

Psychological Impact of Covid-19 on the Economy and Education Sector of Barpeta District of Assam

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Abstract:Covid-19 had significant social and psychological effects on the population. Research has shown the greatest exposure categories to be infants, college students, and health care staff, who are more likely to experience PTSD, anxiety, depression, and other symptoms of distress. The social distance and security policies have impaired people's ability to relate to one another. From this perspective, telepsychology and technological devices assume significant roles in the pandemic's control. The tools on this page offer benefits like working from home or the workplace and saving money and time, all while maintaining the relationship between patients and therapists. This paper aims to present empirical evidence from recent research on the impact of the pandemic and discuss potential interventions. The study used a randomised probability sampling approach and took place from May 8 to 18, 2020, during the lockdown of the COVID-19 pandemic. The mental health data during the lockdown time was obtained via an online questionnaire. Measuring mental health status used the Depression, Anxiety, and Stress scale (DASS-21). Stress, anxiety, and depression are common in the Indian population. As a result, mental health professionals are required to help handle the crisis.

Keywords:Anxiety, Depression, Stress, COVID-19, India, Depressive Symptoms, Assam

Introduction:

Coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) was reported first in central China in Wuhan city in Hubei province in December 2019 and has become a global

health nightmare when infections and deaths have begun to occur in almost any part of the world [7][10]. The World Health Organization declared COVID-19 a pandemic of 11 March 2020 when the global number of infectants rose to 118319 and the death toll to 4292. The rapid growth and global spread of COVID-19

through the transfer of persons to humans has made the nations take all plausible measures to prevent their spread including the performance of absolute lock-up throughout or in parts of the world. However, the free locking of the pandemic of coronavirus played a successful preventive role by reducing population movement.

During each pandemic, infectious diseases such as plagues, Spanish influenza, Asian flu, and extreme acute respiratory syndrome have significant psychological effects in humankind history (SARS) [2]. In China at the end of 2019 there was a similar frightening public health emergency and the spread of a Coronavirus strain called the New Coronavirus (SARS-CoV-2) and the disease called coronavirus formally continued to occur globally (COVID-19). In recent pandemics such as Ebola and SARS, many West African countries, China and Canada have locked down to decrease the spread of infections, for imitation [4]. Quarantine has shown itself to be an effective way in controlling the spread of infections [3]. However, it has been shown that SARS infected patients after 30 months of the post-SARS pandemic have suffered from long-term psychiatric conditions, such as after

traumatic stress disorder (25.6%) and depression (15.6%). In an African study, it was found that depressive symptoms, anxiety, post-traumatic stress disorder (PTSD) in the family were more common in the EBOLA outbreak [5].

India is the world's second most populous country with 1,01,261 cases confirmed on 19 May 2020. Despite numerous government education programmes on COVID-19 awareness. From 19 March to 2 May 2020 there were about 300 deaths of non-coronavirus in India. The majority (80) of them were killed because of the fear that they had been positively tested for corona virus and loneliness and migrants dying in accidents (51). (36). The pandemic, social lock-down isolation, loss of livelihoods and fear of infection have led to changes in people's mental status. To our full knowledge, during this protracted COVID-19 lock-down period there are no research findings on the psychological aspects of Indian healthy individuals. Consequently, we were trying to evaluate the psychological impact of COVID-19 in India on healthy people [8].

A long-term exposure to stress led to the Covid-19 pandemic. Researchers therefore showed an increased interest in measuring social and community unrest to support the population psychologically. This focus

could contribute to the management of the current situation and other potential epidemics and pandemics. According to the social position invested, the steps taken for the management of the pandemic had various effects. Some parts of the population appear more vulnerable to stress-sensitive anxiety, depression and post-traumatic symptoms.

On 31 March 2020, the first COVID-19 pandemic was identified in the indigenous state of Asam. The biggest city, Guwahati was also affected by coronavirus in the state along with other districts of the state and other state of the North-East.

Individuals record the outbreak of COVID-19 in Assam at the NizamuddinMarkaz (Delhi) religious TablighiJamaat congress who did not report back to Assam. Of the total COVID-19 patients in Assam – 37 are TablighiJamaat attendants and contacts. In Assam also COVID-19 takes shooting from the pilgrims in the district of Silchar in Cachar, by bus on 6 May, from Ajmer Sharif Dargah (Rajasthan). 10 pilgrims subsequently tested positive for coronavirus and the others were sent to quarantine in accordance with guidelines. The state has also seen a rise in the number of COVID-19 incidents, as migrant workers and many people from Assam

returned to Assam in other areas of the country. When they were quarantined in the respective state quarantine centres, many of them tested positive for coronavirus. Also, several COVID-19 warriors have been optimistic in Assam in the battle against coronavirus. While several of them recovered later, very few died. To date, 3,005 COVID-19 cases have been reported by the Assam Police. Of these, 2,274 have recovered, 723 are being treated, and 8 have died of the virus. Strict public health steps have been taken in several countries to restrict the spread of this coronavirus disease (COVID-19). Different outbreaks of social isolation and illnesses are linked to psychological distress, including depression and the use of substances. This survey aimed to show the effect on the mental health of the people of the State of Assam, India of the COVID-19 pandemic [11].

Mental health issues during the COVID-19 pandemic:

Stress, anxiety, depressed symptoms, insomnia, denial, rage and world fear are reported to be the main mental-health problems with the COVID 19 pandemic. Results from worldwide research have shown an increase in the prevalence of psychological problems among different population groups, stress, anxiety and depression are linked with the COVID19

pandemic in history, severe psychological effects have been linked to pandemic diseases. In a recent article in JAMA Psychiatry, COVID-19 can contribute to an increased risk of suicide. Latest studies in China have shown moderate to extreme depressive symptoms, of 28.8 to serious anxiety symptoms; of 8.1 to severe stress from COVID-19. Moderate to severe stress. In other nations, including Japan, Singapore and Iran, COVID-19 has also had similar impacts on mental health[1]. Due to the sadness and depression caused by losing a loved one, anxiety, and panic due to uncertain future and financial uncertainty, people may take these drastic steps. The world news has seen more and more reported COVID-19 related suicides. This phenomenon is not immune to India either. COVID-19 suicides in Maharashtra, Uttar Pradesh, Assam, Kerala have been registered. The following reports have been reported. A newspaper Indian article published in May 2020 revealed that suicide was the leading cause of over 300 "non-coronavirus deaths" reported in India as a result of the national lockdown. Suicide reports from health workers, migrant workers and quarantine workers have been published in the press since the pandemic has begun to change people's lives. Alongside COVID 19 (which

involves deaths caused by mental health problems, suicide, malnutrition, accident etc.) many newspaper papers, web pages and researchers have recorded deaths in the course of the pandemic, but a large field of 'Non COVID-19' deaths are still to be explore.

Location of Assam:

Assam is a province of Brahmaputra and Barak river valleys in northeastern India to the south of the eastern Himalayas. Assam is 78,438 km² in size (30,285 sq mi). The state is bordered to the north by Bhutan, and Arunachal Pradesh; to the east by Nagaland and Manipur, to the south by Meghalaya, Tripura, Mizoram, and to the south by Bangladesh; and to the west by Siliguri Corridor, 22 km (14 mi) wide, country-bound country. It is one of the most common subdivisions in the world as well. Assamese is the official and widely spoken official language in the Bodoland Territorial Area, followed by Bengali, official in Barak Valley, and Bodo (Figure 1).

Barpeta district is an administrative district in the state of Assam in India. The district headquarters are located at Barpeta. The district occupies an area of 3245 km² and has a population of 1,642,420.



Figure 1: Location of Barpeta District in Assam

Objectives of the study:

The key aim of the paper is to study the psychological impact of covid-19 on the economy and education sector of Barpeta district of Assam. To accomplish this key aim researcher has also undertaken the following goals.

- To study the overall outbreak of covid-19.
- To study the impact of Covid-19 on the economy.
- To study the psychological impact of lock-down due to the outbreak of covid-19 on economy and education.

Materials and Method:

From 8 to 18 May 2020, a cross-sectional

survey took place. Since the COVID lock-down did not make face-to-face interviews feasible, an anonymized online survey was used for data collection. During the lockout season, snowball sampling techniques were employed to hire adults over 19 years of age. The survey was conducted with Google Forms and spread through social networks. A total of 437 (91%) correct replies were analysed out of 480 replies. The Ethics Committee has authorised this research at the institutional level. The collection of demographic and mental health data was carried out. Both participants received informed consent. Depression, anxiety and stress scale (DASS-21) have been used for mental health assessment.

Results:

Of the total respondents, 55.1% were women and 44.9% were men. Most of the females aged between 19 and 25, who were highly educated, worked, lived in a household of less than 5 people and received Rs 11, 000 to Rs 50 000 on a monthly basis. The men were older (mainly aged 26-35 years), graduated from highest school, working, with household size of less than 5 people, and family income ranging from Rs 11 000 to Rs 50 000 per month. Depression, anxiety and stress were determined using the scale DASS-21.

The majority is classified in the standard class of all 3 subscales on the DASS-21 scale. It has been found that gender (more females) and age (younger groups were at greater risk) are significantly linked to DASS-21 and anxiety subscale ($P < 0.05$). Individual frequencies in the mild to very serious range were shown to be substantially higher for women ($B=2.078$, 95 percent confidence interval [CI] =1.20-3.60) and stress ($B=3.50$ and 95 percent CI =1.55-7.91). Most of the ages 19-25 ($B = 5.51$, 95 per cent CI = 1.88-16.14) were found in category of moderate depression. In the age group of 26 to 35 years, moderate to high levels of anxiety were high ($B = 3.01$, 95 percent CI = 1.35-6.72).

The occupation of both students ($B=3.54$, 95% CI= 1.78-6.67) and the unemployed ($B=2.86$, 95% CI= 1.04-7.88) were significantly linked to higher DASS-21 scales, and the low level of the subcategories of depression was significantly higher compared to the occupations of an employee. The household size has been shown to be substantially connected to the higher sub-scale DASS-21 stress ($B = 2.45$ CI = 1.06-5.69).

Discussion:

This study shows a prevalence higher than the 2016 National Mental Health Survey in India in mild to serious severe categories for depression and anxiety and stress. 7 The variations in the studies may be attributed to the pandemic that disturbs the ordinary daily life of the population, though different methodologies were used. There were substantially higher numbers of people with mild to extremely serious depression and anxiety among men than women. The 2016 National Mental Health Survey of India showed similar findings. Women are also more likely to experience mental health problems like depression, anxiety, and stress.

Age was correlated significantly with higher DASS21 with mild to extremely serious majority reports in 3 sub-scales, 26

- 35 years of age. The majority were between 19 and 25 years of age with moderate depression. The 2016 Indian National Mental Health Survey results showed that in the age group 40 to 49 years, there were higher rates of depressive illness, widespread anxiety disorders, and neurotic and stress-related disorders. A change is thus observed during the outbreak in different areas of the country in the prevalence of mental health problems among ages groups. This may be because of the current crisis.

This study's results help guide the creation of a strategy for human psychological support by increasing COVID 19 positive cases in Assam. The groups of individuals at higher risk were defined based on sociodemographic details. In 2020, Wang et al. proposed to provide telecommunications for cognitive behavioural therapy. In the population of Assam, similar measures may also be taken. Much of the respondents spent most of their time indoor lockout. Behavioural treatment can also allow people to counteract anxiety and depression in the home in ways that can help.

Online education and health perspective of Assam:

Parents, students and educators are

concerned about the study as emergencies and the adjustment to online education along with the fear of the COVID-19 have affected physical and mental health [6][9]. The primary education students were also subjected to health problems such as eye pain, fatigue, depression, etc. as a result of spending increased hours online and increasing pressure. Sixty-eight per cent of students said they spent less than two hours online, but 30% spent 2-4 hours. Increased exposure to digital media has also resulted in a 69% response from students who committed to physical activity during the lock-down to health concerns. 6.67 percent of high school students spend more than 6 hours online every day, 29.33 percent spent 4-6 hours, the same is true of 2-4 hours spent online every day. The increase in screen time influenced and stressed students' health, even though 55.33 per cent remained physically active. Students at the tertiary level have reported distress and stress. Every day 5.41% of students spend over six hours online, while 10.12% spend four or six hours. This had a significant impact on their welfare. The respondents said they had been dealing with health problems, such as eye pain, fatigue, depression, and irritation, etc. Those conditions arose because the COVID-19 and the lockout were spent more hours online than normal

and because of the anxiety. 9.72% of teachers spend over six hours a day online, 20.83% spend 4-6 hours online and 38.89% spend 2-4 hours per day online. The teachers complained so much about tension. 27 percent of parents involved in this study indicated that spending more time on the equipment had a negative impact on their children's health and 9 percent said insecurity had developed, which affected psychological and emotional condition due to the inability of their children to attend online classes.

Conclusion:

As the health care system has struggled to save millions of lives annually, there is certainly a danger that the current mental health infrastructure will be destroyed by an oncoming pandemic of hidden mental health problems. For the post-COVID-19 pandemic to be managed, people's mental wellbeing must be dealt with by hand and given equal weight alongside other disease management and pandemic prevention strategies. Specific psychological intervention and proper and reliable risk communication and crisis communication are absolutely necessary. To avoid confusion and anxiety among people, revised, timely, and uncomplicated guidelines should be given. Therefore, maintaining a constructive outlook,

successful coping methods and acknowledging the statement of the problem will help to cope with worldwide mental health problems in this crisis hour. Therefore, vulnerable group specific and additional causes and risk factor specific should be the preferred intervention policies. In the preparation and priority setting of the mental health resources, developing necessity-based approaches with adequate risk communication methods and maintaining the same epidemiology as COVID-19 would be crucial in making sure the mental health of the most vulnerable groups would be well served.

The current study showed a high prevalence of depression, anxiety, and stress in the surveyed Assam population compared with the 2016 Indian National Mental Health Survey results. Adequate action by experts in mental health is also required to help the public cope with the current COVID-19 pandemic and similar crises.

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