated immediately.

Dr Arvind Kasthuri

Chairperson- SISEC

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