

Knowledge, attitude, anxiety and perceived mental healthcare need during COVID 19 Pandemic among population of Jabalpur City

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Abstract

Background: COVID-19 originating from China has rapidly crossed borders, infecting people throughout the whole world, causing a massive public reaction. Things associated with this disease have increased the levels of fear and anxiety among our society. The present study was conducted to assess the awareness, anxiety, and perceived mental healthcare needs among adult Indian population.

Materials and method: An online survey was conducted using a semi-structured questionnaire involving 15-45yrs

old participants, over a period of two months. The questionnaire comprised of 15 questions; related to awareness, anxiety and mental health care needs and was distributed among population of India through Email, social networking sites etc.

Results: A total of 1000 survey forms were circulated, out of which 300 survey forms were obtained and evaluated for the data collection and analysis. All the participants were resident of India with knowledge of English language and were above 15 years of age. 32.33% were

females and 67.67% were males. Levels of knowledge, anxiety and requirement of mental health care needs were analysed.

Conclusion: This pandemic has raised many questions regarding requirement of adequate health care facilities in our country. We must learn that awareness regarding the disease is really important to manage the anxiety in patients. Our authorities should stress on adequate mental health care needs of people to manage mental distress.

Keywords: Knowledge; Attitude; Anxiety; Mental Healthcare; Coronavirus.

Introduction

COVID-19 started in December 2019, as viral outbreak in Wuhan city of central Hubei province of China. Coronaviruses, so named because the outer fringe of envelope proteins resembling crown ('corona' in Latin) are a family of enveloped RNA viruses. Moreover, COVID-19 infection proved highly contagious disease and has affected a large population; the total number of deaths caused due to this virus has exceeded that caused by any of its predecessors.^[1] Novel COVID-19 pandemic originating from China has rapidly crossed borders, infecting many people worldwide.^[2] The lock-down state throughout the world, which is contributing largely to the global economy, has led to the halting of services and products. This has led to a break in the global supply chains and thus, affected the global economy brutally. This phenomenon has led to a massive public reaction; the media has been reporting continuously across borders to keep all informed about the COVID pandemic situation. All these events have created a lot of concern for people leading to heightened levels of anxiety. Pandemics can lead to heightened levels of stress as anxiety is a common response to any stressful situation.^[3]

Epidemics and pandemics have the special characteristics in terms of causality, progression and control measures.^[4]

Lack of awareness often leads to an unconcerned attitude, which may adversely affect the preparedness to meet these challenges. It is crucial to provide health education and create awareness during these situations for effective prevention of disease spread. When anxiety affects a larger population, it may result in panic buying, leading to exhaustion of resources. It also can lead to limitations in daily activities, avoidance behavior causing limited socialization, self-medication. Because of anxiety, people adopt various unwanted lifestyle and dietary modifications under the influence of rumors. These may affect mental health adversely. Hence, it is important to deal with the mental health difficulties in situations of the pandemic. Similarly, additional changes like – isolation, social distancing, self-quarantine, restriction of travel and the ever-spreading rumors in social media are also likely to affect mental health adversely.^[5] In one of the study, more than two-thirds of participants become worried after seeing posts about COVID-19 pandemic in various social media platforms and approximately 46 % of participants reported their worries related to the discussion of COVID-19 pandemic in news channels and print media.

With this background, the present study was planned to evaluate knowledge, attitude, anxiety and perceived mental healthcare needs in the community during the coronavirus pandemic in India

Materials & Methods

The questionnaire based online cross-sectional observational survey was conducted to assess the knowledge, attitude, anxiety and perceived mental healthcare need during COVID 19 pandemic among population of Jabalpur City. Total of 17 closed ended questions were framed about the transmission, sign & symptoms, systemic effects, associated anxiety, effect on economy and treatment facilities of COVID-19 infection in Jabalpur.

The survey was conducted between May 2020 to January 2021. The Institutional ethical clearance was obtained before the start of study. The inclusion criteria for subject's participation in the study consisted of: 1. over the age of 15 years. 2. Residing in Jabalpur, India for not less than 5 years. 3. Literate enough to understand the questionnaire. 4. Participants having access to the internet. The subjects who were not willing to participate, incompletely filled forms, illiterate and having age less than 18 years were excluded.

The questionnaire was independently reviewed by 3 doctors independently to ensure the clarity and readability of the questions. For measuring construct validity, factor analysis was performed, and revealed that the 17 core questions that explained 77% of variance. To assess the reliability of the questionnaire, 35 randomly selected participant's responses were tested-retested, and scores showed a correlation of 87% in the Spearman correlation coefficient and split half correlation was 79.4%.

Survey Instrument

An online semi-structured questionnaire was developed by using *google forms*, with a consent form appended to it. The link of the questionnaire was sent through emails, Whats App and other social media to the contacts of the participants. The participants were encouraged to roll out the survey to as many people as possible. Thus, the link was forwarded to people apart from the first point of contact and so on. On receiving and clicking the link the participants got auto directed to the information about the study and informed consent. After they accepted to take the survey they filled up the demographic details. Then a set of 17 questions appeared sequentially, which the participants were to answer. The survey required approximately 7 to 8 min to complete. At least two reminders were sent to all the participants, who did not respond in stipulated allotted time of 5 days. Once survey

time was completed the survey was closed without any additional solicitation. After the completion of study, the data was collected, tabulated and subjected to descriptive analysis using IBM SPSS version 20.0 software.

Results: Our study consisted of 300 subjects aged 15-45yrs; with a response rate of about 50.0% (500 subjects contributed out of 1000 requested). Demographic data was collected regarding age, gender distribution and education level of study subjects (**Table no. 1**). Data regarding attitude and knowledge (n=4 questions), anxiety (n=6 questions) and regarding healthcare needs (n=5 questions) toward the disease was collected (**Table no. 2**).

Attitude and Knowledge of COVID-19: Around 62.33% study subjects said that COVID-19 don't spread through animals. 54.67% were of the opinion that symptomatic COVID isolated patients can spread the infection. 81% subjects were of the opinion that COVID-19 infection is life threatening. 63.33%, 52.67%, and 89.67% subjects were of the opinion that heart, renal, and respiratory failure respectively, was the cause of COVID-19 infection.

Anxiety about the COVID-19 Infection: 86.67% subjects share their anxiety with friends and relatives. 86.67% avoid social contacts, 86.33% avoid food from outside, 60.33% fear of contacting disease, 94.33% were worried about increasing unemployment and deteriorating economic condition of country, and 67% had stored routine items at home.

Health care needs: Around 63.33% subjects think that consultation or treatment during this crisis can increase the chances of getting infected with COVID-19. 86% subjects were spending some time to rest and relax or meditate. 91.33% think that people who are suffering from various other chronic diseases are more prone to this infection. 70% started immune booster medicines to boost up their immunity. 62% think that infected people were getting

adequate help and treatment regarding medical facilities in Jabalpur city (**Table no. 2**).

Correlation of attitude, knowledge, anxiety and perceived mental healthcare needs was conducted among different age groups regarding COVID-19. One sample t-test was conducted to reveal statistical relation among age groups. A significant ($p\text{-value} < 0.05$) relation was observed between age groups in relation to all questions, except regarding transmission of disease through animals, COVID being life threatening, worrying about unemployment and stocking daily items (**Table no. 3**).

Correlation of attitude, knowledge, anxiety and perceived mental healthcare needs was conducted among different education levels regarding COVID-19. ANOVA statistical analysis was done to analyse statistical relation between different education levels. An insignificant relation was observed for all questions except for COVID being life threatening disease (**Table no. 4**).

Discussion

The purpose of this study was to assess the attitude, knowledge, anxiety and perceived mental healthcare needs of general public in the Jabalpur city in regard to COVID-19 infection. During the period of epidemics and pandemics, normal life comes to stand still. Although these events are a kind of periodic phenomenon, but people have to face variety of challenges during this phase.

People with lack of awareness or knowledge regarding disease can cause a situation of panic and psychological distress. Hence, this study was conducted keeping three different parameters in mind i.e knowledge, anxiety levels and mental health care needs of general public. This questionnaire was prepared keeping in mind the assessment of attitude and knowledge of people in society; and level of anxiety they have in their minds and necessity

of mental healthcare needs associated with COVID-19 infection.^[6]

Wang et al.^[7] evaluated the level of depression, stress, anxiety and psychological impacts at the beginning of the COVID-19 outbreak, including 1210 participants to answer an online questionnaire in China. The study revealed that 53.8% people experienced severe psychological impacts of the outbreak. 16.5%, 28.8%, and 8.1% of the respondents reported moderate to severe levels of depression, anxiety, and stress, respectively. In our study, we found that 86.67% avoid social contacts, 86.33% avoid food from outside, 60.33% fear of contacting disease. So, the level of mental distress increased since the outbreak of this pandemic, even in population of India.

In our study, we also found that mental healthcare should be a necessity to deal with mental issues seen in people. People were observed to be anxious. For this we can also conduct few online workshops and programs to deal with stress. Similar to our study, **Xu et al.**^[8] found that anxiety and fear were very common among patients related with COVID-19. Hence, they stressed the need of various rehabilitation programs using traditional Chinese medicine to deal with psychological crisis.

Indian people had an attitude to follow the government guidelines on keeping social distance and getting quarantined. The anxiety levels were quite high related to present situation and its spread. To assess the level of awareness, anxiety and mental healthcare needs among people of Indian origin, **Roy D et al.**^[9] conducted an online survey and assessed 662 responses. They also derived similar conclusions as found in our study. Their responders had a moderate level of knowledge about the COVID-19 infection, but adequate knowledge about its prevention. They identified sleep apnoea and paranoia about acquiring coronavirus infection. The main reason

for stress was related to news on social media. Around 80% believed that there is requirement of mental healthcare need.

Lee SA^[10] developed and evaluated the properties of the Coronavirus Anxiety Scale (CAS), which was a brief mental health screener to identify probable cases of dysfunctional anxiety associated with the COVID-19 crisis. It is a 5-item scale, which discriminated between persons with and without dysfunctional anxiety with 90% sensitivity and 85% specificity. As observed in our study, the people are distressed not only because of fear of getting infected, but also due to economic crises and loss of jobs. Similar findings were observed in a study by **Fardin MA**,^[11] who conducted a review to assess the psychological disturbance among people in the world. He revealed that COVID-19 has caused several psychological impacts, including increased anxiety.

The prevalence rate of COVID-19 is continuously increasing that resulted in various restrictions. Thus, there is a need to raise public awareness of the disease and providing positive psychological programs in the media aimed to control stress and anxiety in the society. Every epidemics or pandemics have its own characteristics concerned with progression, casualties, preventive measures and treatment. Thus, it is necessary to create public awareness by giving knowledge about the disease and thus changing the attitude of society.^[12-16]

When comparing the attitude of general public with health professionals, it was found by **Mishra et al.**,^[17] that health workers have better level of awareness, positive attitudes and low levels of anxiety than general public. In our study we compared various education groups too. It was found that as the level of education increased, the anxiety level was less. But contrary results have been derived in a study by **Abebe et al.**^[18] on healthcare professionals in Ethiopia. They reported that erroneous believes of healthcare

professionals during the Ebola virus outbreak in 2015 had urged for their intense training.

In our study, most of the people were avoiding food online, don't travel, getting self-quarantine and maintaining social distancing. But they have fear and apprehension regarding themselves or their loved ones getting infected with this disease. They were paranoid about contacting COVID-19 infection. Although many of them are talking about this pandemic and sharing their anxiety with loved ones, but still they feel the need of mental health experts that can manage their fear and mental distress. Most of them were worried about economic crises in country and loss of jobs too.

Related to mental healthcare needs, although they want that their anxieties should be relieved by various mental health professionals, but they afraid to avail the routine healthcare services. This was due to the fact that they were aware about the fact that those suffering with chronic diseases are more prone to infection. Few of them were taking immune-boosters to increase their immunity to fight against infection.

With this study, we noticed that more awareness regarding the disease and relieving mental distress is the need of the present situation. **Yao et al.**^[19] felt the need of online mental health consultations, as face-to-face counselling is a challenging task in the current scenario, considering the risk of the spread of COVID-19 infection. Study by **Tucci et al.**^[20] and **Rubin GJ et al.**^[21] explored the impacts of various emerging infectious diseases and found that they have a significant association with obsessive-compulsive disorders and mental illness

Limitations

The present study has few limitations like our online questionnaire was assessed by only those people who can understand English language and have smartphones, social network accounts and e-mail IDs. So we targeted

population that is at least 10th pass. Thus, results of present study can't be applicable for the whole population. More studies are required to assess the awareness, attitude, anxiety and perceived mental healthcare need in uneducated people from different cities of India.

Conclusion

During this peak phase of COVID-19 outbreak, there is a need to take efficient measures to deal with psychological impact of this disease on society. Therefore, preventive, informative and psychiatric interventions are essential during outbreaks of such infectious diseases with high mortality rate. World Health Organization should make serious efforts to tackle such epidemics and pandemics in future as emergence of a new human disease from different families of viruses can prove to be a constant challenge.

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Legend Tables

Table 1: Descriptive data for demographic variables

Variables		No. of subjects	Percentage
Age groups (n=300)	15-30 yrs	221	73.67
	31-45 yrs	79	26.33
Gender (n=300)	Male	203	67.67
	Female	97	32.33
Academic level (n=300)	10th Pass	20	6.67
	12th Pass	36	12
	Graduate	131	43.67
	Postgraduate	113	37.67

Table 2: Distribution of subjects according to response to questions

Q1. Whether coronavirus get transmitted via animals?		
Yes	66	22
No	187	62.33
Don't know	47	15.67
Q2. Whether a symptomatic COVID isolated patients can spread the infection?		
Yes	164	54.67
No	123	41
Don't know	13	4.33
Q3. Whether COVID-19 infection is life threatening?		
Yes	243	81
No	44	14.67
Don't know	13	4.33
Q4A. Cause of death in COVID-19 patients? [Heart failure]		
Yes	190	63.33
No	73	24.33
Don't know	37	12.33
Q4B. Cause of death in COVID-19 patients? [Renal failure]		
Yes	158	52.67
No	75	25
Don't know	67	22.33
Q4C. Cause of death in COVID-19 patients? [Respiratory distress]		
Yes	269	89.67
No	6	2
Don't know	25	8.33
Q5. Whether you share your anxiety with family and friends?		
Yes	260	86.67
No	40	13.33
Q6. Whether you avoid social contacts?		
Yes	260	86.67
No	40	13.33
Q7. Whether you avoid ordering food from outside?		
Yes	259	86.33
No	41	13.67

Q8. Do you feel paranoid about contacting coronavirus infection?		
Yes	181	60.33
No	119	39.67
Q9. Whether you are worried about increasing unemployment and deteriorating economic condition of country?		
Yes	283	94.33
No	17	5.67
Q10. Whether you stocked daily routine items in your house?		
Yes	201	67
No	99	33
Q11. Whether you think consultation or treatment during this crisis can increase the chances of getting infected with COVID-19?		
Yes	196	65.33
No	104	34.67
Q12. Whether you are spending some time to rest and relax or meditate?		
Yes	258	86
No	42	14
Q13. Whether you think people who are suffering from various other chronic diseases are more prone to this infection?		
Yes	274	91.33
No	22	7.33
Q14. Whether you started any immune booster medicines to boost up your immunity?		
Yes	210	70
No	90	30
Q15. Whether you think infected people are getting adequate help and treatment regarding medical facilities in our city?		
Yes	186	62
No	114	38

Table 3: Correlation of attitude, knowledge, anxiety and perceived mental healthcare needs among different age groups regarding COVID-19

Sn.	Question	t-test	p-value
1.	Q1. Whether coronavirus get transmitted via animals?	5.873	0.107*
2.	Q2. Whether a symptomatic COVID isolated patients can spread the infection?	65.000	0.010**
3.	Q3. Whether COVID-19 infection is life threatening?	8.217	0.077*
4.	Q4. Cause of death in COVID-19 patients? [Heart failure]	200.333	0.003**
5.	Q4. Cause of death in COVID-19 patients? [Renal failure]	13.000	0.049**

6.	Q4. Cause of death in COVID-19 patients? [Respiratory distress]	13.000	0.049**
7.	Q5. Whether you share your anxiety with family and friends?	23.353	0.027**
8.	Q6. Whether you avoid social contacts?	16.857	0.038**
9.	Q7. Whether you avoid ordering food from outside?	16.857	0.038**
10.	Q8. Do you feel paranoid about contacting coronavirus infection?	14.615	0.043**
11.	Q9. Whether you are worried about increasing unemployment and deteriorating economic condition of country?	6.925	0.091*
12.	Q10. Whether you stocked daily routine items in your house?	4.579	0.137*
13.	Q11. Whether you think consultation or treatment during this crisis can increase the chances of getting infected with COVID-19?	30.615	0.021**
14.	Q12. Whether you are spending some time to rest and relax or meditate?	30.000	0.021**
15.	Q13. Whether you think people who are suffering from various other chronic diseases are more prone to this infection?	30.615	0.021**
16.	Q14. Whether you started any immune booster medicines to boost up your immunity?	177.500	0.004**
17.	Q15. Whether you think infected people are getting adequate help and treatment regarding medical facilities in our city?	101.571	0.006**

**p-value < 0.05 is significant; *p-value > 0.05 is insignificant.

Table 4: Correlation of attitude, knowledge, anxiety and perceived mental healthcare needs among different education level regarding COVID-19

Sn.	Question	F-statistics	p-value
1.	Q1. Whether coronavirus get transmitted via animals?	3.570	0.012*
2.	Q2. Whether a symptomatic COVID isolated patients can spread the infection?	3.389	0.015*
3.	Q3. Whether COVID-19 infection is life threatening?	3.768	0.009**
4.	Q4. Cause of death in COVID-19 patients? [Heart failure]	3.518	0.013*
5.	Q4. Cause of death in COVID-19 patients? [Renal failure]	3.586	0.012*
6.	Q4. Cause of death in COVID-19 patients? [Respiratory distress]	3.586	0.012*
7.	Q5. Whether you share your anxiety with family and friends?	3.645	0.011*
8.	Q6. Whether you avoid social contacts?	3.612	0.011*
9.	Q7. Whether you avoid ordering food from outside?	3.612	0.011*
10.	Q8. Do you feel paranoid about contacting coronavirus infection?	3.714	0.010*
11.	Q9. Whether you are worried about increasing unemployment and deteriorating economic condition of country?	3.141	0.020*

12.	Q10. Whether you stocked daily routine items in your house?	3.405	0.014*
13.	Q11. Whether you think consultation or treatment during this crisis can increase the chances of getting infected with COVID-19?	3.531	0.012*
14.	Q12. Whether you are spending some time to rest and relax or meditate?	3.501	0.013*
15.	Q13. Whether you think people who are suffering from various other chronic diseases are more prone to this infection?	3.531	0.012*
16.	Q14. Whether you started any immune booster medicines to boost up your immunity?	3.347	0.015*
17.	Q15. Whether you think infected people are getting adequate help and treatment regarding medical facilities in our city?	3.322	0.016*

*p-value < 0.05 is significant; **p-value > 0.05 is insignificant.