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COVID-19 Anxiety and Loneliness among Indian Youth: An Empirical Research

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Abstract

Background- The world is in the middle of a global pandemic, people are in fear for what may come next and that makes it all too catastrophic and spiral out into overwhelming terror, anxiety and panic. Due to this one of the main feelings people were experiencing is loneliness as people were locked inside their houses and not allowed to go in any social gatherings. **Method-** A sample size of 157 Indian youth (15-25 yrs.) participated in the online survey out of which 73 are males and 85 are females during the lockdown period in India. To assess the level of COVID anxiety and loneliness, Coronavirus Anxiety scale (CAS) and UCLA Loneliness Scale were administered respectively. **Result-** The result was analysed using SPSS. On the measure of covid-19 anxiety and loneliness, the obtained t-value was 1.29 & 1.02 respectively which was found to be statistically insignificant. On the other hand, the obtained correlational value was 0.33 which was found to be statistically significant. **Conclusion-** These findings interprets that there's no gender difference on the measure of COVID-19 & loneliness which manifest that both the genders were having more or less equal amount of COVID-19 anxiety and loneliness, deteriorating their mental health and may cause them to suffer from posttraumatic stress, depression, social anxiety, internet addiction and other mental ailments. Hence, the mental health professionals are required to prepare effective intervention strategies which may promote their mental wellbeing.

Keywords: COVID-19 Anxiety, Loneliness, Indian Youth, Posttraumatic Stress, Social Anxiety, Mental Well-being.

1. Introduction

At the beginning of the pandemic, most people were on high alert, undergoing fear and worry over the impact of virus. As researchers and health care specialists gained more knowledge of the virus and in what way the symptoms of COVID-19 can be treated, the world began to settle into a new and unfamiliar routine of living with pandemic. Throughout this worldwide health emergency, anxiety is a normal reaction to uncertainty and things that may harm us. People concern about their well-being and the well-being of their loved ones, those who already experienced a lot of anxiety may find their anxiety worsening. While anxiety is an ordinary and predictable reaction to the pandemic, too much anxiety can start to cause harm. Feeling worried and dreadful every day takes a toll on psychological health and well-being very rapidly. Anxiety can also cause the opposite reaction: denying or refusing to believe that the situation is serious. When one feel anxious and uncertain about the upcoming, it's easy to feel hopelessness or disheartened and one of the main reactions of this pandemic is Loneliness, it is a stressful experience that occurs when individual social relationships are perceived as less in quantity, and especially in quality, than the desired one. As people were quarantined, the feeling of loneliness among individuals was getting increased. Studies have shown that loneliness can put people at danger for physical illness and may also contribute to reduced life span. COVID -19 has affected individuals form different age groups. Indian youth has also been affected devastatingly as there was governmental imposed lockdown because of which they were not being to go to their schools, colleges, shopping malls, cinema halls, gyms and other public places. Not only this, Indian government did not provide vaccination facility in the initial phase which also had made them face anxious regarding the disease.

2. Materials and Methods

2.1. Research Design and Sample Selection

The study is exploratory in nature and followed an inferential research design, which empirically enabled the researcher to examine the gender difference on the measure of COVID-19 anxiety & loneliness among Indian Youth. The study was administered on Indian youth from 15 to 25 years of age. The survey research was used, in which cluster of questionnaires were chosen and Google form was created. The data gathering took about 1 month. The research was carried out with the contribution of a total of 161 students out of which 157 responses were selected for the research by using purposive sampling technique. The empirical data was collected from different states of India i.e., Delhi, Rajasthan, Uttarakhand, Uttar Pradesh and Maharashtra among students of high school, undergraduates and post graduate.

2.2. Problem Statement

The study broadly investigates the gender difference on the measure of Covid-19 Anxiety and Loneliness among adolescents.

2.3. Objectives of the Study

- To measure the gender differences in Covid-19 Anxiety and Loneliness among adolescents.
- To study the relationship between Covid-19 Anxiety and Loneliness among adolescents.

2.4. Hypotheses Formulation

H₀₁ – There will be no significant gender difference on Covid-19 Anxiety and Loneliness among adolescents.

H₀₂ – There will be no significant relation between the Covid-19 Anxiety and Loneliness among adolescents.

2.5. Inclusive Criteria for the sample selection

1. Only students from the age group of 15-25 were considered.
2. Only Indian population can participate.

2.6. Exclusive Criteria for the sample selection

1. No cultural, social or commercial discrimination was acceptable.
2. Gender discrimination was not made.

2.7. Tools for Data Collection

Coronavirus Anxiety scale (CAS)

Coronavirus Anxiety scale (CAS) has been developed by Mozzoni and Franzot; Sherman and Lee, 2020. It is a 5-point Likert Scale which measures the Covid-19 anxiety. The high total score is ≥ 9 which indicates the problematic symptoms and might needed the further treatment. There are 5 items which in the form of statements. For every statement there is a division of Not at all (0), Rare, less than a day or two (1), Several days (2), More than 7 days (3) and nearly every day over the last 2 weeks (4). The CAS is reliable tool as $> .90$, with solid factorial and construct validity.

UCLA Loneliness Scale

UCLA Loneliness Scale has been developed by Daniel Russel, 1996. It's a 4-point Likert Scale. It is used to measure the feeling of loneliness and social isolation in an individual. There are 20-items which is in the form of statements. For every statement there is a division of 'O' - I often feels this way (3), 'S' - I sometimes feels this way (2),

'R' - I rarely feels this way (1) and 'N' - I never feels this way (0). This measure was highly reliable in both internal consistency it is from .89 to .94 and test-retest = .73. Significant correlations were indicated due to convergent validity and construct validity measures the health and well-being.

2.8. Procedure for the Data Collection

The questionnaires were distributed in the form of Google form to the individuals making them understood the purpose of the survey, sought their consent and assured them regarding confidentiality. The questionnaires i.e., Coronavirus Anxiety scale (CAS) and UCLA Loneliness Scale were designed in the form of 5-point and 4-point Likert Scale respectively, which respondents had to mention their Agreement-Disagreement with each item as per their perception. Then the data collected was and further analyzed in SPSS by using Pearson correlation and t-test.

3. Results and Discussion

The aim of this research was to determine gender difference on Covid-19 Anxiety and Loneliness among Indian youth using Coronavirus Anxiety scale (CAS) and UCLA Loneliness Scale. The study was conducted on Indian youth belonging from the age range of 15 to 25 years with the help of Google form. The obtained scores were analyzed using SPSS 21 version. In order to investigate gender difference student's t-test was calculated. The obtained t-value on COVID-19 anxiety and loneliness was 1.29 and 1.02 which was found too statistically insignificant. This manifests that there's no gender difference on Covid-19 anxiety and Loneliness as individuals from both the gender are more or less at equal risk, as there is sudden transition in their day-to-day activities including attending virtual mode classes, restricted peers' interaction and physical activities, financial problem, poor family cohesion, threat of being infected from the virus. All these may cause them to suffer from anxiety, depression, internet addiction, and mental health issues. Previous studies have shown that COVID-19 coping moderately mediated the association between COVID-19 anxiety and general health well-being among youth (Yıldırım, Akgül, & Geçer, 2020). Likewise, Browning, Larson, Sharaievska, Rigolon, McAnirlin, Mullenbach, et al. (2021) found that youth are gradually recognized as a susceptible population, suffering from difficult stages of anxiety, depression, substance abuse, and eating disorders related to the over-all population during this COVID-19 pandemic.

Furthermore, Pearson's Correlation was performed, in which 0.01 (2-tailed) level of significant correlation were reported between Covid-19 Anxiety and Loneliness, which means there's a statistically significant association between Covid-19 Anxiety and Loneliness. This depicts that COVID-19 pandemic is generating the feeling of anxiety and loneliness among the youth and is hampering their mental well-being.

In order to improve mental health of youth amid this pandemic, there is need to work at different level simultaneously. At governmental level, there is need to provide a comprehensive strategy which not only be going to treat COVID 1-9 but also work on mental health of vulnerable populations such as youth. At family level, there

is a need to develop a feeling of cohesiveness and affection towards the youth. The parents need to monitor their youth's mood and behavior and if there is a need for any sort of mental health services then they must consult the professionals. At school and university level, the educational institute must provide school/college counselor who can provide tele counseling to them so that they can be

friendly with new learning platform. At individual level, there is a need to have regular schedule, practice yoga or meditation at home. All these can help the youth achieving an effective mental well-being amid pandemic.

4. Tables and Figures

Table 1: Shows the mean, standard deviation, and t-test of Coronavirus Anxiety scale (CAS) and UCLA Loneliness Scale.

Variable	Gender	Mean	Standard Deviation	t
Covid-19 Anxiety	Male	2.9881	3.36708	-1.297
	Female	3.8493	4.90088	
Loneliness	Male	25.5616	15.84121	-1.029
	Female	23.2143	12.73556	

In this table, it has been shown that there is no gender difference on both the variables i.e., Covid-19 Anxiety and Loneliness.

Table-2: Represents the values of correlation between the variables i.e., Covid-19 Anxiety and Loneliness and their significance.

Variables	N	Pearson's correlation	Significance
Covid-19 Anxiety	157	.330**	0.01
Loneliness	157	.330**	0.01

** . Correlation is significant at the 0.01 level (2-tailed).

5. Conclusion

The aim is to existing research was to the identify the gender difference on the key variables which are Covid-19 Anxiety and Loneliness among youth using Coronavirus Anxiety scale (CAS) and UCLA Loneliness Scale. The following empirical study examines the variables concluding that there is a statistically significant relationship between Covid-19 Anxiety and Loneliness among adolescents. After analyzing the data, it was concluded that the people who have Covid-19 Anxiety might have been suffering from loneliness as both male and female going through the same situations, gender doesn't play any significant role. Also, individuals who have Covid anxiety might be suffering from other psychological issues such as depression, post-traumatic stress disorder (PTSD) and stress. Hence if people will follow psychological intervention strategies that is by maintaining proper routine, diverting one's mind from tension by reading books, or by doing their favorite activities mental health can be improved.

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