PERCEIVED EMOTIONAL DISTRESS AND FEAR OF COVID-19 AMONG YOUNG EDUCATED ADULTS DURING PANDEMIC

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ABSTRACT

OBJECTIVE
To examine the relationship of perceived emotional distress and fear of COVID-19 among young adults and to check the difference among gender and marital status in perception of emotional distress and fear of COVID-19.

STUDY DESIGN
Cross-sectional research design.

PLACE AND DURATION OF THE STUDY
The data was collected from Bahawalpur, Punjab, Pakistan during September 2020 to February 2021.

SUBJECTS AND METHODS
Participants were 200 educated, married and unmarried young adults of both genders. Perceived Emotional Distress Inventory (PEDI) and The Fear of COVID-19 Scale along with self-structured demographic sheet were used in the study to collect data.

RESULTS
Results revealed that the fear of COVID-19 and perceived emotional distress are significantly correlated with each other. Fear of COVID-19 and perceived emotional distress is higher among females as compared with males. Perceived emotional distress is higher among married people as compared with unmarried ones but fear of COVID-19 is not significantly different among marital status.

CONCLUSION
It is concluded that fear of COVID-19 can strongly relate to perceived emotional distress and both of them persist more among females. There is no discrimination of marital status in perception of fear of COVID-19, but emotional distress does occur more among married individuals.

KEY WORDS
Emotional Distress, Fear of COVID-19 Pandemic, Psychological outcomes, Youth

INTRODUCTION

It is the worldwide challenge to manage the new Corona virus 2019 (COVID-19), which is a new contagious respiratory virus. Temperature, weakness, low energy, dry cough, muscle pain and difficulty in breathing are included in the signs of COVID-19 illness[1]. The death ratio was 3.6% in China in the first week of march, 2020 and 1.5% in the rest of the world[2], after the two weeks of march 2020 the situation was confirmed in 135 countries / regions[3]. With very high contamination level and moderately larger demise rates, people normally started to stress over COVID-19. Certainly, worries of interaction with individuals who could have been contaminated with COVID-19 have been accounted for[4]. Tragically, the dread can expand the damage of the actual illness. Corona virus and the emergence of a pandemic nature have increased fears, it has also caused stigma around the world[4-6].

One of the characteristics of contagious diseases paralleled to other characteristics is distress. Distress is straightly linked with spreading speed and source (fast and invisible), as well as harmfulness and death rate. This leads to other psychosocial problems containing stigma, inequality, and deprivation[7]. At significant degrees of terror, people will be unable to think normally and sensibly when responding to COVID-19. Still, the medication accessible on COVID-19 worldwide, emphasize fundamentally on the proportion of contamination control, operative vaccination, and healing cure[1].

The psychosocial perspective is still less extensively thought of. However, as nations around the world are working to decrease the pace of spread of COVID-19, they should also deal with human feelings of trepidation to accomplish a shared objective of the control over this deadly virus and having COVID-19 liberated society. There is one cause that current medication for COVID-19 tries to ignore the terror of COVID-19 is the absence of an appropriate psychometric device. Consequently, it is both well-timed and crucial to build up a short and reliable tool to capture a person's fear of COVID-19. The data on individual's apprehensions about COVID-19 can help medical services suppliers to create suitable plans to address fear. Thus, this examination utilized a psychometric test to appraise the distress of corona virus through the fear-COVID-19 Scale[8], among young adults. The data will be helpful in gathering information about the terror of COVID-19 and will enable to decrease community trepidation.

People should recognize contaminated individuals, encounter their medication requirements, convey challenging treatment methods to the patients admitted in hospitals, manage the mental problems brought about by every deceased patient, and simultaneously face the threat of building up the sickness. All of these conditions is a problematic sum in itself and relied upon to have supplementary results for grown-ups in extended period. It was focused that the significance of supplementary results as the parts of

community throughout the epidemic, and focused on that tension, terror, sadness, self-destruction, substance misuse, etc.[9]

Emotional distress is a condition of inner distress that is considered by signs of depression and anxiety[10]. These warning signs are linked to somatic symptoms such as headache, insomnia and lack of energy. It was stated that somatic symptoms are linked to emotional distress but somatic symptoms that related to this distress may vary across the nations[11]. Similarly, some other researchers believe that presentation of emotional distress by bodily symptoms is conveyed by feeling blank, heavy-headed, sleeplessness, exhaustion, low level of energy and reduced appetite [12].

Despite the fact that there is no exact epidemiological information on the mental impacts of COVID-19 on the wellbeing of the people, the after effects of restricted examinations have shown that terror of catching COVID-19 triggered vigorous behavioral and emotive outcomes like exhaustion, solitude, tension, sleep disturbance and outrage[13]. Investigation on former Ebola-like virus also reinforces this view[14].

SUBJECTS AND METHODS

Participants

The study sample was comprised of 200 young adult respondents selected through random sampling technique. Educated, married and unmarried young adults (18 to 29 years of age) from both genders were included in the study. Having less than 18 years and more than 29 years of age, uneducated, transgender, divorcees, and widows were excluded from the study.

Instruments

Perceived Emotional Distress Inventory (PEDI). It is a self-report inventory, containing 15 items. It was intended to quantify the level of emotional distress. It can find high-risk individuals having emotional distress. Adequate reliability and validity were reported of the above mentioned scale[15].

The Fear of COVID-19 Scale. This self-report, four point Likert scale which is comprised of 7 items was used to measure the symptoms of anxiety and depression due to the COVID-19 pandemic[8].

A separate sheet was constructed to acquire the personal information from the respondents e.g., age, gender and marital status.

Procedure

Permission to use the instruments were taken from the concerned authors. The respondents were approached and briefed about the nature of study beforehand. The privacy and confidentiality of their personal data was assured to them before obtaining informed consent and administration of the scales. SPSS (version 24) was used to analyze the acquired data. The descriptive statistics, person product moment correlation and independent sample t-test were used to draw research findings.

RESULTS

77.5% of the sample's age group was18-24 years and 22.5% adults in the sample were having age group of 25-29 years. 51% of adults were male and 49% were female respondents. 88.5% of adults were unmarried and 11.5% were married.

The results discovered that perceived emotional distress and fear of covid-19 are significantly positively correlated to each other (r= .53**, p < .01) among young educated adults (see table 1). The analysis about gender revealed that the mean of perceived emotional distress (p=0.04) and fear of COVID-19 (p=0.02) were significantly higher among female respondents (M = 47.66, SD = 9.89) than male respondents (M = 45.6, SD = 8.37).

The results about the marital status of young adults in perceiving emotional distress and fear of COVID-19 showed diverse results. Perceived emotional distress (p=0.00) was significantly higher among married respondents (M = 31.50, SD = 2.86) than unmarried (M = 29.53, SD = 1.38). While Fear of COVID-19 (p=0.20) has no significant difference between married and unmarried respondents (see table 3).

Table 1

Correlation between perceived emotional distress and Fear of COVID-19 (N=200).

Variables	Perceived Emotional Distress	Fear of COVID-19
Perceived Emotional Distress	-	.53**
Fear of COVID-19	-	-

**p < .01

Table 2

Independent sample t-test on gender wise differences in Perceived Emotional Distress and Fear of COVID-19 (N=200).

Variable	Male		Female				95%CI	
	M	*SD*	*M*	*SD*	t(198)	*p*	*LL*	*UL*
Perceived Emotional Distress	45.66	8.37	47.66	9.89	-2.03	.04	-3.94	-06
Fear of COVID-19	24.51	5.69	25.90	5.55	-2.28	.02	-2.58	-.19

**p < .05

Table 3

Independent sample t-test on marital status wise differences in Perceived Emotional Distress and Fear of COVID-19 (N=200).

Variable	Married		Unmarried				95%CI	
	M	*SD*	*M*	*SD*	t(198)	*p*	*LL*	*UL*
Perceived Emotional Distress	31.50	2.864	29.53	1.384	5.725	.000	1.288	2.645
Fear of COVID	23.74	6.789	24.71	2.776	-1.273	.205	-2.479	.536

**p < .05

DISCUSSION

The present research entitled as emotional distress and fear of COVID-19 among young educated adults. The first hypothesis of this research was that the perceived emotional distress is significantly correlated with fear of COVID-19 among young educated adults. Table 1 displayed a moderate positive correlation between the fear of COVID-19 and emotional distress which is statistically significant. A past investigation was led to notice that the terror of COVID-19 can predict the emotional distress among young adults. The terror created by COVID-19 has gone too far as a significant persistent factor in indicating the tension and stress, which constructs emotional distress. Throughout this outbreak with a disturbing nature, young adults are probably going to be influenced by the process of pandemic and the unfavorable conditions they face, both at professional and individual level. Several studies expressed that the epidemic progression ought to be considered as a horrible and troublesome life course. In such manner, it may be that COVID-19 may influence emotional distress and can ignite the severe stress, nervousness and symptoms of depression among adults[9,14,16-19].

The second hypothesis of the research was that the fear of COVID-19 and perceived emotional distress would prevail differently among the males and females. Findings showed that the anticipated objective was attained and the significant difference among both genders was found. The mean score of fear of COVID-19 and perceived emotional distress was significantly higher among female respondents than male respondents. A similar cross-sectional study having 772 Cuban participants was conducted in Cuba. They also used fear of COVID-19 scale to collect the data from respondents, similar to ours. They found that female respondents had greater fear of COVID-19 as compare with male respondents[20].

The third hypothesis of the study was that perceived emotional stress and fear of COVID-19 could prevail differently among married and unmarried young educated adults. Results showed that perceived emotional distress was significantly higher among married adults as compared with unmarried ones but the fear of COVID-19 has no significant difference among marital status of respondents. A study conducted in America found contrary results as compared with our study, it was an online survey conducted on 10386 US adults. They intended to measure fear of COVID-19 and the mental health consequences in America. Along with the many other demographics, they also included the marital status of the participants. Surprisingly, the results depicted that the fear of COVID-19 is higher among the married participants as compared with unmarried ones[21]. Their results contrasted with our finding.

CONCLUSION

The fear of COVID-19 and perceived emotional distress were significantly correlated with each other. Fear of COVID-19 and perceived emotional distress was higher among females as compare with males. Perceived emotional distress was also higher among married couples but fear of COVID-19 was not significantly different among marital status.

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