

Anxiety in Rural and Urban Areas Living Peoples During COVID-19

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Abstract

Background: COVID-19 is an epidemic that started in December 2019 and has spread all over the world. It is an infectious disease that not only has an impact on the physical health of the person but also a harmful impact on mental health.

Objective: In this study, we have tried to find out the level of anxiety of the people living in rural and urban areas during COVID-19.

Method: Online survey method was used in this research paper. A self-developed questionnaire for measure anxiety was used to data collection and data was collected through the online google form. 98 people of rural and urban areas of different states (UP, Delhi, Haryana, Rajasthan) were responded on this form. Mean and the standard deviation was used for the calculation of raw data and to know the significant difference between rural and urban areas people during COVID-19, t-test was used.

Result: Mean, standard deviation and t-test were used to know the difference between groups. The mean score of rural and urban areas peoples is 54.29 and 51.48 with SD= 12.33 and 10.88 respectively. The t-value was 1.07 between rural and urban areas peoples which show that there is a significant difference between rural and urban areas peoples at the degree of freedom 96 on 0.15 level of significant.

Conclusion: The result shows that there was significant difference between rural and urban living people on anxiety level.

Keyword: Rural, Urban, and COVID-19

INTRODUCTION

Coronavirus disease has emerged as a pandemic which is originated in Wuhan city of china in December, 2019 and rapidly spread all over the world (*Amir Moghanibashi-Mansourieh A., 2020*). it is also known as COVID-19. due to its outbreak, World Health Organization (WHO) has declared as a pandemic of this disease on 11 march 2020 (*Cucinotta D.,2020*).

it is an infectious disease which is mainly affected people's respiratory system. although, it disease has many symptoms but main symptoms are included fever, dry cough, shortness of breath (*Huang C. et al, 2019*).

according to clinical investigation, the incubation period of its pandemic is 1–14 days and rapidly 3–7 days (*H. Lu et al, 2020*).

The main sources of its infection is respiratory droplets or direct contact from infected human to human (*Lai C.-C., 2020*). Patients of this disease is must be treated in isolation. according to medical observation, anxiety and sleep disturbances was developed among many patients after isolation treatment. Anxiety, as a psychological stress cause to decrease immunity and trigger of physiological events (*S. Rajeswari, 2019*).

Mac (2009) found the outbreak of severe acute respiratory syndrome as a mental health catastrophic. Evidence also indicated that outbreaks of communicable diseases increase the likelihood of psychosis, trauma, anxiety, stress, depression, suicidal ideation, and panic during. (World Health Organization. (*WHO, 2020, Taylor et al., 2008; Tucci et al., 2017*).

Anxiety level was determining by the resident area. Several studies indicated the relationship between anxiety and residence area. (*Cao, W., et al. (2020) and Zhou, Zhang, & Chen, 2020*).

Anxiety is a feeling of tension, worriedness and physical changes such as increased blood pressure, sweating, trembling, dizziness or a rapid heartbeat (*Major et al., 2000*).

REVIEW OF LITERATURE

Cao et al. (2020), assessed the psychological impact of the COVID-19 on college students of china. a sample was consisted of students from Changzhi Medical College by using Cluster sampling method. 7143 students had response on Generalized Anxiety Disorder Scale (GAD-7). Results shows that 21.3% of the students were experiencing mild anxiety, 2.7% moderate anxiety, and 0.9% sever anxiety. although, staying in urban areas, stability of family income, and staying with parents were caring factors opposite anxiety. Any relatives or recognize person who Infected with COVID-19 was a risk factor for college students increasing the anxiety. furthermore, correlation analysis of the result shows that college students anxiety was positively related with economic effects, effects on daily life, and delays in academic activities while social support was negatively associated with the anxiety level.

Liu, K., et al. (2020), conducted a study to examine the progressive muscle relaxation effect on anxiety and sleep quality in COVID-19. for this study a sample of 51 patients drown randomly from the isolation ward and divided randomly into two groups of experimental and control. The experimental group received progressive muscle relaxation (PMR) for per day 30 min for continuous 5 days as an intervention while the control group taken only routine care and treatment. the Spiel Berger State-Trait Anxiety Scale (STAI) and Sleep State Self-Rating Scale (SRSS) were used to data collection for measure anxiety and sleep quality of patient after and before intervention. SPSS 25.0 software was used to data analysis. The result indicated that

the statistically significant difference between experimental and control group on anxiety and sleep quality scores after intervention but which was not before intervention.

Moghanibashi-Mansourieh A., (2020) investigated the anxiety level among general population of Iran during outbreak of COVID-19. The online questionnaire survey was used to data collection. 10,754 peoples from the general population of 31 Iran provinces had filled from March 1 to March 9, 2020 to the questionnaire on social site networks. The inferential statistics indicated that the women, individual who give more attention on corona-related news, and the age group of 21–40 years had high anxiety level. moreover, the anxiety level was significantly higher among individuals who connected at least one family member, relative, friend, colleagues who with COVID-19 disease.

Liu et al. (2020), conduct a cross-sectional survey to investigated the prevalence and influencing factors of anxiety among Chinese medical workers during the COVID-19 outbreak. The data was collected through the Zung Self-Rating Anxiety Scale (SAS) to measure anxiety from 10 February 2020 to 20 February 2020. multivariable linear regression was applied to assess the factors for anxiety. adjusted models also used to confirm independent factors such as gender, age, education and marital status for anxiety. 164 (32.03%) out of 512 medical staff directly connected treating infected patients. After adjusting for sociodemographic characteristics such as gender, age, education and marital status, the prevalence of anxiety was higher among those medical staff who directly connected with treating infected patients than who was not directly treating infected patient.

STATEMENT OF THE PROBLEM

To understand the anxiety level in rural and urban areas living people in COVID-19.

HYPOTHESES

Rural and urban area living people will not differ on anxiety level during COVID-19.

VARIABLE

There are rural and urban resident area during COVID-19 as independent variables while scores of anxiety are dependent variables.

DESIGN

Online Survey design was adopted for data collection.

PARTICIPANTS

This is an online survey research. A link of self-developed questionnaire was share through the whatsapp and facebook. the questionnaire was completed by Total 98 people (29 peoples of urban and 35 peoples of urban area).

TOOL

A self-developed questionnaire was used to data collection for measure anxiety during COVID-19. It has only 44 statement related to anxiety. It is a type of multiple choice questionnaire who has four option such as seldom, sometime, much, and very much. in this study, 1 score for seldom, 2 score for sometime, 3 score for much, and four score for very much, was given to the participants.

STATISTICAL ANALYSIS

In this present study, Mean and SD (standard deviation) were applied for statistical analysis of data. Further, the t-test was applied to check the significant difference between groups (*Singh A. and Kumari S., 2019, and Singh A., 2020*).

RESULTS AND DISCUSSIONS

Table 1: This table shows the Mean, SD, and t-value on anxiety of rural and urban living peoples.

Subject	N	Mean	SD	t-value	Significant level
Rural living peoples	29	54.29	12.33	1.07	0.15
Urban living peoples	69	51.48	10.88		

Table 1 shows that the difference between rural and urban peoples on the anxiety level. The mean score of rural peoples is 54.29 with SD =12.33 and the mean score of urban peoples is 51.48 with SD =10.88. The rural living peoples have a higher mean score on anxiety level than urban living peoples.

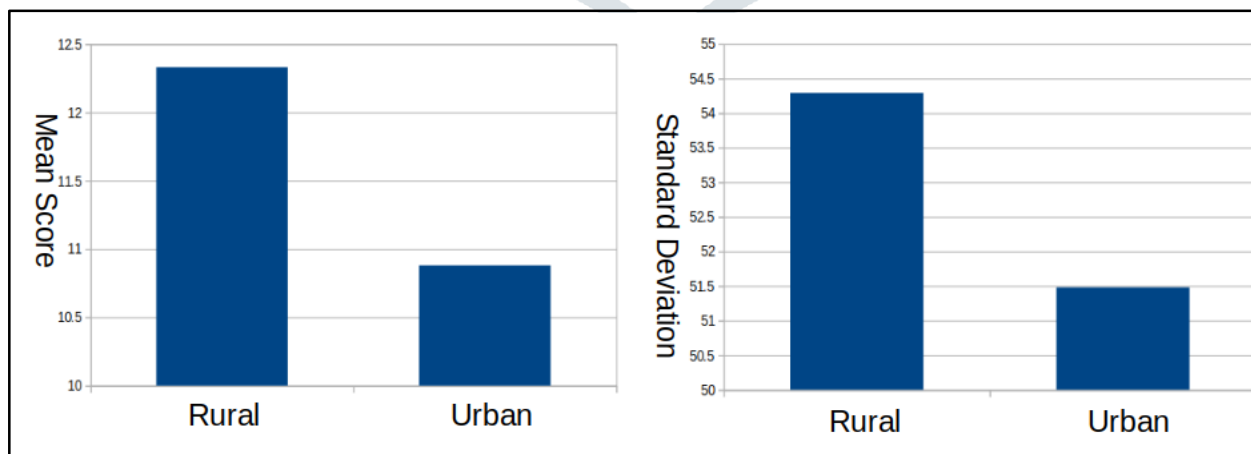


Figure 1: This figure shows the Mean, SD, and t-value on anxiety of rural and urban living peoples.

The t-value of rural and urban living peoples is 1.07, which is higher than t-value at 0.15 level of significance. So, hypothesis is rejected and we can say that there is a significant difference between rural and urban peoples on anxiety level due to different facilities available as education, employment, medical, etc. Similarly, **Zhou, Zhang, & Chen, (2020)** was found same result due to socio-demographic characteristics.

CONCLUSIONS

The result shows that there is a significant difference between rural and urban peoples on anxiety level. The urban peoples have very much awareness. Due to very much awareness, the urban peoples' anxiety level is affected less. We have seen the difference between the peoples living in rural and urban areas during COVID-19 and found that hospital availability, safety awareness from COVID-19, education level, and cultural factors are playing a lead role to decrease of anxiety. So, we suggest that government should have more focus on rural areas facilities of medical and counselling centers, employment, and education level with multidisciplinary implement (**Ahmed et al. 2020**).

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REFERENCE

1. Amir Moghanibashi-Mansourieh, A. (2020). Assessing the anxiety level of Iranian general population during COVID-19 outbreak. *Asian Journal of Psychiatry*, 51 (2020) 102076.
2. Cucinotta, D. & Vanelli, M. (2020). WHO declares COVID-19 a pandemic, *Acta Biomedica* [internet], 91(1) :157-60.
3. Huang C et al. (2020). Clinical features of patients infected with 2019 novel coronavirus in Wuhan, China. *Lancet*. 395(10223):497-506.
4. H. Lu, C.W. Stratton, Y.W. Tang, (2020) Outbreak of pneumonia of unknown etiology in Wuhan China: the mystery and the miracle, *J Med Virol*, <https://doi.org/10.1002/jmv.25678> published online Jan 16.
5. Lai, C.-C., Shih, T.-P., Ko, W.-C., Tang, H.-J., Hsueh, P.-R., (2020). Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and corona virus disease-2019 (COVID-19): the epidemic and the challenges. *Int. J. Antimicrob. Agents*, 105924.
6. Mak, I.W., Chu, M.C., Pan, P.C., Yiu, M.G., Chan, V.L., (2009). Long-term psychiatric morbidities among SARS survivors. *Gen Hosp Psychiatry*, 31, 318–326.
7. S. Rajeswari, N. SanjeevaReddy, (2019) Efficacy of progressive muscle relaxation on pregnancy outcome among anxious Indian primi mothers, *Iran. J. Nurs. Midwifery Res.* 25, 23-30.
8. World Health Organization (WHO, 2020). Mental Health and Psychosocial Considerations during the COVID-19 Outbreak, 18 March 2020. World Health Organization.

9. Taylor, M.R., Agho, K.E., Stevens, G.J., Raphael, B., (2008). Factors influencing psychological distress during a disease epidemic: data from Australia's first outbreak of equine influenza. *BMC Public Health* 8 (1), 347.
10. Tucci, V., Moukaddam, N., Meadows, J., Shah, S., Galwankar, S.C., Kapur, G.B., (2017). The forgotten plague: psychiatric manifestations of Ebola, Zika, and emerging infectious diseases. *J. Glob. Infect. Dis.* 9 (4), 151.
11. Cao et al. (2020). The psychological impact of the COVID-19 epidemic on college students in China, *Psychiatry Research* 287 (2020) 112934.
12. liu, K., et al. (2020), Effects of progressive muscle relaxation on anxiety and sleep quality in patients with COVID-19, *Complementary Therapies in Clinical Practice* 39 (2020) 101132.
13. Liu C-Y, Yang Yun-zhi, Zhang X-M, Xu X, Dou Q-L, Zhang W-W, Cheng ASK, (2020). The prevalence and influencing factors in anxiety in medical workers fighting COVID-19 in China: a cross-sectional survey. *Epidemiology and Infection* 148, e98, 1–7.
14. Major, B., Cozzarelli, C., Horowitz, M.J., Colye, et al., (2000). *Encyclopedia of Psychology: 8 Volume Set.* Oxford University Press, Oxford.
15. Singh A. and Kumari S. (2019). A comparative study of personal stress among employed and unemployed graduates. *IAHRW International Journal of Social Sciences*, 7(2), 414-416.
16. Singh A. (2020). Impact of Social Media on Adolescent's Mental Health. *International Journal of Creative Research Thoughts (IJCRT)*, 8(7), 3837-3843.
17. Singh A. (2020). A Study of Personal Stress Among Unemployed Graduate Students of Different Branch. *International Journal of Creative Research Thoughts (IJCRT)*, 8(7), 3956-3960.
18. Singh A. (2020). Mental health of adolescents of working and non-working mothers. *The International Journal of Indian Psychology*, 8(3), 961-966.
19. Zhang, J., Wu, W., Zhao, X., Zhang, W., (2020). Recommended psychological crisis intervention response to the 2019 novel coronavirus pneumonia outbreak in China: a model of West China Hospital. *Precis. Clin. Med.* 3 (1), 3–8.
20. Zhou, SJ., Zhang, LG., & Chen, JX., (2020). Prevalence and sociodemographic correlates of psychological health problems in Chinese adolescents during the outbreak of COVID-19. *European child & adolescents psychiatry*, 29, 749-758.
21. Ahmed, M.Z., et al. (2020). Epidemic of COVID-19 in China and associated Psychological Problems. *Asian Journal of Psychiatry* 51 (2020) 102092.