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Mental health among Kodigenahalli village of COVID-19 affected young adults living in Anantapuram District, Andhra Pradesh

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Abstract
Early adulthood is a period where it includes contemporary styles of living, new responsibilities and new tasks. It makes sense to divide adulthood into three broad phases: Early (20 to 40 years of age), Middle (41–60), and Late (61 years till death). Adulthood is a largest period of human development. It is difficult to determine precisely when adolescence begins and ends, determining exactly when adulthood commences prove elusive. COVID-19 pandemic made individuals to suffer with the effects of psychological and social consequences. The groups including elders, children, college students, and health workers, are more prone to develop post-traumatic distress. Isolated contacts affected the association among the individuals and insightness of sensitivity towards others. COVID-19 was highly infectious nature where not only affected person but other family members also should be very conscious and careful. This situation has created lot of pressure, tension, pain and grief ultimately effecting mental health of the family members. Since the patients are isolated and quarantined they feel loneliness, guilt, lack of socialization etc. which is leading to psychosocial problems especially in young adults who are in productive age. Reduction of psycho-social disorders and protecting the mental health of the people by developing appropriate preventive and intervention models is the need of the hour. The main focus of the study was to swot on "Mental Health among Kodigenahalli Village of COVID-19 Affected Young Adults Living in Anantapuram District Andhra Pradesh". Purposive random sampling technique was selected for the study. The respondents were selected from Kodigenahalli village of Anantapuram district, Andhra Pradesh. Male and Female who are in the age group of 18-35 years affected with COVID-19 was selected for the study. The group consists of 30 COVID-19 affected young adults of 15 males and 15 females from Kodigenahalli village for the study. COVID-19 psycho-social problems questionnaire was developed by the researcher with the guidelines of subject experts it was pre-tested to other sample before going to actual sample. The study found that effects of Mental health refers to cognitive, behavioural, and emotional well-being. It was all about how people think, feel, and behave. Mental health can affect daily living, relationships, and physical health. WHO defined "Mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his or her community".

Keywords: Psycho-social problems, COVID-19, young adults

Introduction
COVID-19 pandemic has smashed the world in every aspect. It is expected that the post pandemic environment effects the psycho-emotional disorders in the whole world. (Caroline Stamu O'Brien *et al.*, 2020) [11]

COVID-19 pandemic made individuals to suffer with the effects of psychological and social consequences. The groups including elders, children, college students, and health workers, are more prone to develop post-traumatic distress.

During epidemic there was an increased risk of poor mental health outcomes in young adults and guided that resilience factors smoothes the mental health in long term (Wiedemann *et al.*, 2022) [15]. Throughout the time of pandemic young adults experienced severe level of depression, low self-esteem. Females suffered more depressive symptoms and low self-esteem than males (Fatima M. Azmi *et al.*, 2022) [2].

COVID-19 pandemic made many changes in acquiring worries and lot of negative effect was raised, mitigating proper steps help to reduce the adverse effect on psychological conditions of Indian young people (Shukla *et al.*, 2021) [10]. Outbreak made significant impact on mental health, education, daily routine of the youth. Implementing right policies and guidelines helps youth not to fall in severe psychological health crisis in future (Kunal Chaturvedi *et al.*, 2021) [4].

The term "psychosocial" has a broad meaning when considering health research and social epidemiology. It is formed from two words: psychological and social. Psychological factors can be positive such as happiness, affect, and vitality, or negative, such as anxiety, perceived stress, and depressive symptoms. These can also be split to distinguish between trait and state aspects. Personality traits, depressive factors, well-being, quality of life, and the impact of significant life events and trauma are less likely to fluctuate on a day to day basis (i.e., more trait-like or stable variables) whereas anxiety, perceived stress, mood, affect, happiness, and vitality are more unstable (i.e., more state-like). Furthermore cognitive, behavioral, and affective facets within psychosocial factors can be identified. For example, someone may think about.

Psychosocial problems refer to the difficulties faced by the young adults in different areas of personal and social functioning. Young people are vulnerable to psychosocial problems because of physical and physiological changes that occur in their body during this developmental stage.

Social factors include general factors at the level of human society concerned with social structure and social processes that impinge on the individual. Psychological factors include individual-level processes and meanings that influence mental states. Sometimes, these words are combined as "psychosocial." This is short hand term for the combination of psychological and social, but it also implies that the effect of social processes is sometimes mediated through psychological understanding (Stansfeld & Rasul, 2007) [12].

The relationship between psychological factors and the physical body can be influenced by social factors, the effects of which are mediated through psychological understanding. Examples of psychosocial factors include social support, loneliness, marriage status, social disruption, bereavement, work environment, social status, and social integration.

Psycho-social problems such as behavioural, emotional, and educational problems are highly prevalent among children and young people (S. A. Reijneveld *et al.*, 2003) [9]. Young people are vulnerable to psychosocial dysfunction when they suffer from physical injuries, psychological trauma, or major changes in their environments especially in the absent of strong support system (H. D. Pratt 2003) [14].

Young period is a critical time for developing good mental health (R. C. Kessler 2005) [6]. Mentally healthy adolescents enjoy a positive quality of life; are free of symptoms of psychopathology; and function well at home, in school, and in their communities.

Methodology

The main focus of the study was to swot on "Psycho-Social Problems among Kodigenahalli Village of COVID-19 Affected Young Adults Living in Anantapuram District Andhra Pradesh". Purposive random sampling technique was selected for the study. The respondents were selected from Kodigenahalli village of Anantapuram district, Andhra Pradesh. Men and Women who are in the age group of 18-35 years affected with COVID-19 were selected for the study. The group consists of 30 COVID-19 affected young adults of 15 men and 15 women from Kodigenahalli village for the study.

Results and Discussion

A general information schedule was developed by the investigator for collecting the general information about the respondents. Interview schedule include age, gender, location, educational qualification, occupation, monthly income, type of family, number of dependents in the family. The developed interview schedule was pre-tested and changes were made accordingly.

After a thorough review of research, efforts were made to develop the questionnaire taking into account the influencing variable of respondent adaptation.

It traces respondent's problems in the following two areas i.e. psychological problems and social problems. It includes two dimensions such as psychological and social problems. Psychological problems include fear, irritation, phobia, anxiety, lack of uncertainty, hesitation, depression, unhappy, distress, aloneness, bitter, insecurity, self-distrust, self-doubt, misgiving etc. Social problems include lack of interest, disgrace, dishonor, loss of liberty, ignominy, insufficient support from friends/relatives/neighbours etc. The statements were arranged on a three-point scale of mild (1) moderate (2) and severe (3). Higher/Severe the score more number of problems experienced by the respondents in the particular area. Lower/Mild the score, low number of problems experienced by the respondents in the particular area.

General profile of the respondents of COVID-19 affected young adults

Table 1: Distribution of respondents according to their age (n=30)

Area	Category	Male (n=15)		Female (n=15)		Total (n=30)	
		F	%	F	%	F	%
Age	18 to 26 (Youth)	7	47	3	20	10	33
	27 to 35 (Young Adult)	8	53	12	80	20	67

It was evident from the table (4.2.1) that more than fifty (53 percent) of the male respondents were in the age range of 27-35 years and 47 percent were in the age group of 18-26 years. Whereas majority (80 percent) of the female respondents were in the age range of 27- 35 years and 20 percent were in the age group of 18-26 years.

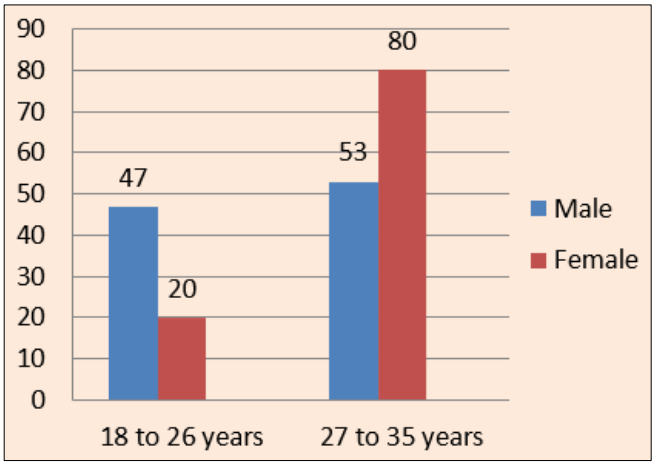

Fig 1: Respondents according to their age

Table 2: Distribution of respondents according to their gender (n=30)

Area	Category	Male (n=15)		Female (n=15)		Total (n=30)	
		F	%	F	%	F	%
Rural	Gender	15	100	15	100	30	100

The above table (1.1.2) indicated that equal number (100%) of male and female rural respondents was selected for the study.

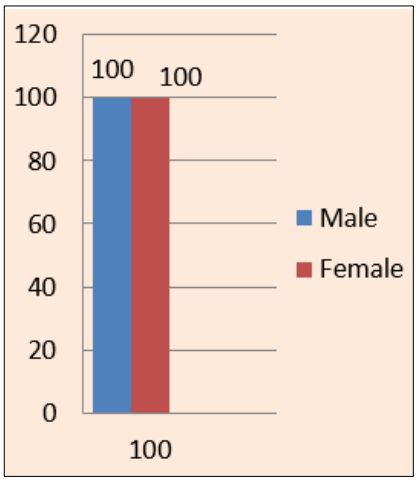

Fig 2: Respondents according to their gender

Table 3: Distribution of respondents according to their education (n=30)

Area	Category	Male (n=15)		Female (n=15)		Total (n=30)	
		F	%	F	%	F	%
Education	Illiterate	0	0	1	7	1	3
	Up to V(Primary)	1	7	2	13	3	10
	VI to X (Secondary)	3	20	5	33	8	27
	Inter/diploma	7	47	3	20	10	33
	Degree	3	20	4	27	7	23
	Postgraduate	1	7	0	0	1	3

Out of fifteen, fourty seven percent of the male respondents were completed inter/diploma, followed by 20 percent completed degree and secondary education and 7 percent were completed primary education and post-graduation. Whereas 33 percent of the female respondents were completed secondary education followed by 27 percent completed degree, 20 per cent completed inter/diploma, 13 percent completed primary education and 7 percent were illiterates.

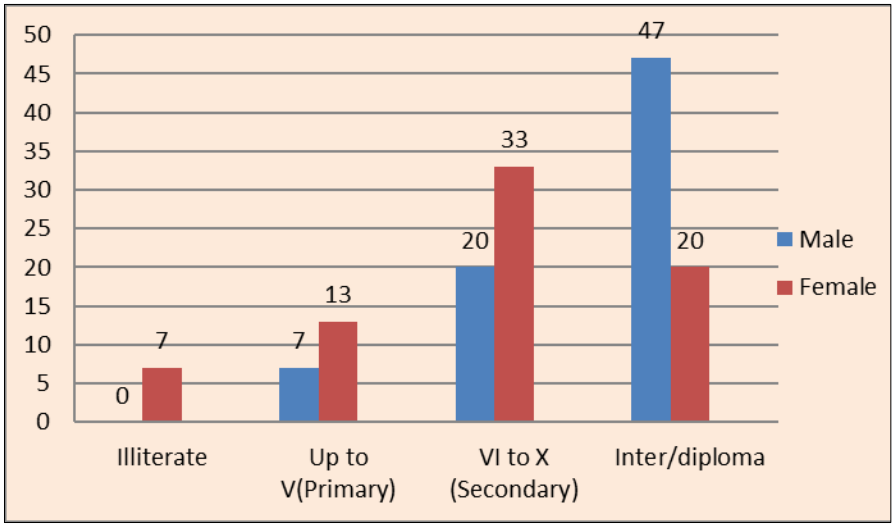

Fig 3: Respondents according to their education

Table 4: Distribution of respondents according to their occupation (n=30)

Area	Category	Male (n=15)		Female (n=15)		Total (n=30)	
		F	%	F	%	F	%
Occupation	No occupation	2	13	5	33	7	23
	Skilled occupation	3	20	2	13	5	17
	Business	4	27	3	20	7	23
	Private job	5	33	5	33	10	33
	Govt. job	1	7	0	0	1	3

It was observed from the table (1.1.4) that 33 percent of the male respondents were employed in private job followed by 27 percent were in business, 20 percent were in skilled occupation, 13 percent were not involved in any occupation and 7 percent were employed in government job. Whereas 33 percent of the female respondents were employed in private job and similarly (33%) respondents were not involved in any occupation (Housewives/student) followed by 20 percent were in business and 13 percent were in skilled occupation.

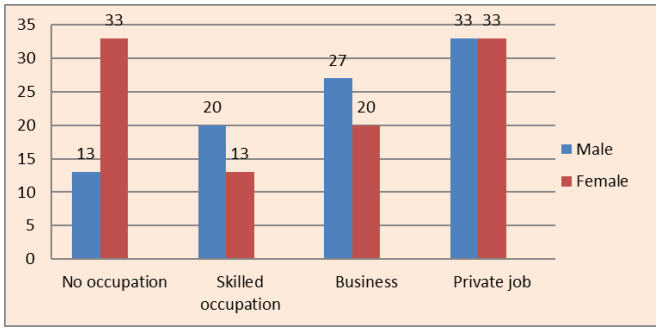

Fig 4: Respondents according to their occupation

Table 5: Distribution of respondents according to their income (n=30)

Area	Category	Male (n=15)		Female (n=15)		Total (n=30)	
		F	%	F	%	F	%
Income	Low: Below 2 lakhs	2	13	4	27	6	20
	Middle: 2 to 5 lakhs	10	67	9	60	19	63
	High: 5 lakhs and above	3	20	2	13	5	17

Out of 15, irrespective of gender majority of the respondents i.e. both male and female respondents were in middle class (67% males and 60% females) followed by 20 percent of the male respondents had income between five lakhs and above and 13 percent of the respondents had income between below two lakhs. Whereas 27 percent of the female respondents had income between below two lakhs followed by 13 percent of the respondents had income between five lakhs and above.

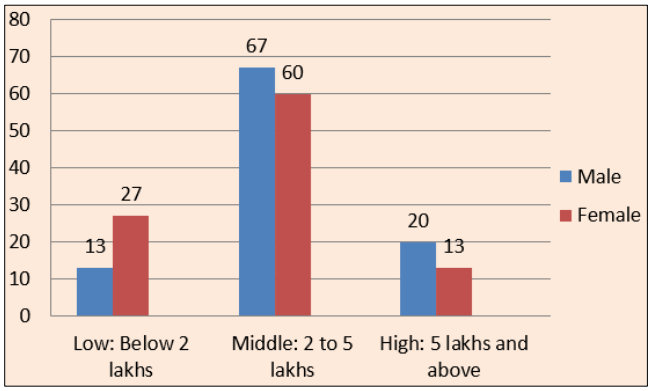

Fig 5: Respondents according to their income

Table 6: Distribution of respondents according to their family type (n=30)

Area	Category	Male (n=15)		Female (n=15)		Total (n=30)	
		F	%	F	%	F	%
Family type	Nuclear	6	40	7	47	13	43
	Joint	9	60	8	53	17	57

It was evident from the table (1.1.6) that majority of the male respondents (60%) belonged to joint families and 40 percent of the respondents belonged to nuclear families. Whereas more than fifty percent (53%) of the female respondents belonged to joint families and 47 percent were belonged to nuclear families.

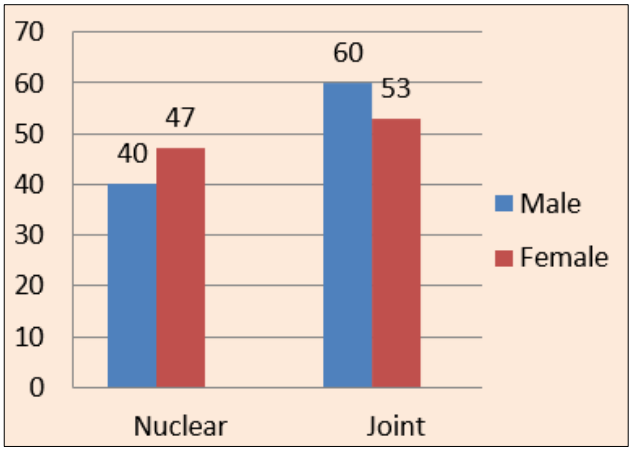

Fig 6: Respondents according to their family type

Table 7: Distribution of respondents based on no. of dependents in the family (n=30)

Area	Category	Male (n=15)		Female (n=15)		Total (n=30)	
		F	%	F	%	F	%
No. of dependents in the family	2 members	2	13	3	20	5	17
	3 to 5	11	73	10	67	21	70
	6 and above	2	13	2	13	4	13

It was observed from the table (1.1.7) that irrespective of gender majority i.e. 73 percent of the males and 67 percent of the female respondents were in 3 to 5 number of dependents in the family followed by 13 percent of the male and female respondents were in 6 and above number of dependents in the family and 2 members- number of dependents in the family. Whereas 20 percent of the female respondents were in 2 members- number of dependents in the family and 13 percent of the respondents were in 6 and above number of dependents in the family.

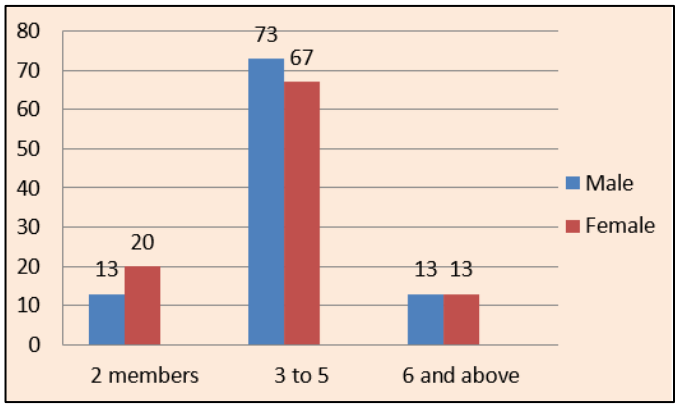

Fig 7: Respondents based on no. of dependents in the family

Table 8: Distribution of respondents according to their illness type (n=30)

Area	Category	Male (n=15)		Female (n=15)		Total (n=30)	
		F	%	F	%	F	%
Illness type	COVID-19	15	100	15	100	30	100

The above table (1.1.8) presented the illness type of the respondents. It was observed from the table that young adults those who were affected with coronavirus, equal number (100%) of male and female respondents have been taken for the study.

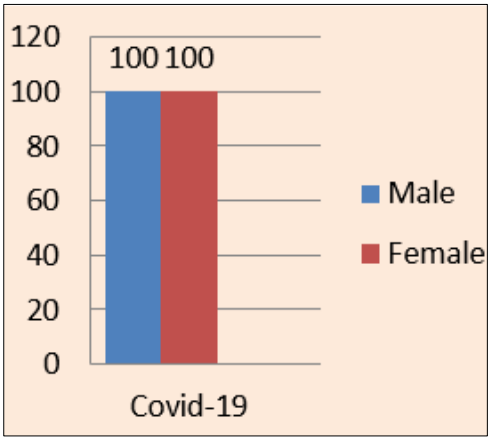

Fig 8: Respondents according to their illness type

Table 9: Distribution of respondents according to their illness stage (n=30)

Area	Category	Male (n=15)		Female (n=15)		Total (n=30)	
		F	%	F	%	F	%
Illness stage	Early Phase	12	80	13	87	12	80
	Intermittent	2	13	2	13	2	13
	Advance stage	1	7	0	0	1	7

It was observed from the table (1.1.9) that irrespective of gender majority of the male and female respondents were in early phase of illness (87% females and 80% males) followed by 13 percent of the male and female respondents were in intermittent stage and 7 percent of the male respondents were in advance stage.

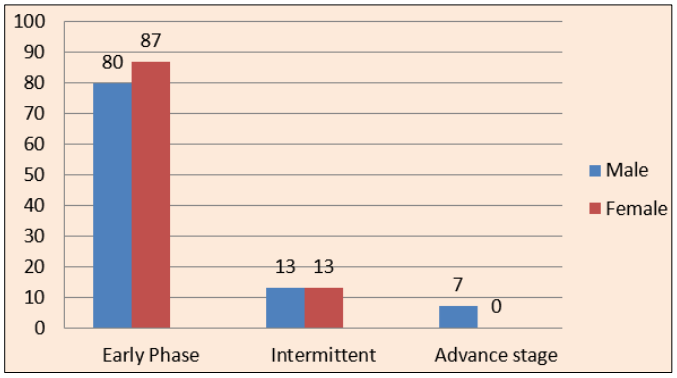

Fig 9: Respondents according to their illness stage

Table 10: Distribution of respondents on admitted in the hospital (n=30)

Area	Category	Male (n=15)		Female (n=15)		Total (n=30)	
		F	%	F	%	F	%
Admitted in the hospital	Not admitted	7	47	8	53	7	47
	1 week to 2 weeks	7	47	6	40	7	47
	More than 2 weeks	1	7	1	7	1	7

It was evident from the above table (1.1.10) that 47 percent of the male respondents were admitted in hospital for 1 week to 2 weeks equally (47%) respondents were not admitted in the hospital and 7 percent of the respondents were admitted in hospital more than 2 weeks. Whereas more than fifty percent (53%) of the female respondents was not admitted in the hospital (home-quarantine and home precautions along with doctor prescribed medicine was been used to recover from the virus) followed by 40 percent of the respondents were admitted in hospital for 1 week to 2 weeks and 7 percent of the respondents were admitted in the hospital more than 2 weeks.

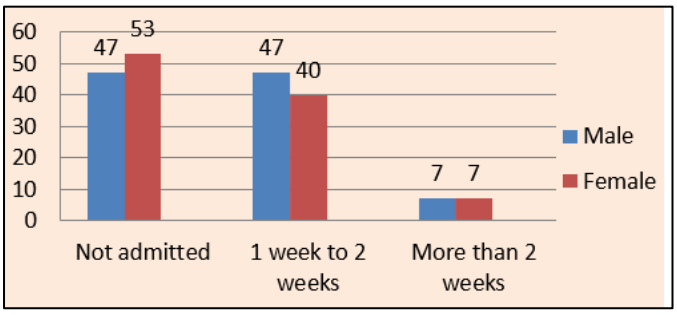

Fig 10: Respondents duration on admitted in the hospital

Table 11: Psycho-social problems of the respondents (n=30

Area	Category	Male (n=15)		Female (n=15)		Total (n=30)	
		F	%	F	%	F	%
Psychological problems	Mild	0	0	0	0	0	0
	Moderate	7	47	5	33	12	40
	Severe	8	53	10	67	18	60
Social problems	Mild	1	7	1	7	2	7
	Moderate	3	20	1	7	4	13
	Severe	11	73	13	87	24	80
Overall psycho-social problems score	Mild	2	13	1	7	3	10
	Moderate	6	40	2	13	8	27
	Severe	7	47	12	80	19	63

It was observed from the table (1.2) that during pre-test more than fifty percent (53%) of the male respondents faced severe psychological problems followed by 47 percent faced moderate problems. Whereas 67 percent of the female respondents faced severe psychological problems followed by 33 percent faced moderate psychological problems.

Under social problems it was evident that 73 percent of the male respondents faced severe social problems followed by 20 percent faced moderate and 7 percent faced mild social problems. Whereas 87 percent of the female respondents faced severe social problems followed by 7 percent faced moderate and mild social problems.

The overall psycho-social problems of the respondents indicated that 47 percent of the male respondents faced severe psycho-social problems followed by 40 percent faced moderate problems and 13 percent faced mild psycho-social problems. Whereas majority (80%) of the female respondents faced severe psycho-social problems followed by 13 percent faced moderate and 7 percent faced mild psycho-social problems.

Conclusion

Irrespective of gender both male and female respondents faced severe psycho-social problems. Females suffered more comparatively males. The findings of Jeong *et al.*, (2023) [5] stated that among the individual symptoms of depression, significant increases during the pandemic compared to before were: little interest or pleasure in doing things, feeling tired or having little energy and suicidal thoughts. In men, there were significant increases in weighted prevalence for depression and severe symptoms of depression. However, there was no significant difference in prevalence, symptoms severity, and any symptom before and during COVID-19 in women. However, there was no significant difference in prevalence, symptoms severity, and any symptom before and during COVID-19 in women.

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