

**Republic of Iraq Ministry of Higher Education  
and Scientific Research  
University of Babylon  
College of Nursing**



# **Impact of preventive measures to covid-19 spread on psychosocial status of Women in the Hilla City**

A thesis submitted

By

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To

Council of College of Nursing, University of Babylon

in partial fulfillment of the requirements for the Degree of  
Master in Nursing Sciences

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1444 A.H

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

﴿إِذَا مَرِضْتُ فَهُوَ يَشْفِينِ﴾

صِرَاحُ اللَّهِ الْعَظِيمِ

سُورَةُ النَّازِعَاتِ (أَيَّةُ 80)

## *Supervisor Certification*

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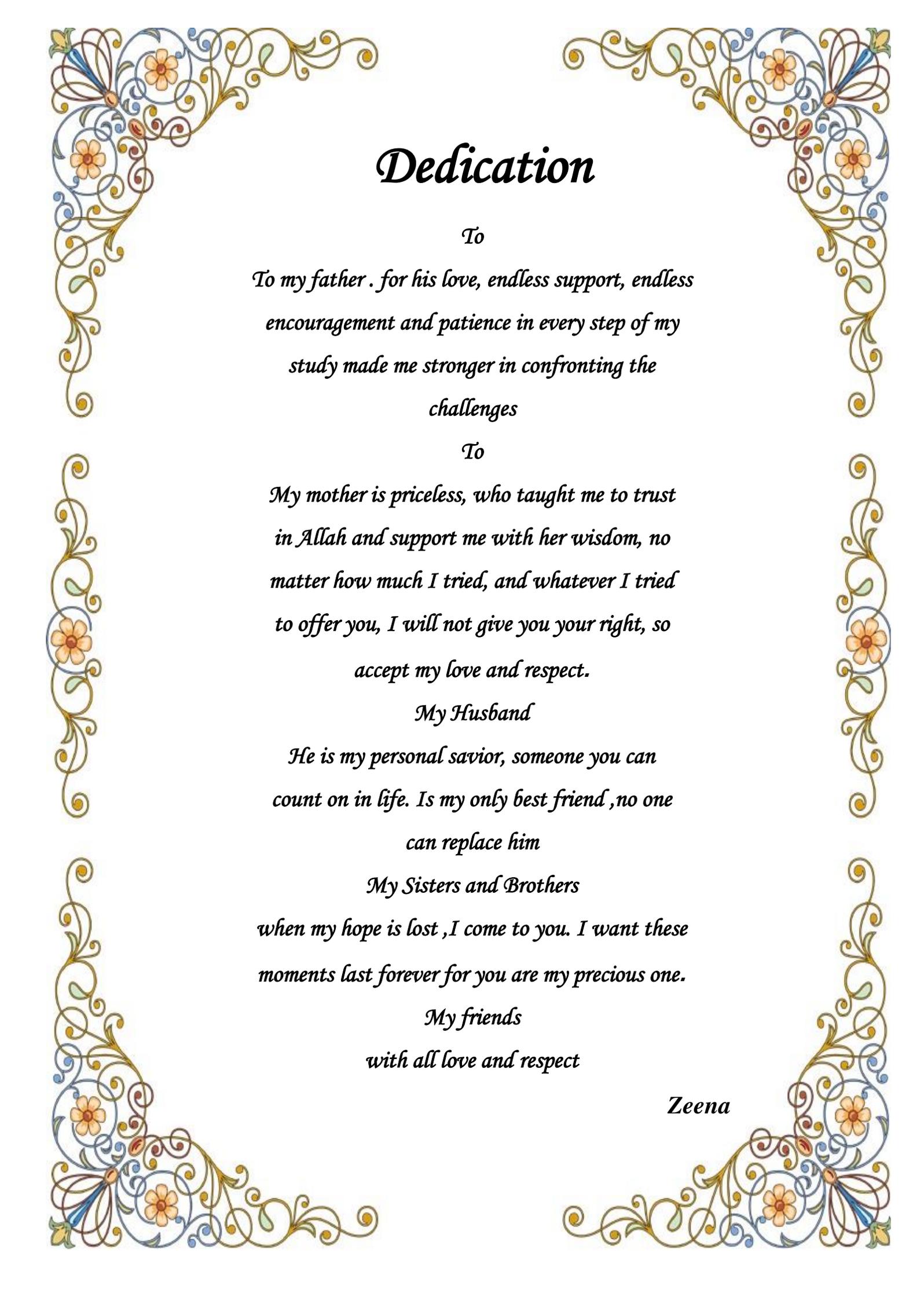
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# *Dedication*

*To*

*To my father . for his love, endless support, endless encouragement and patience in every step of my study made me stronger in confronting the challenges*

*To*

*My mother is priceless, who taught me to trust in Allah and support me with her wisdom, no matter how much I tried, and whatever I tried to offer you, I will not give you your right, so accept my love and respect.*

*My Husband*

*He is my personal savior, someone you can count on in life. Is my only best friend ,no one can replace him*

*My Sisters and Brothers*

*when my hope is lost ,I come to you. I want these moments last forever for you are my precious one.*

*My friends*

*with all love and respect*

*Zeena*

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**Finally ....**

**I pray to Allah (the Great and Almighty)**

**To bless them all.**

## Abstract

The COVID-19 pandemic is a crisis that kills people, spreads human suffering, and changes people's lives. But this is much more than just a health crisis. It is a humanitarian, economic and social crisis. The COVID-19, which has been described by the World Health Organization as a pandemic, is attacking societies physically, psychologically and socially. Therefore, this study aimed to investigate the psychosocial impact of COVID-19 among women and its associated factors.

A descriptive study conducted by non probability (convenience) sample of 250 women was selected through attended the primary health care centers. The reliability of the questionnaire was achieved through a pilot study and then presented to experts to prove its validity. The total number of items included in the questionnaire was 22-items to investigate psychological aspects and 20-items to social aspects. The data was collected by using the interview method and analyzed by the application of descriptive and inferential statistical data analysis approach.

The results of the study indicated that (72.40%) of the women exhibited a significant psychological aspects and (59.20%) exhibited a moderate social burden. There were differences in psychological aspects with regards women education level ( $p=0.001$ ) and monthly income ( $p=0.001$ ); and there were significant differences in social aspects with regards women age ( $p=0.031$ ), education level ( $p=0.039$ ) and monthly income ( $p=0.001$ ).

Study concluded the COVID-19 has greatly increased psychological aspects and cause social limitation. A woman's age, education level and monthly income are greatly affected in psychological and social aspects. The study Recommended Develop health care intervention programs that specifically target low-income old women, bearing in mind that they are the most vulnerable populations.

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## List of Abbreviations

Item	Meaning
COVID-19	Corona Virus Disease 2019
CSP	Chinese Society of Psychiatry
D.f	Degree of freedom
F	Frequency
HS	Highly significant
K	Number of items
M.S	Mean of score
No.	Number
NS	Non significant
OECD	Organisation for Economic Co-operation and Development
P.	Page
p.p.	Pages
PCI	Psychological crisis intervention
PTSD	Post-traumatic stress disorder
P-value	Probability value
S	Significant
S.D	Standard Deviation
SPSS-XX	Statistical Package of Social Sciences 20
US	United States
WHO	World Health Organization
MERS	Middle East Respiratory Syndrome
SARS	Sever acute respiratory syndrome
SARI	Sever acute respiratory illness
HBM	Health Belif Model
TPB	The pirate Bay
DSM-5	Diagnostic and Statistical Manual of Mental Disorders (DSM-5)

## Symbol table

Symbol	Meaning
%	Percentage
$E_i$	Expected frequency
$O_i$	Observed frequency
$\sigma_{ii}$	Variance (not standard deviation) of item i
$\sigma_{ij}$	Estimated covariance between items i and j
$\Sigma$	Sum

# *Chapter One*

## *Introduction*

## Chapter One

### Introduction

#### 1.1.Overview

Societies have constantly grappled with pandemic infectious illnesses throughout history. Cholera and plague (e.g., plague of Athens, plague of Antonine, plague of Cyprian, plague of Justinian) were the first diseases of this type, infecting a large portion of the world's population and causing staggering rates of morbidity and mortality (Harper, 2015).

The World Health Organization (WHO) declared the 2019 Corona Virus Disease (COVID-19) outbreak an international public health emergency on January 30, 2020, as the disease, which was first reported in China in December 2019, continues to spread across the continents, affecting many countries in Europe, America, and Asia, and is still spreading its disease burden (Lai *et al.*, 2020).

statewide lockdowns and home-confinement methods established in the bulk of the COVID-19-hit countries following China to avoid further illness transmission, a large portion of the world's population is currently confined to their homes (Rubin & Wessely, 2020).

This unexpected, rapidly spreading infectious disease has sparked worldwide concern, fear, and anguish, all of which, according to the World Health Organization, are legitimate psychological responses to the constantly shifting situation (Sarode *et al.*, 2021).

However, because of the epidemic and the constant flow of publicly available information and reinforced messaging gained via online social

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networking services of nearly all types, adverse psychosomatic effects among ordinary people are projected to rise dramatically (Pulla, 2020).

As a result, fast spreading mass hysteria and panic about COVID-19 may result in long-term psychological disorders in the general population across all socioeconomic categories, which could be even more harmful in the long run than the virus itself (Depoux *et al.*, 2020).

Despite remarkable breakthroughs in medicine, technology, and cleanliness, public health crises continue to plague modern communities. The 2009 influenza (H1N1) pandemic, Middle East Respiratory Syndrome (MERS) (2015), Zika virus (2016), and Ebola virus are all recent examples (2019) (Alipour *et al.*, 2020).

COVID-19 (previously known as 2019-nCoV) has just emerged as a global epidemic. COVID-19 is a unique Coronavirus variant that has never been seen in humans. It was first discovered in Wuhan, China in late 2019. (Sabino-Silva *et al.*, 2020). The disease appears to be more widespread than others, infecting over 150 nations and killing over 800,000 individuals (Li *et al.*, 2020).

The COVID-19 epidemic has altered daily life in unforeseen ways, influencing everything from commercial markets to local education systems (Hsiang *et al.*, 2020). According to estimates, there have been approximately 200 million COVID-19 instances worldwide as of early September 2021, with 4.5 million deaths (WHO, 2021).

With approximately 55 million cases and 850 thousand deaths, the Asia Pacific area has been severely damaged, accounting for a significant share of the overall disease burden (UNOCHA, 2020).

In the United States, a survey conducted by the Centers for Disease Control and Prevention found a 3 to 4 times increase in the rates of adverse

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mental or behavioral health conditions among surveyed adults compared to one year prior, and suicidal ideation was significantly higher among younger adults (18–24 years) (Czeisler *et al.*, 2020).

The pandemic's stressors, which include concerns about disruption of education, restrictions on movement and social gathering, infection fears, financial loss, insufficient supplies or information, and stigma, can result in a variety of negative psychological effects ranging from anxiety and depression to suicidal deaths (Brooks *et al.*, 2020).

If adolescents receive enough assistance from family members, one positive aspect of social isolation, allowing women to spend more time with their families, may act as a source of mental balance (Pietrabissa *et al.*, 2021).

To date, the main psychological impact on public mental health has been increased rates of stress or worry. However, once new policies and consequences are implemented, such as quarantine and its influence on many people's daily activities, routines, or livelihoods, levels of loneliness, sadness, destructive alcohol and drug use, and self-harm or suicide behavior are predicted to rise (Kazmi *et al.*, 2020).

The majority of COVID-19 research to date has focused on the epidemiological (Chen *et al.*, 2020; Rothan & Byrareddy, 2020), pathological, and physical aspects of the disease (Wang *et al.*, 2020), with relatively little data on direct psychosocial experiences of people affected by the COVID-19 outbreak (Wang *et al.*, 2020).

The Chinese Society of Psychiatry (CSP) is one example of psychological intervention during COVID-19, with psychiatrists and psychologists assigned to help with the integration of psychological interventions with prevention and treatment plans, psychological crisis

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intervention (PCI) for all affected people, onsite and remote consultation, and service prioritization ([Jiang \*et al.\*, 2020](#); [Loveday, 2020](#)).

Many governments around the world have been forced to deploy early quarantine measures as a key disease control strategy as a result of COVID-19. Apart from physical harm, the effects of this confinement on mental health and well-being at both the individual and population levels are numerous. Due to circumstances such as feeling cornered and losing control, imposed mass quarantine imposed via statewide lockdown programs can cause mass panic, anxiety, and discomfort (Rubin & Wessely, 2020).

This can be exacerbated if families must be separated, by disease progression uncertainty, insufficient supplies of basic necessities, financial losses, and an increased perception of risk, which is often exacerbated by ambiguous information and poor media communications in the early stages of a pandemic (Brooks *et al.*, 2020).

The psychological impact of quarantine has been reported in previous outbreaks to range from immediate effects such as irritability, fear of contracting and spreading infection to family members, anger, confusion, frustration, loneliness, denial, anxiety, depression, insomnia, and despair, to extremes such as suicide (Robertson *et al.*, 2020).

Isolated suspected cases may experience anxiety as a result of their health status ambiguity and develop obsessive-compulsive symptoms such as temperature checks and sanitation (Jeong *et al.*, 2016). Effects such as posttraumatic stress disorder (PTSD) have been observed, with symptoms being linked to the length of the quarantine (Brooks *et al.*, 2020).

Significant socioeconomic anguish and psychiatric symptoms related to financial losses are possible post-quarantine psychological impacts. Another key factor is stigmatization and societal rejection of the sequestered

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area in the form of discrimination, distrust and avoidance by neighbors, property insecurity, workplace hostility, and withdrawal from social gatherings. Even after epidemics have been contained, it is critical to keep those features in mind (Liu *et al.*, 2020).

Compliance with the mandatory house quarantine is frequently broken. This must be done with extreme caution, as official approval of such a cordon will only exacerbate such situations. All of these factors may eventually lead to social disobedience, reckless behavior, and poor social perception. Further investigation into the psyches of these delinquents is required. To avoid suffering and long-term problems of compulsory quarantine, altruistic conduct toward self-isolation and voluntary quarantine should be encouraged following proper elucidation through mass communication (Dubey *et al.*, 2020).

COVID-19 control involves an understanding of the obstacles and concerns that the pandemic provides for those who are afflicted. COVID-19 and other epidemic diseases have diverse consequences both between and within communities. COVID-19 has a wide range of effects on mortality, morbidity, economic impact, psychological suffering, and social disturbance. Prior literature has emphasized the significance of conducting psychological and psychiatric interventions for all those affected by large-scale crises (e.g., patients and their families, medical personnel) (Zhu *et al.*, 2020).

Women are fighting COVID19 on the front lines, and the crisis' impact on women is severe. Women face additional challenges: they are overrepresented in health care, continue to perform the majority of unpaid domestic care work, are at high risk of economic insecurity (both now and in the future), and are more vulnerable to violence, exploitation, abuse, or harassment during times of crisis or quarantine. Many vulnerable populations'

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health and well-being have been and will continue to be severely impacted by the pandemic. Women are disproportionately affected (OECD, 2021).

According to a meta-analysis conducted by Peckham et al. (2020), male patients are nearly three times more likely than female patients to be admitted to the intensive care unit and to die. Biological variables, such as women's greater immune response and more preventative measures than males due to lifestyle, genetic chromosome, hormones and high resistant immune system to infection (Bwire, 2020), as well as behavioral and psychosocial risk factors including smoking and lifestyle choices, explain this disparity (Dehingia & Raj, 2021).

Similarly, studies have discovered significant differences in women's and men's perceptions of COVID-19 risk, worry, and dread. Previous research has found that women have a higher risk perception of COVID-19 than males (Galasso *et al.*, 2020), as well as more substantial worry and fear (Nino *et al.*, 2021).

People's belief in the government's (or authorities') ability to respond to the pandemic, on the other hand, appears to be one of the key factors impacting risk perception and the adoption of COVID-19 prevention actions, according to reports. As a result, it discovered low mental health rates and the need for rehabilitation programs (Ahmad *et al.*, 2020).

## **1.2.Important of Study**

COVID-19 cases have been increasing for the 15th week since the beginning of 2021. Most governorates recorded an increase in confirmed cases during this reporting period, with the exception of Diwaniya, Karbala, Najaf, and Muthanna, which reported a decrease. Meanwhile, in Kurdistan, the number of Region cases has exploded in recent days (MOH, 2021).

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Iraq's Ministry of Health reported 52,215 new instances of COVID-19 infections in Week 15, a 1.6 percent increase over Week 14, and 268 new deaths, a 7 percent increase over the previous week. The optimism rating for this week is 20%, the highest since WK1 of 2021 (+2.3%). All governorates reported a positive rate of over 5%, indicating that community transmission is still going strong. 1 Pandemic of COVID-19 (MOH, 2021).

At the end of 2020, the Babylon Governorate will be the least with a substantial decrease ( $P < 0.05$ ). (The maximum number of infected patients were reported in the first month (1/8 – 31/8), while the lowest number of cases were reported in the last month (1/12 – 31/12)) This could be because of: The main reason could be that the majority of people have developed herd immunity, or population immunity, which is an indirect protection against an infectious disease that occurs when a population has developed immunity through previous infection. This could refer to the end of the first wave of the pandemic, which began in June (Alabbood *et al.*, 2021).

Iraq's health system has encountered numerous obstacles, including the world's largest mass displacement in 2014–2016 and internal strife a few years ago, all of which had an impact on the system. To combat the spread of COVID-19, the Iraqi government used a variety of tactics, including a boycott of gathering areas, lockdown, school closure, social distance, and mass quarantine. Iraq's Ministry of Health has taken steps to help COVID-19 sufferers, including providing free clinical materials and forming a team committee to check for people who have been infected with the virus and place them on a mandatory quarantine before beginning human trials for coronavirus vaccine. As part of the steps to avert a pandemic, the Iraqi government has ordered a late lockdown of all states, as well as the closing of borders and airports. COVID-19 (Al-Jumaili & Hamed, 2020).

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Schools, universities, and cinemas in Babylon province were closed on February 27, and other large public meetings, including as events and major religious gatherings during prayer, were prohibited until March 7. On the 13th of March, the Kurdish Regional Government imposed a partial lockdown on religious meetings, which was later tightened on the 4th of April after it was determined that two funeral gatherings on the 21st and 23rd of March were responsible for a third of all cases in Erbil (Aljumaili, 2021).

Anxiety/fears, despair, anger, guilt, grief and loss, post-traumatic stress disorder, and stigmatization of survivors were all prevalent psychological responses to previous outbreaks of infectious viruses such as the coronavirus (Chew QH, 2020). However, no survey had previously been undertaken to look into the evolution of people's psychological responses as the COVID-19 epidemic progressed (Shen *et al.*, 2020).

Gender variations in the adoption of preventative activities have been observed in recent studies. Men, on average, have lower rates of hand-washing (Mellstrom, 2020), social distancing (Griffith *et al.*, 2020), mask wearing (Howard, 2021), and proactively seeking adequate medical care when it comes to infectious diseases such as COVID-19 (Baker *et al.*, 2020). Women, on the other hand, appear to be better knowledgeable about disease signs and hence more conscious of the risk they face, according to research (Pinchoff *et al.*, 2020).

In the face of earthquakes (Kung & Chen, 2012) and floods (Terpstra, 2011), women had a higher proclivity for elevated risk perception than men. Women are also more likely than men to take preparedness measures and participate in community preparedness activities (Onuma *et al.*, 2017). (Castaneda *et al.*, 2020). As a result, it is critical to pay greater attention to the psychological and social needs of women than men, particularly during the COVID-19 epidemic (Bronfman *et al.*, 2020).

Several international organizations have also issued guidelines on COVID-19's psychosocial components, which are based mostly on lessons acquired from earlier pandemics and natural disasters (IASC, 2020).

Prior research shown that in such a global epidemic, psychosocial well-being was severely impacted (Shigemura et al., 2020). As a result, it's critical to figure out how the COVID-19 pandemic would affect the world's mental health in many ways (Zandifar & Badrfam, 2020).

In the research study COVID-19 will impair the mental health and psychosocial functioning of all persons, even those who do not become symptomatic, due to its novelty, prevalence, and daily rises in morbidity and mortality. The lack of information about COVID-19's psychosocial features could be problematic in the long run, as understanding these aspects is crucial to good pandemic management. Explorations of the psychosocial elements and concerns of COVID-19-affected people are thus critical.

Previous research has indicated that men and women have different attitudes about infectious disease prevention and the psychological factors that influence them. In this scenario, the study on the effect of COVID-19 preventive measures on psychosocial aspects of women attending primary health care centers in Hilla City is critical for designing and implementing more effective risk communication strategies to combat not only the current COVID-19 pandemic but also potential future outbreaks.

### **1.3.Statement of the study**

Impact of Preventive Measures to COVID-19 Spread on Psychosocial Status of Women in the Hilla City

## **1.4.Objectives of Study**

### **The study aimed :**

1. To measure the impact of preventive measures to covid-19 spread on psychological status of women such as (anxiety, stress and depression).
2. To estimate the impact of preventive measures to covid-19 spread on social status of women such as (economic status, public relation and work).
3. To identify the association between psychological status of women and their demographic characteristics.
4. To identify the association between social status of women and their demographic characteristics.

## **1.5.Definition of Terms**

### **1.5.1.Impact**

#### **Theoretical Definition**

The action of one object colliding with another forcibly (WHO, 2012).

#### **Operation Definition**

An incident or condition that causes stress, anxiety, or sadness, as well as economic, public relations, and job disruptions (preventive actions).

### **1.5.2. Preventive Measures**

#### **Theoretical Definition**

Any reasonable steps done after an incident to prevent or reduce damage (Herlenius & Kuhn, 2013).

### **Operation Definition**

COVID-19 transmission preventive techniques or actions performed by women.

### **1.5.3. Psychological Status**

#### **Theoretical Definition**

Rather than physical condition, psychological status is defined as the mental or emotional state (WHO, 2004).

#### **Operation Definition**

Stress, emotion, anxiety, and depression are mental or behavioral traits of women.

### **1.5.4. Social Status**

#### **Theoretical Definition**

Are there similarities among people in a particular culture (WHO, 2004).

#### **Operation Definition**

It refers to the level of support received from family and friends.

**Chapter Two**

**Review of Literature**

## Chapter Two

### Review of Literature

#### 2.1.COVID-19: An Overview

Coronavirus disease 2019 (COVID-19) is a contagious disease caused by Coronavirus 2 that causes severe acute respiratory syndrome (SARS-CoV-2). In December 2019, the first known case was discovered in Wuhan, China (Page *et al.*, 2021). Since then, the disease has spread worldwide, resulting in a pandemic (Zimmer, 2021).

Fever, cough, headache (Islam *et al.*, 2021), exhaustion, breathing difficulties, and loss of smell and taste are common COVID-19 symptoms (Agyeman *et al.*, 2020; Saniasiaya *et al.*, 2021).

Symptoms may appear one to fourteen days following viral contact. At least a third of those infected do not show any signs or symptoms (Oran *et al.*, 2021). The majority (81%) of those who acquire symptoms noticeable enough to be classified as patients have mild to moderate symptoms (up to mild pneumonia), whereas 14% have severe symptoms (dyspnea, hypoxia, or more than 50% lung involvement on imaging), and 5% have critical symptoms (respiratory failure, shock, or multiorgan dysfunction) (CDC, 2020).

Severe symptoms are more likely to emerge in the elderly. Some persons continue to have a variety of symptoms (long COVID) months after recovery, and organ damage has been reported. Long-term research are being conducted to learn more about the disease's long-term impact (CDC, 2021).

COVID-19 is spread through the air when droplets and small airborne particles harboring the virus are inhaled. Breathing them in is most dangerous when individuals are close together, but they can also be inhaled over greater

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distances, especially indoors (Glasper, 2021). Transmission can also occur if contaminated fluids are splashed or sprayed in the eyes, nose, or mouth, as well as via contaminated surfaces. People can be contagious for up to 20 days and can transfer the infection even if no symptoms appear (Gilliam *et al.*, 2021).

## **2.2. Preventive measures of COVID-19: a gender differences**

Men made up a little majority of Coronavirus cases (52–58%) in Western Europe, but roughly 70% of Coronavirus deaths. Men, on the other hand, made up 40% of Coronavirus cases in South Korea, but they still made up a small majority of Coronavirus deaths (around 52 percent ). Myanmar, Thailand, Albania, and Wales (ratios > 2) had the highest proportion of deaths (male-to-female ratio) among confirmed instances (September 2020). Pre-existing cardio-vascular or metabolic disorders, as well as a higher incidence of at-risk behaviors like alcohol misuse or tobacco smoking, may explain why men have the highest death ratio (WHO, 2020).

Women appear to be more inclined to exercise hand hygiene, which may reduce the chance of infection. Furthermore, sex chromosomes and sex hormones may play a role in the immunological responses found in males and females (Zivich *et al.*, 2018).

Nonetheless, the Covid-19 pandemic has disproportionately impacted women in various areas, including the workplace (particularly in the health and social services sector) and at home, where lockdown and quarantine procedures have increased burden (Van-den *et al.*, 2020).

## **2.3. Impact of preventive Measures of COVID-19**

Restrictive measures may be required to stop the virus in most infectious disease epidemics. Governments throughout the world have

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imposed some limitations, such as national lockdowns and social distancing, in order to stop the spread of the Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (Yilong, 2020).

According to recent research, restrictive measures are frequently connected with severe psychological impacts that can be detected months or years later, and quarantine and isolation have a negative impact on mental health (Brooks *et al.*, 2020).

Since the start of the severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2) outbreak, necessary precautions have been taken to prevent virus transmission and reduce mortality, including mandatory mask use, regular hand-sanitizing and hand-washing, remote work, social distancing, avoiding crowds, and cancellation of public events (Schneider & Council, 2021).

Limiting contact is a technique for lowering the basic reproduction number, or the average number of persons to whom one case transmits the disease over his or her incubation period, by reducing both the frequency and duration of encounters (Atalan, 2020).

China was the first country to adopt a regional lockdown of cities in Hubei province as a control mechanism. Wuhan, Hubei Province's largest metropolis with a population of nearly 14 million people, was placed under a 76-day curfew. Similar lockdowns were also utilized in other countries, including Italy (provinces of Lombardy and Veneto), Spain, Russia, India, and the Philippines, with durations varying from 4 days in Turkey to over a year in Qatar (Oraby). According to studies, efforts for avoiding the spread of the disease and lowering the incidence and mortality rates have been effective (Oraby *et al.*, 2021; SeyedAlinaghi *et al.*, 2021).

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SARS-CoV-2 measures may also be useful in lowering other respiratory infectious illnesses like seasonal influenza, outpatient pneumonia, scarlet fever, and severe acute respiratory illness, according to researchers (SARI) (Lee & Lin, 2021).

According to the findings of a recent study conducted in New Zealand, the incidence of influenza fell 79-fold after 9 months of lockdown. They also reported a significant decrease in the occurrence of various respiratory viruses following the lockdown, compared to the same period the previous year (Huang *et al.*, 2021). As a result of the preventive efforts, all segments of society have experienced psychological and social repercussions (Sakamoto *et al.*, 2020).

The psychological consequences of the COVID-19 pandemic on all segments of society, particularly women, appear to be significantly larger than the impact on men, owing to their vulnerability to the deleterious effects of stress (Davies *et al.*, 2020).

National school closures were instituted following the outbreak, and the majority of individuals were required to stay at home. Reduced social engagement, stay-at-home constraints, work challenges, significant changes in daily routine, fear of falling sick, and boredom can all have significant psychological consequences for female teenagers (Chakraborty & Maity, 2020).

## **2.4.Factors Influencing Psychosocial impact of COVID-19**

COVID-19's impact on society's psychology has been influenced by a number of existing differences, which touch on key principles of equality and intersectional experiences of people across cultural, racial, professional, and economic lines (Zhang *et al.*, 2020).

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The COVID-19 pandemic was not only a health emergency, but also a critical scenario that impacted society and economy globally, increasing inequality (Mahato *et al.*, 2020).

## **2.5.COVID-19 Associated with Health Threat, Fear and Uncertainty**

The pandemic's unusual character fostered a sense of unease about not only health but also educational and economic circumstances. As an emerging disease, scientific evidence on numerous infection characteristics such as transmissibility, transmission routes, signs and symptoms, and treatment choices has been scant from the outset (Ornell *et al.*, 2020).

The information received from credible sources shifted in response to new evidence, leading to public skepticism and mistrust, providing fertile ground for misinformation and disinformation. As a result, more people succumb to terror than to the sickness itself. There were even stories of people committing themselves because they were afraid of disease-related problems at the height of the panic (Goyal *et al.*, 2020).

Four possible sources of fear have been proposed. These are fears about oneself, others, not knowing what to do, and what action to take. When people are afraid of their own bodies, they become hyper-aware of any changes and immediately associate them with an infection that could lead to morbidity or death (Usher *et al.*, 2020).

Relationships are linked to the fear of/for significant others. There may be a sense of protecting oneself from any external source of the disease, as well as a concern that someone close to one would be affected (Breakwell & Jaspal, 2020).

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Fear of the unknown is a major source of anxiety since it leads to a frenzied hunt for any updates, which may result in vital updates from trusted sources being ignored. Fear of courses of action refers to reservations about carrying out daily activities such as shopping in the face of social isolation, as well as a draw toward other hyperactive compensatory behaviors such as greater social media usage to cope with the disrupted routines. Clear understanding of sensitivity, proper attachments with individuals, and developing emotional support and responsible behavior can all help to manage these issues (Schimmenti *et al.*, 2020).

The disease's fear has proven to be a two-edged sword. Regardless of political interventions, functional fear of catching COVID-19 has been proven to be the only predictor of beneficial behavior change such as social distancing and hand hygiene (Harper *et al.*, 2020).

While fear can help people follow national rules, preventive measures, and social distance, it also has the potential to cause panic in the society and increase psychological discomfort. There have been reports of people delaying seeking emergency care owing to fear of COVID-19, which has resulted in negative outcomes, implying that the public should be made aware of the risks posed by general health conditions even in the face of the pandemic (Lazzerini *et al.*, 2020).

## **2.6.Impact of COVID-19 on Livelihood**

COVID-19 triggered one of the most severe global economic catastrophes in recent memory. The unexpected stoppage of commerce channels, as well as public health measures such as factory and marketplace closures, had a direct impact on slowing cash flow; bank closures hampered transaction access. Furthermore, governments were burdened by the unexpected spike in healthcare costs, which included hospital management,

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quarantine and isolation facilities, procurement and/or production of protective equipment and sanitizers, and support for research into prevention and cure (Guo *et al.*, 2020).

COVID-19 was determined to influence individuals in a variety of ways by the United Nations Development Programme (UNDP) in its global assessment of the socio-economic impact (Workie *et al.*, 2020).

Economic shocks are expected to force an estimated 40–60 million people into poverty. While the corporate workforce was mostly unaffected by the pandemic due to the ability to work from home, historically marginalized communities, such as those in the unorganized sector, faced the brunt of the economic downturn (Bhagat *et al.*, 2020).

By the conclusion of the epidemic, an estimated 1.6 billion informal workers will have lost their jobs, with 60% having little or no savings and no access to social security. This, in turn, will exacerbate food insecurity, particularly in low- and middle-income countries (Yu *et al.*, 2021).

The survey's findings Reduced access to high-nutrition foods like vegetables and dairy products has caused a shift in dietary habits for 62 percent of Indian households (Harris *et al.*, 2020). Nearly 94 percent of Bangladeshi people in lower socioeconomic groups said the pandemic had harmed their livelihood, and they had high stress levels due to worries about their livelihood as well as fear of infection (Paul *et al.*, 2021).

A major predictor of mental health problems among Chinese individuals was discovered to be the impact on livelihood. Lesser-income people have lower financial awareness and savings, as well as limited access to financial safety nets such as emergency money and bank loans, which exacerbates their predicament (Teng *et al.*, 2020).

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These circumstances exacerbate the pandemic's severity and make it more difficult for the general people to follow COVID-19 standards. Working people are under a lot of stress since they have to choose between making a living and catching the sickness (Kesar *et al.*, 2021).

## **2.7.Lockdown and Restrictions during COVID-19**

Large-scale regional lockdowns and curfews were common during the COVID-19 pandemic, as were isolation of all identified patients, home-based or institutional quarantine of those thought to be at risk, and general public health safety measures like limiting access to social spaces like restaurants and movie theaters (Atalan *et al.*, 2020)

These had significant consequences that differed from location to place and across different socioeconomic categories. A sudden lockdown without mechanisms in nations like India, where there is a big migrant working population, caused panic due to a sudden loss of livelihood (Lau *et al.*, 2020).

Eviction, shortage of food, healthcare, transportation, and extreme economic stress were all issues that most migrants confronted. In those circumstances, there was almost no system to provide psychological support (Schlosser *et al.*, 2020; Bhagat *et al.*, 2020).

Studies looking at how people reacted to the lockdown found moderate to severe anxiety and tension (Odriozola-González *et al.*, 2020). Large-scale catastrophising, including apocalyptic hypotheses and predictions, characterized the lockdown process (Rubin & Wessely, 2020).

The psychological impacts have been shown to increase as the lockdown progresses, while personal quarantine has a major impact on

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emotional responses such as wrath, fear, and anxiety right from the start (Gan *et al.*, 2020).

People turned to hoarding as a coping mechanism, resulting in irrational activities such as panic buying. The psychological impacts of the lockdown can be caused by five factors: the lockdown lasting longer than intended, fear of contamination and illness, emotions of annoyance and boredom, insufficient access to critical objects, and insufficient access to information (Mucci *et al.*, 2020).

People without access to the internet or electronic mass media were most affected by a lack of information. A parallel pandemic has been defined as a worsening of symptoms in persons who already have mental health problems as a result of sudden disruptions in usual routines and restricted access to healthcare (both due to suspension of health centres, transportation issues and curfew). Lack of access to healthcare was a major source of stress for older people, who were often on chronic drugs that required follow-up and re-filling, and who also belonged to the COVID-19 high-risk demographic, resulting in a paradoxical position. In locations where the infrastructure permitted, establishing telemedicine units and deploying on-call services aided to some extent (Mucci *et al.*, 2020).

## **2.8.Social Stigma of COVID-19**

Stigmatic behavior in health involves linking labeling, stereotyping, and discriminating against people based on an erroneous perception of a link between them and a sickness. Stigma and discriminatory behavior, according to theorists, are imposed by ideologies that justify the need for them and regard them as fair and proper (Ramaci *et al.*, 2020).

Although the reasons for stigmatic behavior are multifaceted, the reactions during the epidemic arose from a fear of the unknown, which led to

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prejudice towards existing groups such as those of a given race, faith, or economic standing. During the COVID-19 pandemic, there was a progressive shift in stigmatic behavior that affected certain sects of the population at different times. Asians, particularly those of Chinese heritage, were the first to be targeted after the disease was recognized (Turner-Musa *et al.*, 2020).

Despite efforts from the United Nations and the World Health Organization to adopt the pathogen's scientific name, major groups, including politicians and the media, dubbed it the "Chinese virus" or the "Wuhan virus," allowing animosity toward those communities to grow quickly. Abuse and bullying of Asians have been reported in various regions of the world, particularly on social media platforms like Twitter. It went so far as to call for boycotts of their enterprises and entrance to educational institutions in some circumstances (Bagcchi, 2020).

The second group to be impacted were healthcare and frontline workers, who faced significant social ostracization, including eviction from housing societies and public transportation in numerous nations across the world, under the mistaken notion that they were transmission carriers (Turner-Musa *et al.*, 2020).

The discovery of a case cluster at a religious conference sparked tremendous communal hate in India towards a certain religious community (Eyawo *et al.*, 2021). Persons who disobeyed preventive measures or violated curfews were labeled as 'potential murderers' and 'super spreaders,' and in some cases faced criminal penalties, including murder accusations, in accordance with the concept of 'the immoral other' (Logie, 2020).

Stigma has multiple consequences. It fosters an unhealthy environment in which people hide their illnesses and seek medical help less frequently, which leads to delayed testing, diagnosis, and the chance of higher morbidity

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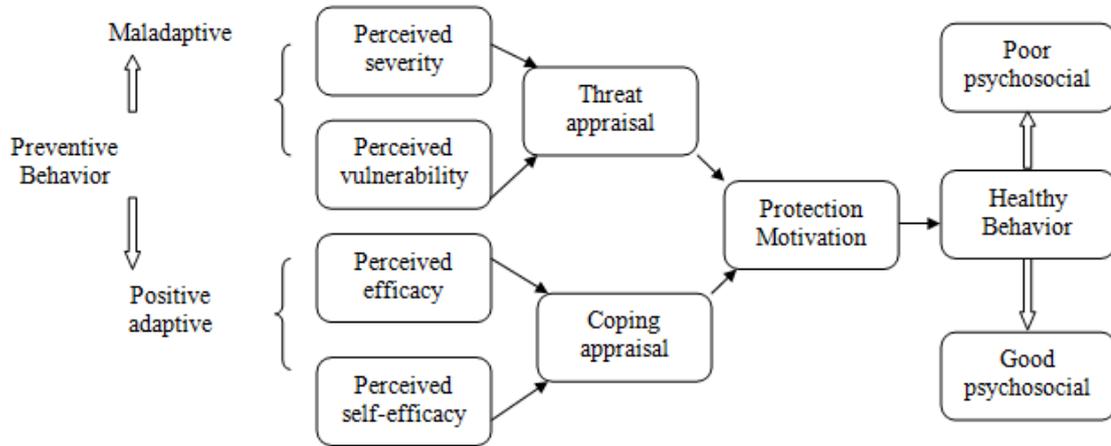
and mortality as a result of delayed care, as well as a higher risk of transmission. As a result, the psychosocial impact of social behavior translates to being a pandemic driver (Bhanot *et al.*, 2021).

Various approaches to dealing with the crisis and reversing the effects of stigma were suggested, including actively discouraging any associations with ethnic groups by using scientific terms, keeping the general public up to date on the latest information using popular culturally appropriate media platforms, and discouraging criminal punishments aimed at those who fail to follow protocols (Roberto *et al.*, 2021).

## **2.9.Theoretical Framework**

In the last few decades, psychological explanations and models of adherence to diverse behavioral suggestions aimed at preserving health and preventing diseases have altered dramatically. Early research led to the development of a number of social cognitive models that focus on the importance of health-related beliefs and expectations, as well as their influence on desire to act, as significant predictors of later individual compliance with behavioral recommendations. The Rosenstock's Health Beliefs Model is one of many of these psychological models (Glanz *et al.*, 2008).

Rogers' Protection Motivation Theory (Rogers & Prentice-Dunn, 1979) is linked to more broad theories of human behavior based on expectation and value.



**Figure 2-1: Roger's Protection Motivation Theory**

This theoretical framework assumes that one's motivation to engage in a specific behavior or action is determined by a combination of two factors: (1) expectancy, which refers to how likely one believes a given outcome will occur if the action is taken, and (2) value, which refers to how much one values the anticipated outcome (s). When it comes to health issues, expectancy-value models emphasize the importance of a wide range of beliefs that people hold regarding health hazards and prevention methods, as well as their own abilities to carry out the recommendations that are given to them. Expectancy-value theories, such as HBM or TPB, are unquestionably the most often utilized models in psychology research to explain the adoption of health-protective behaviors today. Recent literature studies have also revealed that the explanatory factors derived from these models can be used to predict how people would react to emerging infectious diseases like SARS or the H1N1 pandemic influenza (Bish & Michie, 2010; Taylor, 2019).

Several psychosocial explanations have been proposed in the literature to explain for the increased incidence of hazardous behaviors and activities, as well as non-adherence to standard health advice, among the most disadvantaged groups. Over the last 30 years, research has identified three

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characteristics that may play a significant role in explaining socioeconomic inequalities in health status: institutional trust, social support, and anxiety. For example, several health psychology studies have found that inequalities in anxiety produced by more stressful living and labor conditions among disadvantaged groups contribute to social disparities in health preventive activity involvement (Schneiderman *et al.*, 2001).

Indeed, anxiety and poverty appear to influence the significance people place on maintaining or improving their health since they are already struggling to meet existing expectations (Ethier *et al.*, 2004). Other research has found that cognitive characteristics such as perceived risk and benefits moderate the effect of institutional trust on public acceptance of particular health-related innovations or interventions (Vera, 2018; Yildirim *et al.*, 2021).

## **2.10. Psychological impact of COVID-19 on Women's**

The COVID-19 pandemic might be viewed as an uncontrollable, acute stressor that will have a substantial impact on people's mental health. Little is known, however, about how women cope with large-scale stressors like the COVID-19 pandemic (Akat & Karataş, 2020).

Varying coping mechanisms have been linked to different adjustment outcomes following trauma, according to research (Littleton *et al.*, 2011). Active and passive coping are the two main types of coping mechanisms. Passive coping involves ignoring and avoiding causes of stress, such as denial and substance use, whereas active coping requires actively doing something to lessen stress, such as problem-solving, planning, and cognitive restructuring (Zimmer-Gembeck & Skinner, 2016).

Resilience is another possible factor influencing women's psychological outcomes in the case of a COVID-19 pandemic. The ability to

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retain positive mental health in the face of hardship or stress is referred to as resilience (Wu *et al.*, 2020).

A strong level of resilience protects against a variety of mental health issues. Higher resilience in younger women, for example, was linked to reduced levels of depression, stress, and anxiety (Kontoangelos *et al.*, 2020). Women with a high level of resilience are predicted to have a positive mental health status when dealing with stress caused by the COVID-19 pandemic (Cullen *et al.*, 2020).

Even though men died twice as often as women, the Covid-19 outbreak has disproportionately affected women, both as frontline workers and at home (Thibaut & van, 2020). Women make approximately 70% of the workforce worldwide, with many of them working from home. Similarly, women make up the majority of health-care facility support employees (cleaners, laundry, and catering) (Conway, 2020).

Following the virus epidemic, many countries have reported an upsurge in domestic violence instances. Requesting extra help with domestic responsibilities might lead to domestic violence against women. In countries when lockdown is in effect, home is not necessarily a safe haven (Women & WHO, 2020).

In the midst of the epidemic, the escalation of gender-based violence may not get the attention it deserves. Previous outbreaks of Ebola and Zika have demonstrated that these crises exacerbate existing disparities, especially those based on gender and economic position (UN issue-brief-covid-19-and-ending-violence-against-women-girls) (Mugahed, 2020).

Women's mental health might be harmed by a lack of proper domestic and emotional care. Women are also at a higher risk of anxiety, sadness, and post-traumatic stress disorder (PTSD) (Jalnapurkar *et al.*, 2018).

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Covid-19 is the Executive Director of the United Nations (UN) Women. The pandemic is more than simply a health issue; it is a fundamental shock to our cultures, exposing the flaws in public and private arrangements that currently only work if women fulfill many and unpaid roles. This is an opportunity for governments to acknowledge both the magnitude of women's contribution and the precarity of so many women (Fore, 2020).

Indeed, the outbreak is causing psychological anguish as well as a rise in mental health issues like stress, worry, depressive symptoms, insomnia, denial, wrath, and dread. More vulnerable populations, such as women and pregnant moms, appear to be more susceptible to psychological distress and mood disorders (López-Morales *et al.*, 2021).

Due to the higher incidence of sadness and anxiety in women, mental health is especially crucial to address. Pregnancy and the postpartum period, particularly for first-time mothers, have been highlighted as delicate phases in a woman's life, accompanied by considerable social, psychological, and physiological changes, and pregnant women have thus been classified as a high-risk population (George *et al.*, 2013).

According to several studies, the perinatal period is associated with an increased risk of mental disorders such as depression, anxiety, and trauma-related illnesses, particularly when stress is present. In the event of an emergency or natural disaster, this is also true for pregnant and postpartum mothers and their infants (O'Connor *et al.*, 2019).

Women may be concerned about their own health and the health of their unborn offspring during the SARS outbreak, and may exhibit worries related to pregnancy, childbirth, or both. Furthermore, uncertainty (a hallmark of an epidemic) is a substantial stressor that might exacerbate pregnancy-related anxiety (Brooks *et al.*, 2020).

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Overall, these complicated and numerous elements may have a short-, medium-, and long-term impact on women's psychological health (Amaral *et al.*, 2020). As a result, the COVID-19 pandemic and associated conditions may cause additional stress for women during pregnancy and exacerbate this tendency (Wang *et al.*, 2020). For these reasons, and because psychological discomfort during pregnancy has a negative impact on the health of mothers and their children, perinatal maternal mental health should be prioritized (Rasmussen *et al.*, 2020).

### **2.10.1. Psychological impact related to Anxiety**

The pandemic crisis has caused widespread concern around the globe. When faced with ambiguity, people, particularly women, become increasingly concerned about the issues. It was not just COVID-19 sufferers, but also the general population and those who take preventive measures, according to many studies. In comparison to the pre-pandemic condition, the prevalence of anxiety has increased in all demographics (Odriozola-González *et al.*, 2020).

They are deprived of sleep, rest, and proper nutrition as a result of their excessive effort in preventive measures. Simultaneously, the general public's lifestyle is being altered as a result of imposed infection prevention and control methods, causing worry (Cao *et al.*, 2020).

While fear in the face of a pandemic is understandable, excessive anxiety can be harmful. If you are experiencing excessive anxiety, you should seek help. Friends and family play an important part in mental health support. To avoid anxiety triggers, those who are prone to anxiety should limit their exposure to social media updates and news on the news (Kontoangelos *et al.*, 2020).

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**2.10.2. Psychological impact related to Depression**

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Depression is one of the most common mental health problems nowadays. A surge in the prevalence of depression has been reported in all past pandemic scenarios, and the COVID-19 pandemic was no exception. Several studies have been conducted to determine the prevalence of depression during the COVID-19 pandemic, and practically all of them show an increase (Mazza *et al.*, 2020).

Everyone wearing masks is a new effort launched by all countries in response to the COVID-19 epidemic. The way the general public views this condition has affected their life dramatically. Masks over everyone's faces serve as a sign and continual reminder of the disease's impending doom. Many others are also affected badly (Elbay *et al.*, 2020).

The general public's dread of the COVID-19 has grown as a result of continuous and consistent warnings. Fear has been implanted as a result of disease prevention techniques such as lockdown, quarantine, and isolation practices. In many countries, the lockdown has resulted in a serious economic disaster. It has impacted many people's daily income and pushed countless families into poverty and starvation. People have been kept apart by quarantine and isolation, robbing them of a social life. Loneliness is also a major contributor to depression (Choi *et al.*, 2020).

Somatic symptoms such as bodily pain, headaches, and joint pains affect the majority of people. Treatment for these diseases that ignores the depression that underpins all of these symptoms is ineffective. It is possible to feel less isolated by communicating with friends, family, and other social groups. If the symptoms persist, it's best to seek medical assistance (Ustun, 2021).

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Although different organizations such as the World Health Organization and the Center for Disease Control have underlined the significance of adequate mental health support, it is mainly lacking in the current environment due to the diversion of the health personnel to critical care. Wherever possible, it's a good idea to raise awareness about the presence of such services so that those in need can get the care they need (Tang *et al.*, 2021).

### **2.10.3. Psychological impact related to Stress and PTSD**

Although different organizations such as the World Health Organization and the Center for Disease Control have underlined the significance of adequate mental health support, it is mainly lacking in the current environment due to the diversion of the health personnel to critical care. Wherever possible, it's a good idea to raise awareness about the presence of such services so that those in need can get the care they need (Sayed *et al.*, 2021).

People have been isolated as a result of public health activities that are necessary to control the spread of infection. As a result, many people are feeling more stressed. Fear, anger, despair, and frustration are all symptoms of stress. Appetite and interest changes, Physical reactions such as headaches, body pains, stomach issues, and skin rashes, worsening of chronic and mental health problems, and an increase in substance abuse (Horn *et al.*, 2020).

Increased physical exercise, a nutritious diet, avoiding excessive news channels on COVID-19 circumstances, talking with a loved one, and engaging with the community via social media are all effective ways to deal with stress. Talking to your friends and family about the circumstance will lessen tension and alleviate their anxieties and anxiety (Pfefferbaum & North, 2020).

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If having a mental health crisis, it is best to seek medical help rather than trying to solve the problem on your own. People may consider suicide in times of intense stress. It's best to call your country's suicide prevention hotline and seek medical attention right away (Restauri & Sheridan, 2020).

The COVID-19 epidemic has caused significant social and financial hardship, as well as increased traumatic stress reactions (Blekas *et al.*, 2020). Fear of contracting the sickness for themselves or their family and friends could possibly be causing the tension (Xiong *et al.*, 2020). The unpredictability of COVID-19 infection and its unpredictable burden, which has resulted in many waves in most nations throughout the world, has exacerbated psychological stress among the general people (Forte *et al.*, 2020).

Though such stress reactions are to be expected in any pandemic event, the long-term consequences of such a situation are concerning. Stress can exacerbate chronic disease states and hasten the progression of disease processes (Tang *et al.*, 2020). It can also increase the likelihood of other comorbid mental health issues like anxiety and depression, as well as encourage people to engage in dangerous behaviors like smoking, drinking, and drug usage (Heitzman, 2020).

According to recent data, such stress reactions, as well as disturbed re-experiencing and increased arousal, are common (Orrù *et al.*, 2020). However, pandemic exposure does not fit within the current definitions or models of post-traumatic stress disorder (PTSD) (Hao *et al.*, 2020).

The DSM-5 criteria and current models relate traumatic stress disorders to prior and direct exposure to a life-threatening incident. As a result, the developing evidence of COVID-19 and its link to PTSD ignores these models and criteria. The COVID-19 or any pandemic-related stress

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reaction is more about the future than the past, indirect exposure to the virus through media coverage rather than direct exposure to the virus, and stressful situations such as poverty, unemployment, or social isolation that do not meet Criterion A, such as actual or threatened death, injury, or violence (Jiang *et al.*, 2020).

Previous studies has also shown that traumatic stress reactions are linked to future occurrences, indirect trauma exposure, and non-Criterion A events (Giorgi *et al.*, 2020). According to Addis DR, imagination and remembering are essentially the same process because both require a mental rendering experience. It's because data has shown that the brain networks that underpin past and future memory are comparable (Ćosić *et al.*, 2020).

Due of the scale and nature of COVID-19, it is feasible for the general populace to suffer PTSD-like symptoms, particularly during the early weeks of the pandemic, when the infection is unpredictable and unknown. Media exposure is significant in the development of PTSD symptoms because it exacerbates public panic by showing the daily increase in cases and deaths due to the epidemic (Blekas *et al.*, 2020).

Furthermore, people use social media to find out more about the epidemic, which might increase their concern due to the abundance of conspiracy theories and misleading information that circulates on these platforms. As a result, they may develop PTSD as a result of indirect pandemic exposure via the 24-hour news cycle. This indicates that people will get PTSD as a result of the COVID-19 pandemic, regardless of whether they are directly exposed to the virus or indirectly through various types of media, or as a result of traumatic experiences such as lockdown, quarantine, or isolation (Liu *et al.*, 2020).

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**2.10.4. Psychological impact related to Sleep Quality and Insomnia**

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Sleep is an important aspect of human life. It becomes considerably more important in terms of both quality and quantity during pandemics, as it offers various mental and physical health benefits. People's psychological functioning and decision-making processes can be severely harmed by lack of sleep and poor sleep quality. It can also weaken people's immune systems, making them more vulnerable to getting the virus and developing the disease (Li *et al.*, 2020).

According to recent research examining numerous psychological issues among the general population, healthcare staff, and COVID-19 patients, poor sleep quality was the most common psychological morbidity during the COVID-19 pandemic (Alharbi *et al.*, 2021).

It was discovered to be the second most frequent psychological disorder among the general populace (Idrissi *et al.*, 2020). Another study that focused solely on sleep disorders discovered that about 40% of the population suffers from poor sleep quality. Despite their great prevalence, sleep disorders are often overlooked in comparison to other mental health issues during pandemics (Yang *et al.*, 2020).

Sleep issues during a pandemic should not be overlooked because they can have major long-term repercussions. During a pandemic, poor sleep quality or insomnia can increase the risk of obesity, cardiovascular and metabolic disease, cognition and mood disorders, and even suicidal ideation and mortality (Abdulah *et al.*, 2020).

This can also cause cellular senescence to accelerate, resulting in fast and overall aging. The pandemic's stressful nature, combined with human vulnerability factors, plays a key part in the process and pathophysiology of sleep disruptions (Barutcu Atas *et al.*, 2021).

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This might aggravate current sleep-related issues while also facilitating the establishment of a new one. Several countries conducted massive lockdowns during the epidemic, resulting in significant changes in the habits, customs, and practices of the whole population at work and at home (Kokou-Kpolou *et al.*, 2020).

The stress of widespread infection, the abrupt cessation of social interactions, and the disruption of daily routines may have had a significant impact on people's sense of well-being and security, as well as influenced sleep disorders (Da Silva & Neto, 2021).

### **2.11.Social impact of COVID-19 on Women's**

The coronavirus disease (COVID-19) pandemic has substantial health consequences as well as economic and social repercussions. It came in Latin America and the Caribbean amid poor growth, as discussed in earlier special reports on the subject, and, above all, marked inequality and vulnerability, with rising poverty and extreme poverty, weakened social cohesion, and expressions of social discontent (Saladino *et al.*, 2020).

Quarantines and physical separation measures, which are necessary to limit the coronavirus's rapid spread and save lives, are causing job losses (11.6 million more unemployed in 2020 than in 2019) and lowering personal and household labor income. The loss of income mostly affects persons who are poor or at risk of becoming poor, as well as people who work in industries that are more prone to layoffs and wage cutbacks, and those in precarious employment in general (Osofsky *et al.*, 2020).

According to the International Labour Organization (ILO, 2018), the region's labor markets are generally unstable, with a high proportion of informal work (53.1 percent in 2016). In 2018, just 47.4 percent of employed people were contributing to pension schemes, and over 20% of them were

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poor. Informal workers are overrepresented by women, girls, indigenous peoples, Afrodescendants, and migrants.

### **2.11.1.Social impact related to Economic Situation**

Many institutions and economies have profound structural fault lines as a result of the Corona pandemic. The development of the epidemic has exacerbated long-standing difficulties such as poverty, unemployment, the inclusivity of social security systems, and the inadequacy of governance systems, all of which are causes for concern (Craven *et al.*, 2020).

According to the Economic Commission for Latin America and the Caribbean (ECLAC) in its COVID-19 Special Report, No. 2, based on a 5.3 percent drop in GDP and a 3.4 percentage point increase in unemployment, global poverty may rise by at least 4.4 percentage points (28.7 million more people) in 2020, bringing the total number of people living in poverty to 214.7 million (34.7 percent of the region's population) (ECLAC, 2020). Extreme poverty is expected to rise by 2.6 percentage points (15.9 million more individuals) among this group, affecting a total of 83.4 million people (Geda *et al.*, 2020).

Because the pandemic's impact on GDP and employment differs by country, the expected increases in poverty and extreme poverty also differ. Given the current state of uncertainty, poverty would rise by 4.4 percentage points in the high scenario, 3.4 percentage points in the low scenario, and 5.5 percentage points in the high scenario if the pandemic continued (Kumar *et al.*, 2020).

### **2.11.2.Social impact related to Public Relations**

According to Pietromonaco and Overall (2021), social ties were severely disrupted during the three years when the disease began to spread

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globally, and there are numerous patterns of these relationships that can be summarized as follows:

The social relations that remained unchanged, with the phenomenon of denial of the epidemic or violations of disease prevention concepts, but soon the owners of this trend felt compelled to retreat and become aware of the gravity of the situation, especially as the disease approached their families and a number of their acquaintances died (Abidah *et al.*, 2020).

Most of these relationships turned to electronic communication, especially in the process of buying and selling, receiving goods, and transferring money, and were limited to communication for the utmost necessities, such as the exchange of benefits without any emotional or social feelings, and most of these relationships turned to electronic communication, especially in the process of buying and selling, receiving goods, and transferring money (Noel, 2020).

The majority of distance education experiences, as evidenced by complaints from all parties, including parents, students, teachers, and administrators, have completely shifted to electronic communication, and the relationships have become dry, resulting in low quality joint benefits despite the intensity of communication (Tworzydło *et al.*, 2020).

Adaptive social connections are those in which the owners have attempted to avoid social isolation and physical separation by establishing positive interactions from a distance, using a variety of electronic and direct activities (Ahmad & Murad, 2020).

### **2.11.3.Social Impact related to Work**

As a result of the pandemic, many women and men have had to curtail their working hours. As a result, looking at total hours worked reductions provides a complete view of the crisis' impact on the labor market. Global

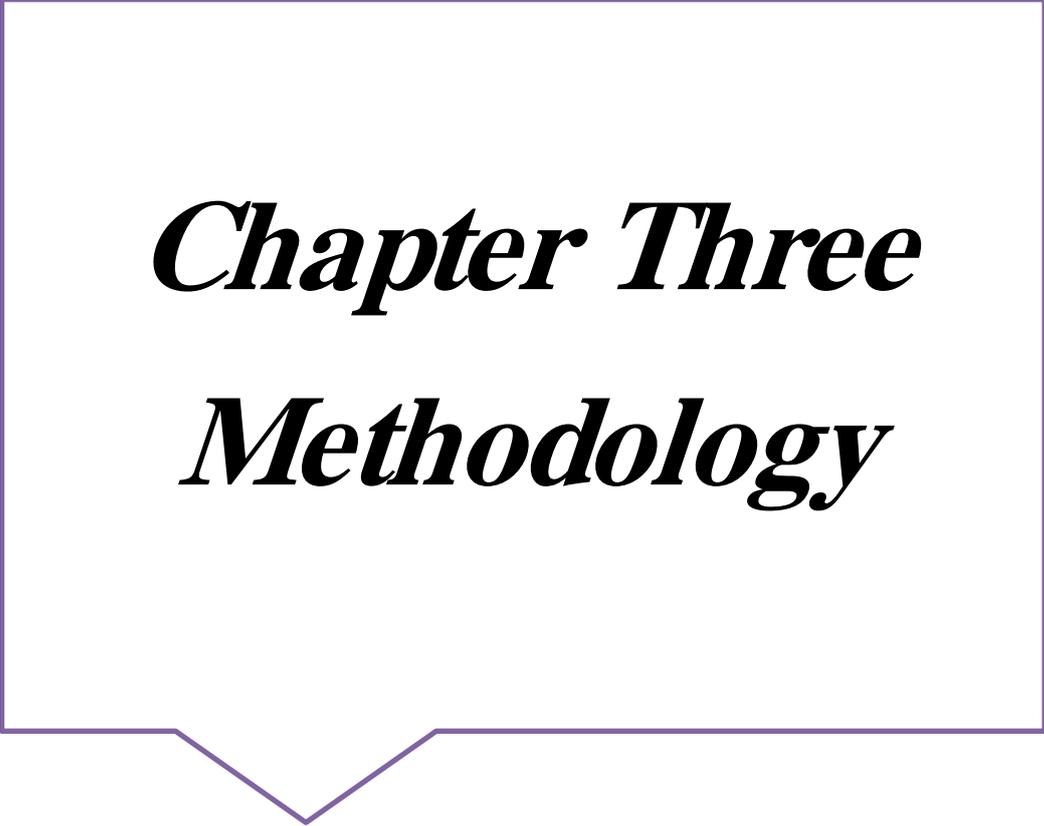
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working hours fell 17.3 percent in the second quarter of 2020, according to the International Labour Organization (ILO) (Wang & Huang, 2021).

This equates to the loss of 495 million full-time jobs. Total working-hour losses by the end of the year were about four times higher than during the Great Recession in 2009. These drastic cuts in working hours have been mirrored by similarly significant cuts in pay. In 2020, global labor income fell by 8.3%, resulting in a loss of USD 3.7 trillion, or 4.4 percent of global GDP (Purwanto *et al.*, 2020).

These modifications are likely to have a major impact on happiness. Unemployed women, on average, are 5 to 15% less content with their life than working women, according to most research (Alon *et al.*, 2020).

In comparison to other life events, becoming a woman unemployed is also less subject to long-term well-being adaptation (Dwivedi *et al.*, 2020). However, the link between job and happiness is more complex than just unemployment. Previous study has shown that underemployment and unemployment have serious detrimental consequences. According to some studies, the negative impact of reduced working hours and inactivity on life satisfaction is even greater than the negative impact of being laid off (Diab-Bahman & Al-Enzi, 2020).



***Chapter Three***  
***Methodology***

## **Chapter Three**

### **Methodology**

Scientific research technique is a collection of scientific standards, criteria, and controls that are followed when conducting research. As a result, scientific research methodology is a key aspect of how successful scientific research is built and organized. One of the most important controls of scientific research is that it be organized and accurate, so that everyone who reads it and looks at its lines benefits from it. As a result, we should discuss the various scientific research methods that a researcher can employ during the course of conducting a well-structured scientific research. The study design, as well as all other scientific steps taken by the researcher from the beginning to the end of the investigation, will be described in this chapter.

#### **3.1. Study Design**

The descriptive study design approach is done by interrogating members of the study population, with the aim of describing the studied phenomenon in terms of its nature and degree of existence only. The descriptive approach is done by interrogating the study participants about the psychosocial aspects of COVID-19 preventive behaviour. Since the problem of the study is related to the present, and that its study will be done through direct interrogation, as well as the aim of this study is to stop at the limit of description of the study variables (psychosocial aspects), and therefore the appropriate approach is the cross sectional designs, which depends on the study of the phenomenon and the statement of its characteristics and size, as well as the collection and interpretation of information.

### **3.2. Administrative Arrangements**

Before collecting the study data, the following official clearances were sought from appropriate authorities:

1. Approval from the University of Babylon/ College of Nursing Council for the study (Appendix A1).
2. Official permissions were also obtained from the Babylon Health Directorate (Training and Development Division) in order to formally access the primary health care sectors (Appendix A2).
3. Official permission have been obtained from primary health care sectors which include:
  - A. *Hilla First for Primary Health Care Sectors (A2).*
  - B. *Hilla Second for Primary Health Care Sectors (A2).*

### **3.3. Setting of the Study**

The study was carried out in Hilla City/Babylon Province, at two Primary Health Care Sectors. These sectors are include (Hilla First and Second). These sectors as a gateway to providing customers with health services and the first cycle that examines, diagnoses, etc.. In addition to focusing on the importance of achieving and following the schedule of vaccines, family planning and early detection of breast cancer, and clinics for elderly people with chronic diseases, the mother and child care systems were the highest percentage of these facilities.

**Table3-1. Distribution of hilla first and second health sector primary health care centers**

Hilla First for PHCs	Hilla Second for PHCs
<b>Imam Hussein</b>	<b>Babylon Training Center</b>
Toffel	AL-Furqan
Main AL-Kefel	AL-Kalsa
Halef AL-Koran	Murjan
AL-Kudis	AL-Wardya
<b>AL-Shhed Islam</b>	<b>AL-Zahra</b>
AL-Reggela	Babil Training
AL-Imam AL-Namothgey	Senjaar
AL-Asatetha AL-Namothgey	AL-Nahda
AL-Kefel AL-Namothgey	AL-Hadi
<b>AL-Muhandysin</b>	<b>AL-Hadi</b>
Youssoufia	Anana
Ibrahim AL-Khalel	AL-Dolab
AL-Rarangea	AL-Jumjma
Zaid Bin Ali	AL-Bu MUSAAD
<b>AL-Sajad</b>	<b>AL-Kadia</b>
Karim AL-Radi	AL-Qader
Ali AL-Samri	AL-Aatej
Abdullah Bin Zaid	AL-Sadaa
Doufaal	Kwykhat
<b>Meliwia</b>	<b>AL-Baqer</b>
	Said Musa
<b>Total =20</b>	<b>Total=22</b>

### 3.4. Sample of the Study

The probability (systematic) sample was selected to carry out the study which consists of (10) primary health care centers is selected for purpose of study.

From each primary health care centers, 25 women is selected by non probability (convenience). These sample is distributed throughout two sectors as shown in figure (3-2).

**Table3-2. Distribution in hilla first and second of the research sample**

<b>Primary Health Care Sectors</b>	<b>Primary Health Care Center</b>	<b>No. of Health care providers selected</b>
<b>Hilla First Primary Health Care Sector</b>	Imam Hussein	25
	AL-Shhed Islam	25
	AL-Muhandysin	25
	AL-Sajad	25
	Meliwia	25
<b>Hilla Second Primary Health Care Sector</b>	Babylon Training Center	25
	AL-Zahra	25
	AL-Hadi	25
	AL-Kadia	25
	AL-Baqer	25
<b>Total= 2 PHCs</b>	<b>Total= 10 PHCCs</b>	<b>Total=250 Women</b>

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### 3.5. Study Instruments

The questionnaire is one of the means to help collect data that contribute to achieving the results expected by the study, so the researcher designed this questionnaire, which aims to clarify the study objectives and significance by obtaining answers to the study's questions.

So the questionnaire items was constructed by the research study for the present study. The questionnaire based on extensive review of related studies and available literatures.

This questionnaire consists of two parts; sociodemographic sheet and psychosocial aspects during COVID-19 preventive measures (Appendix B). This tools includes the following:

**Part I:** This section composed of socio-demographic information which include women age, education level, marital status, occupation, income/month and residents.

**Part II:** This section deals with psychosocial aspects and include the following:

1. **Psychological Aspects:** Which include the following sub-section, which are:
  - A. Psychological Stress which composed of (7) items.
  - B. Anxiety which composed of (10) items.
  - C. Depression which composed of (5) items.
2. **Social Aspects:** Which include the following sub-section, which are:
  - A. Economic situation which composed of (6) items.
  - B. Public relationship which composed of (6) items.
  - C. Aspects of work which composed of (7) items.

The research study adhered to the rules of writing the questionnaire due to the importance of the type of information that the research study is keen to be sufficient and comprehensive for all aspects of the problem and can be relied upon and trusted. To vague and complex answers. The type of questions was of the closed type, which required answering with reference to what was appropriate.

### **3.7.Validity of the Questionnaire**

The questionnaire's validity refers to its ability to measure what it was created to evaluate, while honesty refers to the questionnaire's inclusion of all aspects that must be included in the analysis on one side, and the clarity of its contents on the other. On the other hand, terminology must be understood by everyone who uses it.

To ensure the questionnaire's validity, it was submitted to 12 specialists in diverse departments of nursing (Appendix C). Experts were invited to provide their thoughts and ideas on each study questionnaire item in terms of linguistic relevance, relationship to the dimensions of the study variables allocated to it, and applicability to the study community's setting.

The experts responses indicated that minor changes should be done to some items and it's were made according to their suggestions , then the final draft was completed to be ready for conducting the study.

### **3.8.Pilot Study**

This preliminarily study was conducted to determine the stability and credibility of the study tool, clarity and its efficiency which confirmed, and standard time required to collect data for each subject which can estimated

during the interview procedures and to difficulties identification that may encounter.

The pilot study aimed to achieve the following objectives.

1. Adequacy of research tools development and testing
2. Evaluation of the instrument's viability.
3. Identifying any logistical issues that may arise as a result of the proposed methods.
4. Assessment of proposed data analysis approaches for the detection of potential issues.
5. The researcher's time estimate during data collecting.

### **Results of pilot study**

1. The questionnaire is reliable.
2. The time required for answering the questionnaire ranged from (15-20) minutes.
3. The instrument items were clarify and understood the phenomenon underlying of the study (Table 3-3).

Before the questionnaire reached its final form, it went through the following stages:

1. Determining the data that will be collected through the questionnaire according to the study questions.
2. Determining the method and format of the questionnaire.
3. Determining the type of criterion that determines the type of answer in the questionnaire.
4. Presenting the questionnaire to the supervising to express his opinion and observations in developing the questionnaire and modifying it based on his observations.

5. Presenting the questionnaire to a number of panel of experts to express their opinion and observations in developing the questionnaire and modifying it based on what they submitted.
6. Conducting a reliability test on it by distributing the questionnaire to a sample of 25 women.
7. Writing the questionnaire in its final form, then printing, reviewing and distributing it.

### **Reliability of the Questionnaire:**

The reliability of study instruments refers to the assurance that the answer will be almost identical if it is given to the same persons at multiple periods. It was tested on a random exploratory sample of 25 women, which made up 10% of the original population. Members of this sample were later removed from the original sample used in the final study. Table shows the reliability coefficient using the Alpha Cronbach test coefficient (3-1).

**Table3-3:Reliability of the studied questionnaire**

<i>Reliability Cronbach's Alpha</i>	
Psychosocial Aspects=22 items	0.826
Social Aspects=20 items	0.791

### **3.9. Ethical Considerations**

Ethical obligations are one of the most important things that the research study must follow and abide it when doing the study. Before the starting of collect the data from the community that has been identified for the study, the research study should clarify the main purpose and desired goal of conducting this study for the sample to be including in the study, as well as adhere to the strict confidentiality of the data taken from the study sample and pledge to use it for scientific purposes related to the study only.

Before the starting of gathering the data from the sample who are participating in the study, the research study given a brief explanation about the scientific background of the research and the purpose of conducting. Women were verbally informed about the study aims and were asked to participate and this participation were voluntary. After they consented to participate in the study, they were given an anonymous questionnaire to complete in order to protect the participants' privacy.

### **3.10. Methods of Data Collection**

The data was carried out from February 1<sup>st</sup> to March 28<sup>th</sup> 2022. the data collection through the used interview techniques. After obtaining the approval of the Babylon Health Directorate and verifying the validity and reliability of the questionnaire. The research study interviewed study participants (Women), explained the instructions, answered their questions regarding the form, urged them to participate and thanked them for the cooperation. The interview techniques was used on individual bases, and each interview took (15-20) minutes after taking the important steps that must be included in the study design.

### 3.11. Statistical Data Analysis Approach

In order to statistically analyze the data collected from the study sample to arrive at the results, the research study used the SPSS version (26) and Microsoft Excel (2010) program to analyze this data and deal with it statistically, to find the relationships between the variables, and obtain the final results of the research based on a set of statistical tests.

#### 3.11.1. Descriptive approach

Descriptive statistics includes a set of mathematical and statistical methods that are adopted to describe the main features of a data quantitatively by using tables and charts. Descriptive statistics always aim to present and describe the data which is required to be processed, organized, summarized and categorized, as well as presenting them in a simple and clear manner that makes it easier for the recipient to recognize and understand its content. The analysis performed through use:

A. Statistical tables "Frequencies and percent" which are:

$$\% = \frac{\text{Frequency}}{\text{Sample Size}} \times 100$$

B. Statistical Mean " $M_{\pm}$ ".

The average score can be calculated by using the following:

$$M.S = \frac{\sum_{ri=1}^{Fi} x_{Si}}{\sum_{ri=1}^{Fi}} \times 100$$

C. Standard Deviation test  $\pm SD$ .

$$SD = \sqrt{\frac{1}{n-1} \sum_{i=1}^n (X_i - \bar{X})^2}$$

D. It uses a correlational coefficient "Cronbach alpha" used in estimating the internal consistency of the study tool, which can be calculated by using the following:

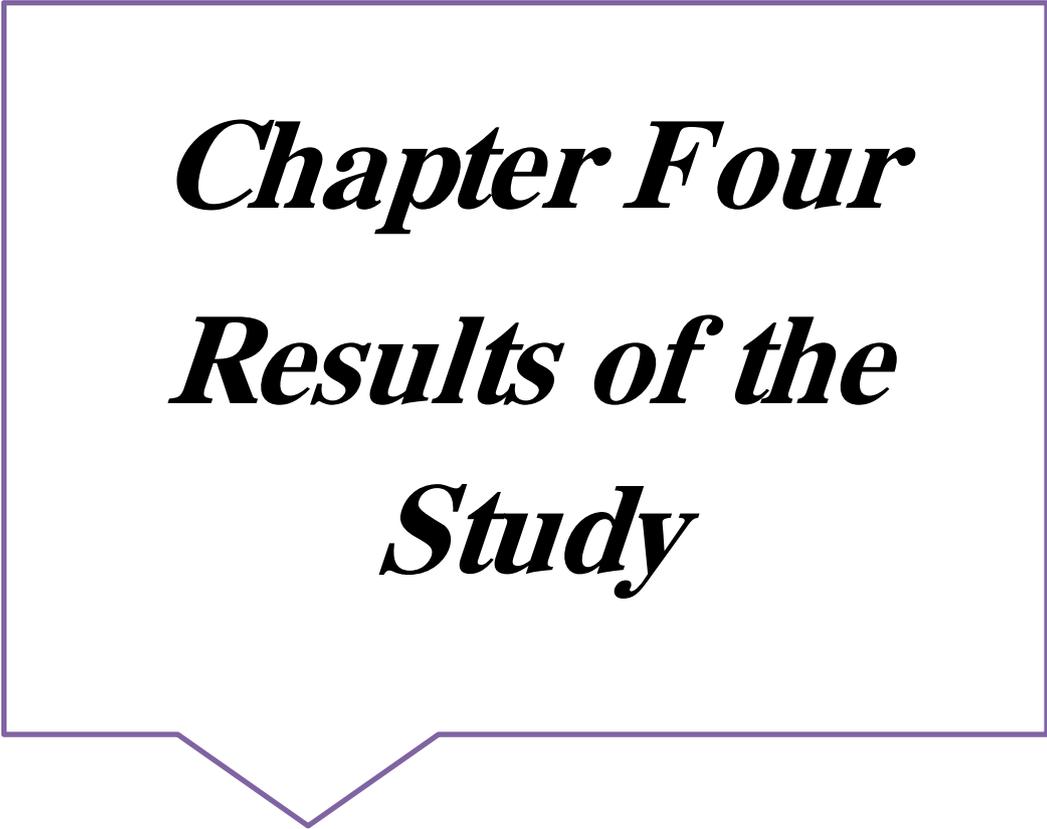
$$\alpha = \frac{K}{K-1} \left[ 1 - \frac{\sum_{i=1}^K \sigma_{ii}}{\sum_{i=1}^K \sum_{j=1}^K \sigma_{ij}} \right]$$

### 3.11.2. Inferential approach

#### Chi-Square

Chi square  
( $\chi^2$ )

$$\chi^2 = \sum \left[ \frac{(O - E)^2}{E} \right]$$



***Chapter Four***  
***Results of the***  
***Study***

## Chapter Four

### Results of the Study

This chapter extensively introduces the outcomes of the research in tables and these refer to the objectives of this report, which are as follows:

**Table (4-1): Statistical distribution of the studied sample according to their demographic data**

Demographic data		Freq.	%
Age Groups (Years)	18-27	95	38.00
	28-37	108	43.20
	38-44	42	16.80
	45-57	5	2.00
Total		250	100
Education level	Illiteracy	29	11.60
	Educated	33	13.20
	Elementary	21	8.40
	Secondary	86	34.40
	Institute and above	81	32.40
Total		250	100%
Marital status	Single	43	17.20
	Married	191	76.40
	Widow	7	2.80
	Divorced	9	3.60
Total		250	100%
Occupation	Employee	79	31.60
	Student	33	13.20
	Housewife	138	55.20
	Other	0	.00
Total		250	100%
Monthly Income	Enough	50	20.00
	Enough to certain limit	137	54.80
	Not enough	63	25.20
Total		250	100%
Residence	Urban	149	59.60
	Rural	101	40.40
Total		250	100%

Findings shows that the majority of ages of women were within the 28-37 years old category by about (43.2%). The majority of the study's participants (34.4% and 32.4%) were in secondary and institute school respectively..

In addition, this table shows that the majority of the study samples (76.4%) were married and more than half percentage of them (59.6) were resident in urban areas.

Regard the Occupation and Income, the table shows that more than half of women (55.2% and 54.8%) were housewife and within the Enough to certain limit income.

## 4.2. Psychological Status among Women during Preventive of COVID-19

**Table 4-2-1: Statistical distribution of Psychological Stress Items among women during COVID-19**

Psychological Stress -Items		Freq.	%	M.s ± SD	Assess.
1. Feel nervous because of wearing a mask for a long time	Never	1	0.40	2.88±0.33	Severe
	Sometime	27	10.80		
	Always	222	88.80		
2. Frequent hand washing makes me feel stressed	Never	2	.80	2.75±0.45	Severe
	Sometime	58	23.20		
	Always	190	76.00		
3. Feeling hopeless that there is no specific vaccine for the virus	Never	18	7.20	2.36±0.61	Severe
	Sometime	124	49.60		
	Always	108	43.20		
4. Using sanitizers a lot has caused me concern.	Never	19	7.60	2.57±0.63	Severe
	Sometime	70	28.00		
	Always	161	64.40		
5. Feel like life is so hopeless	Never	43	17.20	2.23±0.72	Moderate
	Sometime	106	42.40		
	Always	101	40.40		
6. Have preventive measures increased your annoyance to the simplest things?	Never	2	0.80	2.52±0.52	Severe
	Sometime	117	46.80		
	Always	131	52.40		
7. Preventive measures increased your nervous nature?	Never	2	0.80	2.95±0.26	Severe
	Sometime	9	3.60		
	Always	239	95.60		

*M.s= Mean of Scores; SD=Standard Deviation, "Mild" when Mean of score ( $\leq 1.66$ ), "Moderate" when Mean of score (1.67-2.33), and "Severe" when Mean of score (2.34 and more)*

In regard to the psychological stress items, the findings reveals that the subjects responses were severe psychological stress at all items (means of scores were 2.34 and more), except the item number 5, in which the subjects responses were moderate stress ( means of score was 2.23).

**Table (4-2-2):Overall Psychological Stress Domain among women during COVID-19**

Psychological Stress Domain		Freq.	%	M.s ± SD	Assess.
Psychological Stress	Mild	0	0	2.61±0.33	Severe
	Moderate	54	21.60		
	Severe	196	78.40		

Concerning the psychological stress domain, the findings reveals that the subjects' responses were severe psychological stress at overall domain (means of score was 2.61).

**Table (4-2-3):Statistical distribution of Anxiety Items among women during COVID-19**

Anxiety -Items		Freq.	%	M.s ± SD	Assess.
1. Worried that someone in your family may get an infection	Never	0	0	2.78±0.42	Severe
	Sometime	55	22.00		
	Always	195	78.00		
2. Inability to stop worrying when touching the mouth and nose for fear of injury	Never	1	0.40	2.58±0.5	Severe
	Sometime	102	40.80		
	Always	147	58.80		
3. Worried about the current preventive measures for a long time	Never	1	0.40	2.36±0.49	Severe
	Sometime	158	63.20		
	Always	91	36.40		

4. Preventive measures make you make difficult decisions due to time and work pressures	Never	1	0.40	2.42±0.5	Severe
	Sometime	142	56.80		
	Always	107	42.80		
5. Worried about losing a family member for not adhering to the necessary measures to avoid injury	Never	0	0	3.00±0.06	Severe
	Sometime	1	0.40		
	Always	249	99.60		
6. Concerned about the spread of the disease due to non-compliance with precautionary measures	Never	2	0.80	2.32±0.48	Moderate
	Sometime	166	66.40		
	Always	82	32.80		
7. Concern about the increase in infected cases despite adherence to preventive measures	Never	2	0.80	2.54±0.52	Severe
	Sometime	111	44.40		
	Always	137	54.80		
8. Concern about the increase in deaths due to the poor psychological condition of the injured	Never	0	0	2.78±0.42	Severe
	Sometime	56	22.40		
	Always	194	77.60		
9. Desire to contribute much more in the face of the epidemic	Never	1	0.40	2.99±0.13	Severe
	Sometime	0	0		
	Always	249	99.60		
10. Feel optimistic about the solution to the epidemic	Never	26	10.40	2.4±0.67	Severe
	Sometime	99	39.60		
	Always	125	50.00		

*M.s= Mean of Scores; SD=Standard Deviation, "Mild" when Mean of score ( $\leq 1.66$ ), "Moderate" when Mean of score (1.67-2.33), and "Severe" when Mean of score (2.34 and more)*

About the anxiety items, the findings reveals that the subjects responses were severe anxiety at all items (means of scores were 2.34 and more), except the item number 6, in which the subjects responses were moderate anxiety (means of score was 2.32).

**Table (4-2-4):Overall Anxiety Domain among women during COVID-19**

Anxiety Domain		Freq.	%	M.s. ± SD	Assess.
Anxiety	Mild	0	0	2.62±0.26	Severe
	Moderate	45	18		
	Severe	205	82		

*M.s= Mean of Scores; SD=Standard Deviation , “Mild” when Mean of score ( $\leq 1.66$ ), “Moderate” when Mean of score (1.67-2.33), and “Severe” when Mean of score (2.34 and more)*

Concerning the anxiety domain, the findings reveals that the subjects' responses were severe anxiety at overall domain (means of score was 2.62).

**Table (4-2-5):Statistical distribution of Depression Items among women during COVID-19**

Depression -Items		Freq.	%	M.s ± SD	Assess.
1. Feeling frustrated despite all the commitments that you exercise	Never	2	.80	2.41±0.51	Severe
	Sometime	143	57.20		
	Always	105	42.00		
2. Feel that you have no clear direction or purpose in life.	Never	23	9.20	2.29±0.63	Moderate
	Sometime	131	52.40		
	Always	96	38.40		
3. Feel so sad that nothing can cheer you up	Never	4	1.60	2.25±0.47	Moderate
	Sometime	180	72.00		
	Always	66	26.40		
4. Having trouble sleeping due to over thinking about the virus?	Never	13	5.20	2.32±0.57	Moderate
	Sometime	143	57.20		
	Always	94	37.60		
5. Weakness and loss of appetite	Never	4	1.60	2.38±0.52	Severe
	Sometime	146	58.40		
	Always	100	40.00		

*M.s= Mean of Scores; SD=Standard Deviation , “Mild” when Mean of score ( $\leq 1.66$ ), “Moderate” when Mean of score (1.67-2.33), and “Severe” when Mean of score (2.34 and more)*

In light of the depression items, the findings shows that the subjects responses were moderate depression at all items (means of scores were 1.67-2.33), except the item number 1 and 5, in which the subjects responses were severe depression (means of score was 2.41 and 2.38 respectively).

**Table (4-2-6):Overall Depression Domain among women during COVID-**

**19**

Depression Domain		Freq.	%	M.s ± SD	Assess.
Depression	Mild	2	.80	2.33±0.37	Moderate
	Moderate	118	47.20		
	Severe	130	52.00		

*M.s= Mean of Scores: SD=Standard Deviation , “Mild” when Mean of score ( $\leq 1.66$ ), “Moderate” when Mean of score (1.67-2.33), and “Severe” when Mean of score (2.34 and more)*

Concerning the depression domain, the findings reveals that the subjects' responses were moderate depression at overall domain (means of score was 2.33).

**Table (4-2-7):Overall Psychological Status Domains among women during COVID-19**

Psychological status Domains		Freq.	%	Mean ± SD	Assess.
Psychological Status	Mild	0	.00	2.52±0.26	Severe
	Moderate	69	27.60		
	Severe	181	72.40		

*M.s= Mean of Scores: SD=Standard Deviation , “Mild” when Mean of score ( $\leq 1.66$ ), “Moderate” when Mean of score (1.67-2.33), and “Severe” when Mean of score (2.34 and more)*

For the overall psychological status domains, the findings reveals that the subjects' responses were severe assessment of psychological status at overall domains (means of score was 2.52).

### 4.3.Social Status among Women during Preventive of COVID-19

**Table (4-3-1):Statistical distribution of Social status related to the economic situation Items among women during COVID-19**

Social status related to the economic situation -Items	Freq.	%	M.s ± SD	Assess.	
1. Was the family's monthly income sufficient during the preventive measures?	Never	9	3.60	2.13±0.43	Moderate
	Sometime	199	79.60		
	Always	42	16.80		
2. Was there a failure towards your family in terms of providing adequate lunch during this period?	Never	47	18.80	2.2±0.74	Moderate
	Sometime	105	42.00		
	Always	98	39.20		
3. Was there a failure towards your family in terms of providing household necessities and other needs due to the poor economic situation?	Never	63	25.20	2.18±0.81	Moderate
	Sometime	79	31.60		
	Always	108	43.20		
4. Did have the ability to provide protective equipment against the disease?	Never	23	9.20	2.24±0.61	Moderate
	Sometime	143	57.20		
	Always	84	33.60		
5. Facing financial difficulty because of the strict procedures in terms of not going out for some of your free business?	Never	9	3.60	2.38±0.56	Severe
	Sometime	137	54.80		
	Always	104	41.60		
6. Feel that the current situation is draining so much of your energy that it has a negative impact on your private life	Never	1	.40	2.48±0.51	Severe
	Sometime	127	50.80		
	Always	122	48.80		

*M.s= Mean of Scores; SD=Standard Deviation, "Mild" when Mean of score ( $\leq 1.66$ ), "Moderate" when Mean of score (1.67-2.33), and "Severe" when Mean of score (2.34 and more)*

In regard to the social status related to the economic situation items, the findings reveals that the subjects responses were moderate assessment of social status related to the economic situation at all items (means of scores were 1.67-2.33), except the item number 5 and 6, in which the subjects responses were severe assessment (means of score was 2.38 and 2.48 respectively).

**Table (4-3-2):Overall Social status related to the economic situation Domain among women during COVID-19**

Social status related to the economic situation Domain		Freq.	%	M.s ± SD	Assess.
Social status related to the economic situation	Mild	10	4.0	2.27±0.44	Moderate
	Moderate	124	49.6		
	Severe	116	46.4		

*M.s= Mean of Scores; SD=Standard Deviation , "Mild" when Mean of score ( $\leq 1.66$ ), "Moderate" when Mean of score (1.67-2.33), and "Severe" when Mean of score (2.34 and more)*

Concerning the social status related to the economic situation domain, the table reveals that the subjects' responses were moderate assessment at overall domain (means of score was 2.27).

**Table (4-3-3):Statistical distribution of Social status of public relations Items among women during COVID-19**

Social status of public relations -Items		Freq.	%	M.s ± SD	Assess.
1. Spend less time with people and friends in terms of social relationships due to strict procedures	Never	32	12.80	2.64±0.7	Severe
	Sometime	25	10.00		
	Always	193	77.20		
2. Do not go out and communicate with others for fear of transmitting infection	Never	4	1.60	2.44±0.53	Severe
	Sometime	132	52.80		
	Always	114	45.60		
3. Weren't able to deal with others like you used to	Never	11	4.40	2.6±0.57	Severe
	Sometime	79	31.60		
	Always	160	64.00		
4. People appreciate my feelings even if far from them	Never	3	1.20	2.67±0.5	Severe
	Sometime	77	30.80		
	Always	170	68.00		
5. Did have a good relationship with everyone around you	Never	2	.80	2.3±0.48	Moderate
	Sometime	171	68.40		
	Always	77	30.80		
6. Were embarrassed to communicate with your relatives for fear of transmitting the infection to them due to your commitment to the social distancing law	Never	2	.80	2.59±0.51	Severe
	Sometime	98	39.20		
	Always	150	60.00		

*M.s= Mean of Scores; SD=Standard Deviation , "Mild" when Mean of score ( $\leq 1.66$ ), "Moderate" when Mean of score (1.67-2.33), and "Severe" when Mean of score (2.34 and more)*

In light of the social status of public relations items, the findings shows that the subjects responses were severe social status of public relations at all items (means of scores were 2.34 and more), except the item number 5, in which the subjects responses were moderate assessment (means of score was 2.3).

**Table (4-3-4):Statistical distribution of overall Social status of public relations Domain among women during COVID-19**

Social status of public relations domain		Freq.	%	M.s ± SD	Assess.
Social status of public relations	Mild	0	.00	2.54±0.29	Severe
	Moderate	49	19.60		
	Severe	201	80.40		

*M.s= Mean of Scores: SD=Standard Deviation , “Mild” when Mean of score ( $\leq 1.66$ ), “Moderate” when Mean of score (1.67-2.33), and “Severe” when Mean of score (2.34 and more)*

Concerning the social status of public relations domain, the table (12) reveals that the subjects' responses were severe assessment at overall domain (means of score was 2.54).

**Table (4-3-5):Statistical distribution of Social aspect related to Work Domain Items women during COVID-19**

Social aspect related to Work -Items		Freq.	%	M.s ± SD	Assess.
1. You have reduced your efficiency at work because of the preventive measures	Never	3	1.20	2.55±0.52	Severe
	Sometime	107	42.80		
	Always	140	56.00		
2. feel neglected in your work	Never	13	5.20	2.14±0.47	Moderate
	Sometime	189	75.60		
	Always	48	19.20		
3. Was the work of the head of the family among the self-employed that stopped during the quarantine	Never	15	6.00	2.1±0.46	Moderate
	Sometime	196	78.40		
	Always	39	15.60		
4. Did the quarantine have a negative impact on the head of the family, so that his work was affected	Never	14	5.60	2.28±0.56	Moderate
	Sometime	152	60.80		
	Always	84	33.60		

5. Is production affected in the workplace	Never	5	2.00	2.09±0.35	Moderate
	Sometime	217	86.80		
	Always	28	11.20		
6. Has your work been affected by illness	Never	17	6.80	2.12±0.49	Moderate
	Sometime	187	74.80		
	Always	46	18.40		
7. Have you stopped working during covid-19	Never	38	15.20	2.04±0.59	Moderate
	Sometime	164	65.60		
	Always	48	19.20		

For the social aspect related to work items, the table (13) shows that the subjects responses were moderate social aspect related to work at all items (means of scores were 1.67-2.33), except the item number 1, in which the subjects responses were severe assessment (means of score was 2.55).

**Table (4-3-6):Statistical distribution of Social aspect related to Work Domain among women during COVID-19**

Social aspect related to Work Domain		Freq.	%	M.s ± SD	Assess.
Social aspect related to Work	Mild	1	.40	2.19±0.31	Moderate
	Moderate	212	84.80		
	Severe	37	14.80		

*M.s= Mean of Scores; SD=Standard Deviation , “Mild” when Mean of score ( $\leq 1.66$ ), “Moderate” when Mean of score (1.67-2.33), and “Severe” when Mean of score (2.34 and more)*

Concerning the social aspect related to work domain, the table (14) reveals that the subjects' responses were moderate assessment at overall domain (means of score was 2.19).

**Table (4-3-7): Statistical distribution of Overall Social Status Domains among women during COVID-19**

Social Status Domains		Freq.	%	M.s ± SD	Assess.
Social Status	Mild	0	.00	2.33±0.28	Moderate
	Moderate	148	59.20		
	Severe	102	40.80		

*M.s= Mean of Scores; SD=Standard Deviation , “Mild” when Mean of score ( $\leq 1.66$ ), “Moderate” when Mean of score (1.67-2.33), and “Severe” when Mean of score (2.34 and more)*

For the overall social status domains, the table (15) reveals that the subjects' responses were moderate assessment of social status at overall domains (means of score was 2.33).

**Table (4-4): Association between Demographic data and Psychological Status according to demographic categories**

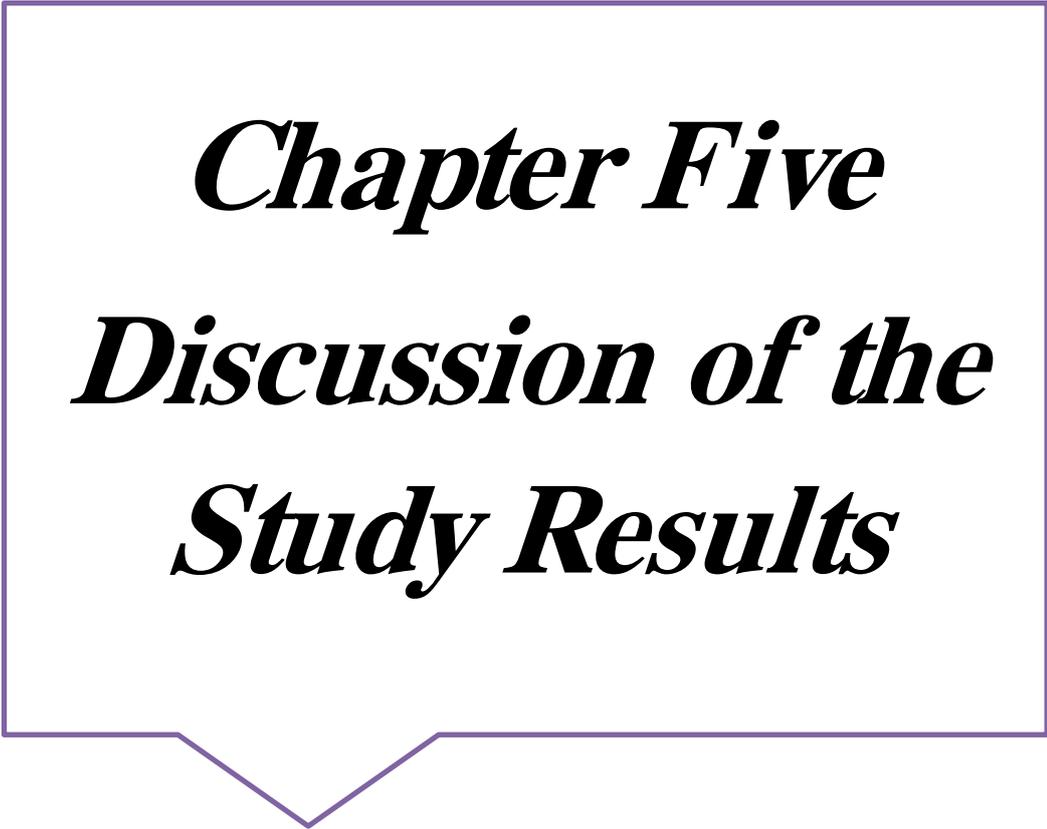
Demographic data	Chi-square (df)	P-value
Age Groups (Years)	12.277 (3)	0.006
Education level	14.685 (4)	0.005
Marital status	8.033 (3)	0.045
Occupation	2.838 (2)	0.242
Monthly Income	22.162 (2)	<0.001
Residence	2.870 (1)	0.09

There were significant relationship between psychological status among women during COVID-19 and their age ( $p=0.006$ ), education level ( $p=0.005$ ), marital status ( $p=0.045$ ) and monthly income ( $p=0.045$ ).

**Table (4-5): Association between Demographic data and Social Status according to demographic categories**

Demographic data	Chi-square (df)	P-value
Age Groups (Years)	5.778 (3)	0.123
Education level	6.983 (4)	0.137
Marital status	6.130 (3)	0.105
Occupation	22.377 (2)	<0.001
Monthly Income	9.957 (2)	0.007
Residence	1.579 (1)	0.209

There were significant relationship between social status among women during COVID-19 and their occupation ( $p=0.001$ ) and monthly income ( $p=0.007$ ).



***Chapter Five***  
***Discussion of the***  
***Study Results***

## **Chapter Five**

### **Discussion of the Study Results**

We are facing a global health crisis unlike any in the 75-year history of the United Nations—one that is killing people, spreading human suffering, and upending people's lives. But this is much more than a health crisis. It is a human, economic and social crisis. The coronavirus disease (COVID-19), which has been characterized as a pandemic by the World Health Organization (WHO), is attacking societies at physical, psychological and social. Therefore, this study aimed at investigate the psychosocial aspects of COVID-19 among women and associated factors. This chapter extensively introduces the outcomes of the research in tables and these refer to the objectives of this report, which are as follows:

#### **5.1.Socio-Demographic characteristics of the study sample**

Findings shows that the majority of ages of women were within the 28-37 years old category by about (43.2%). The majority of the study's participants (34.4% and 32.4%) were in secondary and institute school respectively. This findings is supported by research focused on the subject of mental health issues during the COVID-19 pandemic is still scarce, especially in women. Yet, Covid-19 pandemic has affected women much more profoundly than men, both as frontline workers and at home. Financial crisis is gradually developing and as a consequence mental health issues are likely to grow exponentially. According to the United Nations (Women, U. N, 2020), women aged 24 to 34 are already 25% more likely than men to face extreme poverty.

The majority of the samples included in the study (76.4%) were married and more than half percentage of them (59.6) were resident in urban

areas. This findings come because of most respondent at age of marriage (middle age groups) and most of site for data collection located at urban areas. In the same line with this findings, Thibaut and van Wijngaarden-Cremers (2020), most of participants were married because they were old enough to get married.

Regard the Occupation and Income, findings shows that more than half of women (55.2% and 54.8%) were housewife and within the Enough to certain limit income. The monthly income were significantly associated with occupation. Through the results, most of the sample members raised a house, so we find that they have insufficient income. The demographic characteristics of the sample were similar to the characteristics of the sample conducted by a study in Jordan (Khatatbeh *et al.*, 2021).

While Ma and Zhou (2022), confirmed in the majority of the study sample that the age groups (less than 35 years), the educational level that is not qualified for the job (housewives), and the insufficient or average monthly income, are all factors that lower the quality of life during the COVID-19 pandemic.

## **5.2. Psychological status among women during COVID-19**

This study was aimed at assessing the psychological aspects of the COVID-19 pandemic among women in Hilla city. This was-established in the literature that infectious diseases can impose stressful situations. For example, during the Severe Acute Respiratory Syndrome (SARS) epidemic, about 16% of respondents from the general public in Hong Kong were found to have a moderate or severe stressful impact using the Chinese version of the IES (Lau *et al.*, 2006). As well as, In line with other research conducted in the general population, it was found that about one-third of the sample showed risks of

depression, anxiety, and somatisation disorders (Planchuelo-Gómez *et al.*, 2020; Ren *et al.*, 2020; Daly *et al.*, 2021; Goularte *et al.*, 2021).

To that end, our study's results reveals that the women' responses were high level of psychological status as described by higher men due to high psychological stress , a high level of anxiety and moderate level of depression . Which denotes a abnormal (upper level) psychological impact. Similarly, 23.6% of the Saudi general population reported a moderate or severe psychological impact due to the pandemic (Alkhamees *et al.*, 2020).

This score is in agreement with results from Saudi Arabia where the general population reported a mean score is higher and indicated high psychological aspects by using the IES-R (Alkhamees *et al.*, 2020). However, our findings was less than those obtained from Egypt (El-Zoghby *et al.*, 2020) and China (Cuiyan *et al.*, 2020; Torices, 2020). This could be rationalized by the low incidence of COVID-19 in Hilla city, and therefore, lower number of confirmed cases compared to other countries (Khatatbeh *et al.*, 2020).

Moreover findings com in line with findings of study conducted among general population in Jordan, confirmed in the findings that the COVID-19 pandemic has imposed significant level of psychological burden on Jordanians, especially among females. Governments should collaborate with psychiatrists, mental health professionals and local institutions to offer high-quality, timely crisis-oriented psychological services to the affected individuals for the duration of the COVID-19 pandemic (Khatatbeh *et al.*, 2021).

The low psychological scores in the current study can be attributed to the low prevalence rate in the recent outbreak of the disease and the fact that the country succeeded in containing the spread of the disease during this period (Khatatbeh, 2020). Another possible explanation is that the outbreak

was not considered very severe at the time of the study. The higher scores in China can be explained by the fact that China was the main focus of the epidemic. Moreover, higher scores among Egyptians can be indicated by the perception of underreporting of COVID-19 cases in Egypt (Medhat & El Kassas, 2020).

Th high psychological status may be due to the fact that almost all media and interpersonal conversations are overwhelmed with news of the pandemic and its development and that the prognosis and promises of discovering a vaccine have been poor. In such a situation, avoidance can improve mood and reduce negative thoughts. In addition, avoidance is a normal defence mechanism that aims to avoid stress and reduce response if there is any loss of feeling. However, if it is adopted for prolonged periods, it will have negative consequences (e.g., failure to follow safety precautions, denial of the presence of infection). This is what happened in Spain, avoidance was the most prevalent symptom among participants (Rodríguez-Rey *et al.*, 2020).

This study provides a picture of the psychological well-being of Hilla residents during the COVID-19 outbreak. A global response is urgently needed to help health systems deal with the problems caused by the COVID-19 pandemic. The results of the current study from Hilla/Iraq as a developing country, along with the results of previous studies, showed that the COVID-19 pandemic can lead to psychopathological symptoms such as stress, anxiety and post-traumatic stress disorder. These preliminary findings could be useful in preparing for early interventions aimed at early detection, diagnosis and treatment of any psychiatric conditions associated with COVID-19.

### 5.3.Social status among women during COVID-19

For the Overall Social Status, finding reveals that the subjects' responses were moderate assessment of social status at overall domains . By the domain, a moderate social status related to the economic ,a high social status in terms of public relations and moderate social status related to work .This findings in agreement with findings from France, women faced a low social status due to business interruption and quarantine, people are restricted and the low economic status has made them socially isolated (Bajos *et al.*, 2021).

In another study, it was confirmed that the poor of social aspects during the corona pandemic is the reason for the quarantine (Knuppel, 2021). While another stressed, preventive measures play a major role in the decline of the social aspect (Saladino *et al.*, 2020). Increased risk of social isolation among Chinese women due to long quarantine (Wang *et al.*, 2021).

Furthermore, the low social aspect during the Corona pandemic is due to the low quality of life (Al Dhaheri *et al.*, 2021). The Corona pandemic played a major role in the deterioration of the social and economic situation, and contributed greatly to the suspension of business and the reduction of economic aspects due to the lack of preparation for it (Epifanio *et al.*, 2021). The increased of social consequences during COVID-19 by increased psychological consequences (Kumar & Nayar, 2021).

Most of the studies agreed with our results, the results confirmed that the Corona pandemic is significantly increased social decline. Reducing and adhering to preventive measures, improving quality of life, and preparing for such a pandemic contribute to limiting its consequences.

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## **5.4.Relationship between psychological aspects and women socio-demographic characteristics**

### **5.4.1.Psychological aspects and women education level**

There were significant differences in psychological status among women with regards education level ( $p=0.001$ ) (table 4-4). The educational level is considered an influential factor in the psychological aspects during crises (COVID-19 pandemic). The educated women has better results in understanding the disease and preventing it. The results confirmed that the uneducated showed more psychological aspects.

This findings is supported by Sanabria-Mazo *et al.* (2021), who indicated in their findings that the participants with no formal education showed the highest significant prevalence of risk for somatisation, followed by participants with a university-level education. On the other hand, participants with a primary education reported significant prevalence of risk for anxiety, as did participants with a secondary education.

### **5.4.2.Psychological aspects and women monthly income**

From the findings, the analysis of variance confirmed that there were significant differences in psychological status during COVID-19 according to women income/month ( $p=0.001$ ) (table 4-4). Where the differences were in favor of those with higher incomes as they are the lowest average 2.39 ( $\pm 0.38$ ), while, the certain limit enough 2.57 ( $\pm 0.20$ ) and not enough which records the highest average of psychological aspects 2.51 ( $\pm 0.21$ ). Psychological aspects often affect low-income groups because they cannot protect themselves from the pandemic, and thus make them feel fear and anxiety about the pandemic.

This findings come consisting with Sanabria-Mazo *et al.* (20121), who are confirmed that the participants with lower incomes showed the highest significant prevalence of risk for depression, anxiety, and somatisation. Similarly, participants with medium incomes reported higher prevalence of risk for depression, and somatization than high incomes.

The population groups most affected by the pandemic were low income individuals, the economic status is considered most variables that cause psychological burden during COVID-19 (Cifuentes *et al.*, 2021). There were highly impact of COVID-19 on socio-economic status among women in Nepal (Poudel & Subedi, 2020). On other hand, improving the economic situation during the Corona pandemic reduces the psychological effects of the general public (Calderón-Larrañaga *et al.*, 2020).

These findings also highlight the need to prioritise COVID-19 pandemic containment and mitigation interventions for low-income people as has been demonstrated in other research (Khan *et al.*, 2020; Wood *et al.*, 2020; Sanabria-Mazo *et al.*, 2021).

## **5.5.Relationship between social aspects and women socio-demographic characteristics**

### **5.5.1.Social aspects and women age group**

There were significant differences in social status among women with regards their age ( $p=0.031$ ) (table 4-5). The differences were in favor of the older age group (45 and older), as they recorded the lowest average of social burden 2.15 ( $\pm 0.31$ ), in contrast to the younger age group (18-27), where they recorded the highest average social burden 2.39 ( $\pm 0.26$ ). There were significant association between social burden during COVID-19 and age among general population (the older age is significantly associated with low

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social status) as being fear of Pandemic (Velandia *et al.*, 2021). The social status is significantly influenced by population ages, as social isolation is the fear of infection in the elderly (Figueredo Saavedra *et al.*, 2022).

### **5.5.2.Social aspects and women education level**

There were significant differences in social status among women with regards education level ( $p=0.039$ ) (table 4-5). The differences were in favor of the illiteracy, who scored the lowest average 2.30 ( $\pm 0.36$ ) and may be ignorance of the pandemic and their lack of awareness of its ingredients, while, the elementary school graduated records high social burden during COVID-19) as indicated by higher mean of social aspects 2.46 ( $\pm 0.20$ ).

There were 2.5 to 2.8 times more people with risk of social isolation and 1.5 to 1.9 times more people with risk of social disturbances in the first wave of the COVID-19 outbreak (from 20 May to 20 June 2020) and associated with education level (Caballero-Domínguez *et al.*, 2021). Along the same lines, it is found that during a first lockdown period, low social capital, considered as a social determinant of health, is associated with a higher risk of social deterioration, suicide, stress, and insomnia associated with education level (Miranda & Scotta, 2021). The results obtained are similar compared to findings reported at the beginning of the pandemic and at the end of the most severe mobility restrictions (Seo, 2021).

### **5.5.3.Social aspects and women monthly income**

There were significant differences in social status among women with regards monthly income .The enough income were significantly decreased social burden ,while, the certain limit enough were significantly higher social burden ,followed by those who are not enough .

This findings is similar to findings of systematic review find that the poor social status is significantly associated with low economic status (Hannemann *et al.*, 2022). The COVID-19 pandemic has put a huge social burden on Bangladeshi people, especially among females. Governments should collaborate with local charities and foundations to provide timely crisis economic services to affected individuals throughout the COVID-19 pandemic (Khatatbeh *et al.*, 2021).

The results showed that mean Psychological Aspects of respondents was 2.52 ( $\pm 0.26$ ) within high burden, and mean of Social Aspects was 2.33 ( $\pm 0.28$ ) within moderate burden. Studies have confirmed that an increase in the deterioration of psychological aspects causes a deterioration in social aspects. The research study adds knowledge related to health education. Further study is needed to explore other aspects related to the COVID-19 pandemic and reduce psychological and social burden .

As acommunity health care management according to philosophy of nursing provide three parts of care (preventive,curative and rehabilitation).

***Chapter Six***  
***Conclusions &***  
***Recommendations***

## **Chapter Six**

### **Conclusions and Recommendations**

#### **6.1. Conclusion**

In light of the results discussion and their interpretations, our study concludes that:

- 6.1.1.** Psychological aspects in terms of psychological stress and anxiety, women expressed a high influence during preventive measures of COVID-19.
- 6.1.2.** Psychological aspects in terms of depression, women expressed a moderate influence during measures to prevent the spread of COVID-19 pandemic.
- 6.1.3.** Psychological aspects during measures to prevent the spread of COVID-19 is significantly influenced by women education level and monthly income.
- 6.1.4.** Social aspects related to public relation, women expressed a high effect.
- 6.1.5.** Social aspects related to economic situation and work, women exhibited a moderate effect.
- 6.1.6.** Social aspects during measures to prevent the spread of COVID-19 is significantly associated with income status.

## **6.2.Recommendations**

The present study could recommend, based on the above stated conclusion, that:

- 6.2.1.** Develop health care intervention programs especially targeted at low-income young females, considering that they are the most at-risk population.
- 6.2.2.** Establish and maintain economic security measures for socio-economically disadvantaged population groups.
- 6.2.3.** The government and its partners need to meet people's economic and health needs during the pandemic.
- 6.2.4.** A manual booklet of health instructions related COVID-19 and how to prevent it should be write in simple words and use attractive pictures given to the women and families.
- 6.2.5.** More studies need to be conducted to explore the impact of the COVID-19 pandemic on the mental health of highly vulnerable groups, such as patients with chronic diseases.



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# *Appendices*

University of Babylon  
College of Nursing  
Research Ethics Committee



جامعة بابل  
كلية التمريض  
لجنة أخلاقيات البحث العلمي

Issue No:

Date: / /2022

## Approval Letter

To,

Zeena Majeed obed

The Research Ethics committee at the **University of Babylon, College of Nursing** has reviewed and discussed your application to conduct the research study entitled " **Impact of Preventive Measures of COVID-19 Spread on Psychosocial Status of Women in Hilla City** "

The Following documents have been reviewed and approved:

1. Research protocol
2. Research instrument/s
3. Participant informed consent

### Committee Decision.

The committee approves the study to be conducted in the presented form. The Research Ethics committee expects to be informed about any changes occurring during the study, any revision in the protocol and participant informed consent.

  
Prof. Dr. Salma K. Jihad  
Chair Committee  
College of Nursing  
Research Ethical Committee  
18/01/2022



Ref. No :

Date:

العدد : ٥٣١٣  
التاريخ : ١٩ / ٦ / ٢٠٢٢  
الواردة  
العدد / ١٥٧٨  
التاريخ ١٩ / ٦ / ٢٠٢٢



الدراسات العليا / كلية التمريض / جامعة بابل

م/أعادة رسالة

تحية طيبة:

اشارة الى كتابكم المرقم (١٩٥٩) في ٢٠٢٢/٥/٣٠، نعيد إليكم رسالة طالبة الدراسات العليا / الماجستير ( زينة مجيد عبيد ) بعد تقويمها لغوياً من قبل ( أ.م.د. مأمون سامي ) من قسم اللغة الانكليزية في كليتنا، وقد ثبتت الملاحظات على متن الرسالة يرجى من الباحثة الالتزام بها.

\*\*\* مع الاحترام \*\*\*

اسامة كاظم عمران  
معاون العميد للشؤون العلمية  
والدراسات العليا



نسخة منه الى //

- الدراسات العليا .

- الصادرة

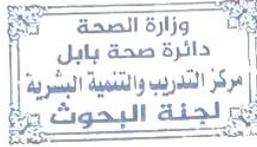
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Ministry Of Health  
Babylon Health Directorate  
Email:-  
Babel\_Healthmoh@yahoo.com  
Tel:282628 or 282621



وزارة الصحة والبيئة  
دائرة صحة محافظة بابل  
المدير العام  
مركز التدريب والتنمية البشرية  
لجنة البحوث

استمارة رقم :- ٢٠٢١/٠٣



رقم القرار :- ٢٠  
تاريخ القرار :- ٢٠٢٢/٢/١٨

### قرار لجنة البحوث

تحية طبية ...

درست لجنة البحوث في دائرة صحة بابل مشروع البحث ذي الرقم (٢٠٢١/٠٣١/ بابل) المعنون (تأثير الإجراءات الوقائية لانتشار فايروس كورونا المستجد على الحالة النفسية والاجتماعية للنساء في مدينة الحلة) والمقدم من الباحثة (زينة مجيد عبيد) إلى وحدة إدارة البحوث والمعرفي مركز التدريب والتنمية البشرية في دائرة صحة بابل بتاريخ ٢٠٢٢/٢/١٤ وقررت :

قبول مشروع البحث أعلاه كونه مستوفيا للمعايير المعتمدة في وزارة الصحة والخاصة بتنفيذ البحوث ولا مانع من تنفيذه في مؤسسات الدائرة .

مع الاحترام

الدكتور / محمد عبد الله عجرش  
رئيس لجنة البحوث  
٢٠٢٢ / /

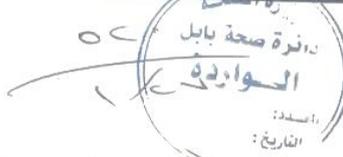
نسخة منه إلى :

● مكتب المدير العام / مركز التدريب والتنمية البشرية / وحدة إدارة البحوث ... مع الأوليات.

سونان

Ref. No. :

Date: / /



العدد: ٤٨٨

التاريخ: ١٤٧ / ١١ / ٢٠٢٢

الى / دائرة صحة بابل / مركز التدريب والتطوير  
م/ تسهيل مهمة

تحية طبية :

يطيب لنا حسن التواصل معكم ويرجى تفضلكم بتسهيل مهمة طالبة الماجستير  
(زينة مجيد عبيد) لغرض جمع عينة دراسة الماجستير والخاصة بالبحث  
الموسوم :

تأثير الاجراءات الوقائية لانتشار فايروس كورونا المستجد على الحالة النفسية والاجتماعية للنساء في مدينة الحلة.

**Impact of Preventive Measures of COVID-19 Spread on Psychosocial Status of Women  
in Hilla City.**

مع الاحترام ...

المرافقات //

- بروتوكول .
- استجابة .

أ.م. د. نهاد محمد قاسم الدوري  
معاون العميد للشؤون العلمية والدراسات العليا  
٢٠٢٢ / ١١ / ٢٧

الكلية  
مركز التدريب والتطوير

رئيس اللجنة  
المكتب السيد العميد للتفضل بالاطلاع مع الاحترام  
لجنة الدراسات العليا  
الصالرة .

صورة عنه الى //

- مكتب السيد العميد للتفضل بالاطلاع مع الاحترام .
- لجنة الدراسات العليا .
- الصالرة .

جمهورية العراق

<p>Ministry Of Health Babylon Health Directorate Email:- Babel_Healthmoh@yahoo.com Tel:282628 or 282621</p>		<p>وزارة الصحة والبيئة دائرة صحة محافظة بابل المدير العام مركز التدريب والتنمية البشرية وحدة ادارة البحوث</p> <p>العدد : التاريخ : ٢٠٢٢ / ١ / ٢١</p>
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إلى / قطاع الحلة الأول للرعاية الصحية الأولية  
قطاع الحلة الثاني للرعاية الصحية الأولية  
م/ تسهيل مهمة

وزارة الصحة  
دائرة صحة بابل  
مركز التدريب والتنمية البشرية

الملاء عليه ...

أشارة الى كتاب جامعة بابل /كلية التمريض / لجنة الدراسات العليا ذي العدد ٤٨٨ في ٢٠٢٢/١/٢٧

نرفق لكم ربطا استمارات الموافقة المبدئية لمشروع البحث العائد للباحثة طالبة الماجستير (زينة مجيد عبيد)

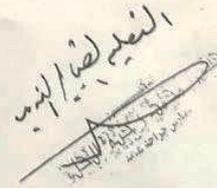
للتفضل بالاطلاع وتسهيل مهمة الموما إليه من خلال توقيع وختم استمارات اجراء البحث المرفقة في مؤسساتكم وحسب الضوابط والإمكانات لاستحصال الموافقة المبدئية ليتسنى لنا اجراء اللازم على أن لا تتحمل مؤسساتكم أية تبعات مادية وقانونية .... مع الاحترام

لمرفقات :

ستمارة عدد ٢/



الدكتور  
محمد عبد الله عجرش  
مدير مركز التدريب والتنمية البشرية  
٢٠٢٢ / /

المدير ايضا / الرب  


نسخة منه الى :

• مركز التدريب والتنمية البشرية / وحدة ادارة البحوث مع الأوليات ...

سوزان ١/٢٠

دائرة صحة محافظة بابل / مركز التدريب والتنمية البشرية // ايميل المركز [babiltraining@gmail.com](mailto:babiltraining@gmail.com)

جمهورية العراق

Ministry Of Health  
Babylon Health Directorate  
First Hilla Sector



وزارة الصحة  
دائرة صحة بابل  
قطاع المركز الأول  
وحدة التدريب والتنمية البشرية  
العدد / ٣٠ / ٢٠٢٢  
التاريخ ١١ / ٢٠٢٢

الى امراكز الرعاية الصحية الرئيسية

م/ تسهيل مهمة

استناداً الى كتاب دائرة صحة محافظة بابل / المدير العام /مركز التدريب والتنمية البشرية / وحدة ادارة البحوث ذي العدد ١١٠ في ٢٠٢٢/١/٣١ والمعطوف على كتاب جامعة بابل / كلية التمريض/ لجنة الدراسات العليا ذي العدد ٤٨٨ في ٢٠٢٢/١/٢٧ يرجى تسهيل مهمة الباحثة طالبة الدراسات العليا/ ماجستير ( زينة مجيد عبيد ) من خلال توقيع وختم استمارات اجراء البحث المرفقة في مؤسساتكم وحسب الضوابط والامكانيات لاستحصال الموافقة الميدانية ليتسنى للمركز اعلاه اجراء اللازم اجراء اللازم على ان لاتحمل مؤسساتكم اية تبعات مادية او قانونية .....مع الاحترام .....

الطبيب الاختصاص

د. علي زغير حميد

مدير قطاع مركز الحلة الاول

الدكتورة  
سها محمد الكرمي حسن  
٢٠٢٢ / ١ / ٢١



نسخة منه الى

وحدة التدريب والتنمية البشرية مع الاوليات.

الموفا اليها.

Republic Of Iraq  
Babylon Governorate  
Babylon Health Directorate  
Hila Center Second Sector  
Human Resources Management Division



جمهورية العراق  
محافظة بابل  
دائرة صحة بابل  
قطاع مركز الحلة الثاني  
شعبة الموارد البشرية  
العدد /  
التاريخ / ٢٠٢٢ / ١ / ١٣

### الى / المراكز الصحية الرئيسية م / تسهيل مهمة

استنادا الى كتاب دائرة صحة محافظة بابل / المدير العام / مركز التدريب  
والتنمية البشرية / وحدة ادارة البحوث ذي العدد ١١١ في ٢٠٢٢/١/١٣  
والمعطوف على كتاب جامعة بابل/كلية التمريض / لجنة الدراسات العليا ذي  
العدد ٤٨٩ في ٢٠٢٢/١/٢٧ يرجى تسهيل مهمة الباحثة طالبة الدراسات العليا  
/ ماجستير (زينة مجيد عبيد) من خلال توقيع وختم استمارات اجراء البحث  
المرفقة في مؤسساتكم وحسب الضوابط والامكانيات لاستحصال الموافقة  
المبدئية ليتسنى للمركز اعلاه اجراء اللازم على ان لا تتحمل مؤسساتكم اية  
تبعات مادية او قانونية ٠٠٠ مع الاحترام

التوقيع  
٢٠٢٢/١/١٣

الطبيب الاختصاص  
حامد باقر الخفاجي  
مدير قطاع الحلة الثاني  
٢٠٢٢/١/١٣



نسخه منه //  
الافراد/ الارشفة الالكترونية

## **Part I: Socio-demographic Characteristics**

**Age**

**Education level**

- Illiteracy
- Educated
- Elementary
- Intermediate school
- Institute and above

**Marital status**

- Single
- Married
- Widow
- Divorced

**Occupation**

- Employee
- Student
- Housewife
- Other

**Monthly Income**

- Enough
- Enough to certain limit
- Not enough

**Residents**

- Urban
- Rural

## **Part II: Psychological Status**

### **First: Psychological Stress**

<b>List</b>	<b>Psychological items</b>	<b>Always</b>	<b>Sometimes</b>	<b>Never</b>
<b>1</b>	Feel nervous because of wearing a mask for a long time			
<b>2</b>	Frequent hand washing makes me feel stressed			
<b>3</b>	Feeling hopeless that there is no specific vaccine for the virus			
<b>4</b>	Using sanitizers a lot has caused me concern.			
<b>5</b>	Feel like life is so hopeless			
<b>6</b>	Have preventive measures increased your annoyance to the simplest things?			
<b>7</b>	Preventive measures increased your nervous nature?			

### **Second: Anxiety**

<b>List</b>	<b>Anxiety items</b>	<b>Always</b>	<b>Sometimes</b>	<b>Never</b>
<b>1</b>	Worried that someone in your family may get an infection			
<b>2</b>	Inability to stop worrying when touching the mouth and nose for fear of injury			
<b>3</b>	Worried about the current preventive measures for a long time			
<b>4</b>	Preventive measures make you make difficult decisions due to time and work pressures			
<b>5</b>	Worried about losing a family member for not adhering to the necessary measures to avoid injury			
<b>6</b>	Concerned about the spread of the disease due to non-compliance with precautionary measures			
<b>7</b>	Concern about the increase in infected cases despite adherence to preventive measures			
<b>8</b>	Concern about the increase in deaths due to the poor psychological condition of the injured			
<b>9</b>	Desire to contribute much more in the face of the epidemic			
<b>10</b>	Feel optimistic about the solution to the epidemic			

### **Third: Depression**

<b>List</b>	<b>Depression items</b>	<b>Always</b>	<b>Sometimes</b>	<b>Never</b>
<b>1</b>	Feeling frustrated despite all the commitments that you exercise			
<b>2</b>	Feel that you have no clear direction or purpose in life.			
<b>3</b>	Feel so sad that nothing can cheer you up			
<b>4</b>	Having trouble sleeping due to over thinking about the virus?			
<b>5</b>	Weakness and loss of appetite			

### **Part III: Social Status**

#### **First: Social status related to the economic situation**

<b>List</b>	<b>Economic status items</b>	<b>Always</b>	<b>Sometimes</b>	<b>Never</b>
<b>1</b>	Was the family's monthly income sufficient during the preventive measures?			
<b>2</b>	Was there a failure towards your family in terms of providing adequate lunch during this period?			
<b>3</b>	Was there a failure towards your family in terms of providing household necessities and other needs due to the poor economic situation?			
<b>3</b>	Did have the ability to provide protective equipment against the disease?			
<b>4</b>	Facing financial difficulty because of the strict procedures in terms of not going out for some of your free business?			
<b>5</b>	Feel that the current situation is draining so much of your energy that it has a negative impact on your private life			
<b>6</b>	Feel powerless to help someone in your family?			

## Second: Social status of public relations

List	Public relations items	Always	Sometimes	Never
1	Spend less time with people and friends in terms of social relationships due to strict procedures			
2	Do not go out and communicate with others for fear of transmitting infection			
3	Weren't able to deal with others like you used to			
4	People appreciate my feelings even if far from them			
5	Did have a good relationship with everyone around you			
6	Were embarrassed to communicate with your relatives for fear of transmitting the infection to them due to your commitment to the social distancing law			

## Third: Social aspect related to Work

List	Work items	Always	Sometimes	Never
1	You have reduced your efficiency at work because of the preventive measures			
2	Feel neglected in your work			
3	Was the work of the head of the family among the self-employed that stopped during the quarantine			
4	Did the quarantine have a negative impact on the head of the family, so that his work was affected			
5	Is production affected in the workplace			
6	Has your work been affected by illness			
7	Have you stopped working during covid-19			

## الجزء الاول: المعلومات الديموغرافية

العمر

المستوى التعليمي:

- غير قادرة على القراءة والكتابة
- تقرأ و تكتب
- مدرسة ابتدائية
- مدرسة ثانوية
- المعهد وما فوق

الحالة الزوجية

- عزباء
- متزوجة
- ارمله
- مطلقة

المهنة

- موظفة
- طالبة
- ربة منزل
- أخرى

الدخل الشهري

- يكفي
- الى حد ما يكفي
- لا يكفي

السكن

- مدينة
- ريف

## الجانب النفسي

### اولا: الإجهاد النفسي

ت	المتغيرات	دائما	أحيانا	أبدا
1	أشعر بالتوتر بسبب ارتداء الكمامة لوقت طويل			
2	غسل اليدين المتكرر يجعلني اشعر التوتر			
3	الشعور باليأس من عدم وجود لقاح محدد للفيروس			
4	استخدام المعقمات بصورة كثيرة سبب لي القلق			
5	أشعر أن الحياة مئوس منها تمامًا			
6	زادت الاجرائات الوقائية من انزعاجك لأبسط الأمور			
7	زدت الاجرائات الوقائية من طبيعتك العصبية			

### ثانيا: القلق

ت	المتغيرات	دائما	أحيانا	أبدا
1	أنت قلقة من أن أحد أفراد عائلتك قد يصاب بالعدوى			
2	عدم القدرة على التوقف عن القلق عند ملامسه الفم والأنف خشية الاصابه			
3	أنت قلقة بشأن التدابير الوقائية الحالية لفترة طويلة			
4	التدابير الوقائية تجعلك تأخذين قرارات صعبة بسبب ضغوط الوقت والعمل			
5	هل كنت قلقة من فقدان احد أفراد العائلة لعدم التزامه بالإجراءات اللازمة لتجنب الاصابه			
6	هل انتابك القلق تجاه انتشار المرض بسبب عدم الالتزام بالإجراءات الاحترازيه			
7	القلق من زيادة الحالات المصابة رغم الالتزام بالتدابير الوقائية			
8	القلق من زيادة الوفيات بسبب سوء الحالة النفسية للمصابين			
9	الرغبة في المساهمة أكثر بكثير في مواجهة الوباء			
10	لا اشعر بالتفاؤل بشأن حل الوباء			

### ثالثا: الاكتئاب

ت	المتغيرات	دائما	أحيانا	أبدا
1	تشعرين بالإحباط رغم كل الالتزامات التي تمارسينها			
2	استشعر أنه ليس لديك أي اتجاه أو هدف واضح في الحياة.			
3	تشعرين بالحزن بحيث لا شيء يمكن أن يفرحك			
4	تعانين من مشاكل في النوم بسبب كثرة التفكير في الفيروس			
5	ضعف وفقدان الشهية			

### الجانب الاجتماعي

اولا: الجانب الاجتماعي المتعلق بالحالة الاقتصادية

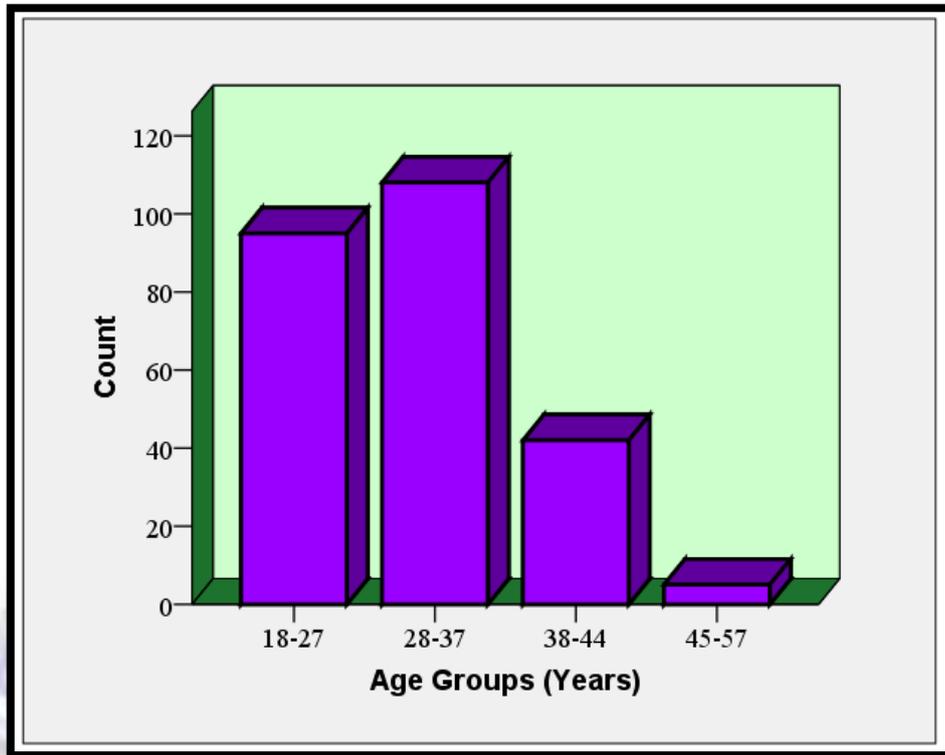
ت	المتغيرات	دائما	أحيانا	أبدا
1	كان دخل الاسره كافي شهريا اثناء الاجراءات الوقائية			
2	هل كان هناك تقصير تجاه عائلتك من ناحية توفير الغذاء الكافي خلال هذه الفترة			
3	كان هناك تقصير تجاه عائلتك من ناحية توفير مستلزمات المنزل والاحتياجات الأخرى بسبب سوء الوضع لاقتصادي			
4	هل كان لديك امكانيه في توفير مستلزمات الوقايه ضد المرض			
5	تواجهين صعوبة ماديه بسبب الاجراءات الصارمة من ناحية عدم الخروج لبعض الأعمال الحرة التي تمارسينها			
6	تشعرين أن الوضع الحالي يستنزف الكثير من طاقتك بحيث يكون له تأثير سلبي على حياتك الخاصة			
7	تشعرين بالعجز عن مساعدة احد أفراد عائلتك			

ثانياً: الجانب الاجتماعي المتعلق بالعلاقات العامة

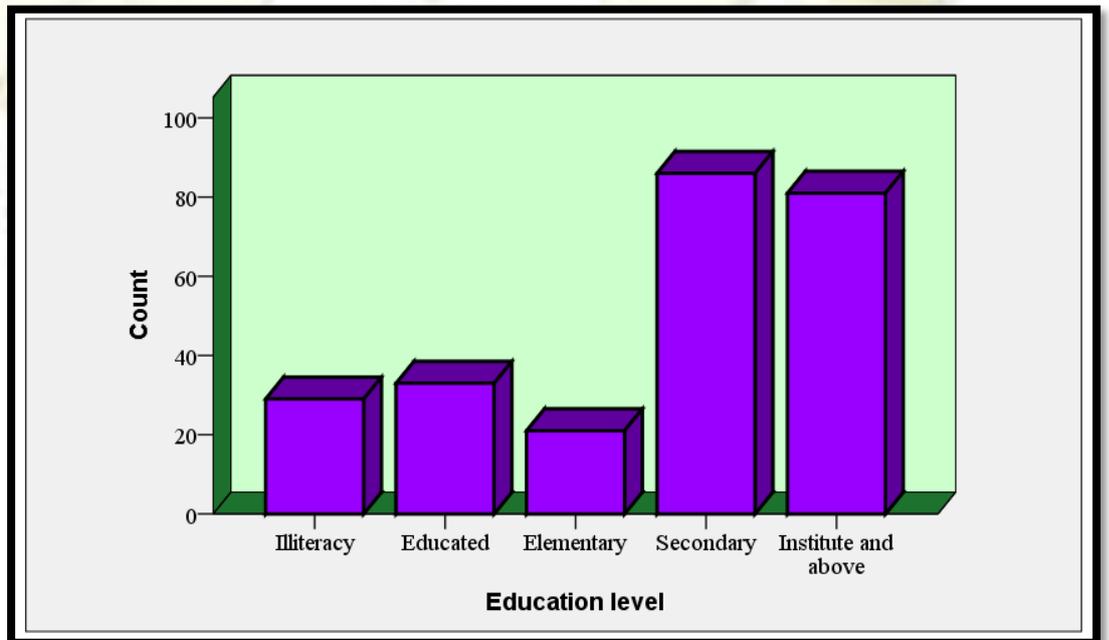
ت	المتغيرات	دائماً	أحياناً	أبداً
1	تقضين وقتاً أقل مع الأشخاص والأصدقاء من حيث العلاقات الاجتماعية بسبب الاجراءات الصارمة			
2	عدم الخروج والتواصل مع الآخرين خشية نقل العدوى			
3	لم تكوني قادرة على التعامل مع الآخرين كما في السابق			
4	يقدر الناس مشاعري حتى لو كنت بعيدة عنهم			
5	هل كانت علاقتك جيدة مع جميع من حولك			
6	هل كنت محرجه من التواصل مع أقربائك خشية نقل العدوى لهم بسبب التزامك بقانون التباعد الاجتماعي			

ثالثاً: الجانب الاجتماعي المتعلق بالعمل

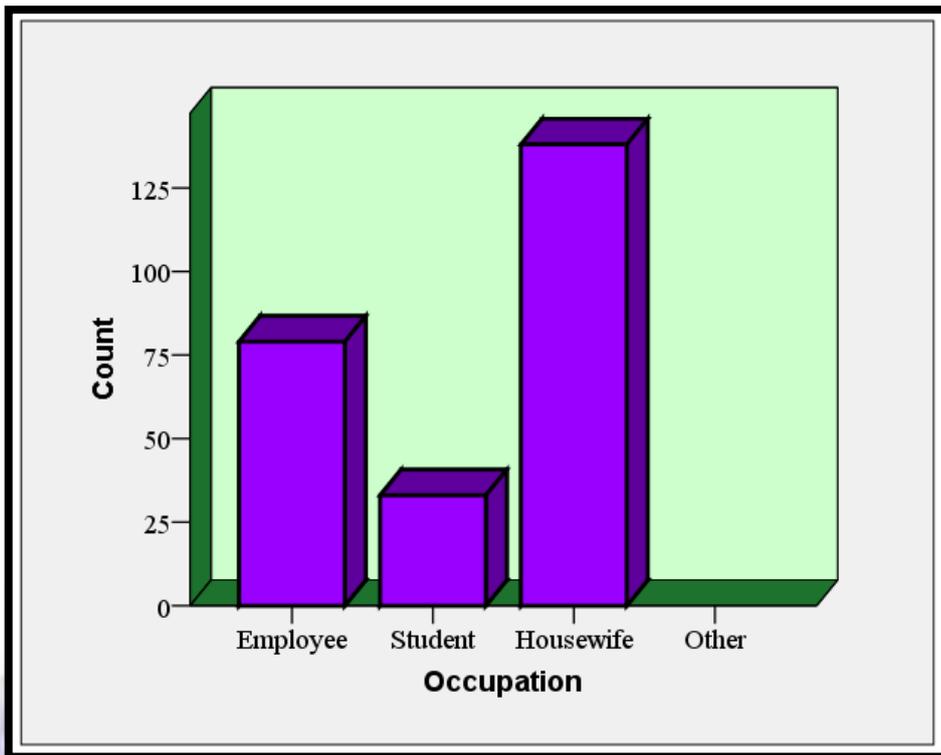
ت	المتغيرات	دائماً	أحياناً	أبداً
1	قلت كفاءتك في العمل بسبب الاجراءات الوقائية			
2	هل تشعرين بالتقصير في عملك			
3	هل كان عمل رب الاسره من ضمن الأعمال الحرة التي توقفت اثناء الحجر الصحي			
4	هل كان للحجر الصحي تأثير سلبي على رب الاسره بحيث تأثر عمله			
5	هل تأثر الإنتاج في مكان العمل			
6	هل تضرر عملك بسبب المرض			
7	هل توقف عملك خلال covid-19			



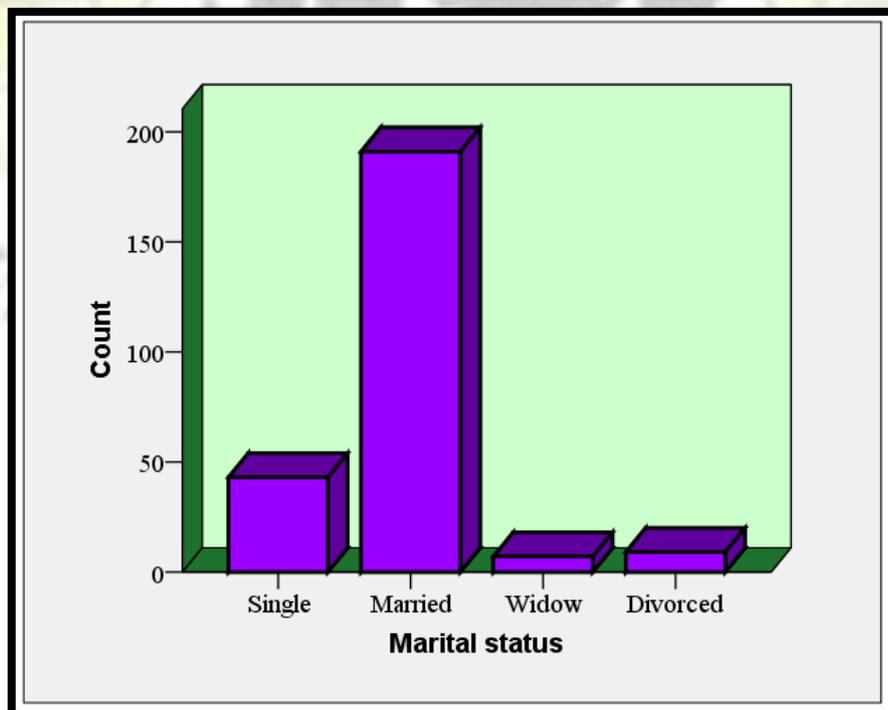
**Figure (4-1): Bar Chart distribution of the studied sample according to Age Groups**



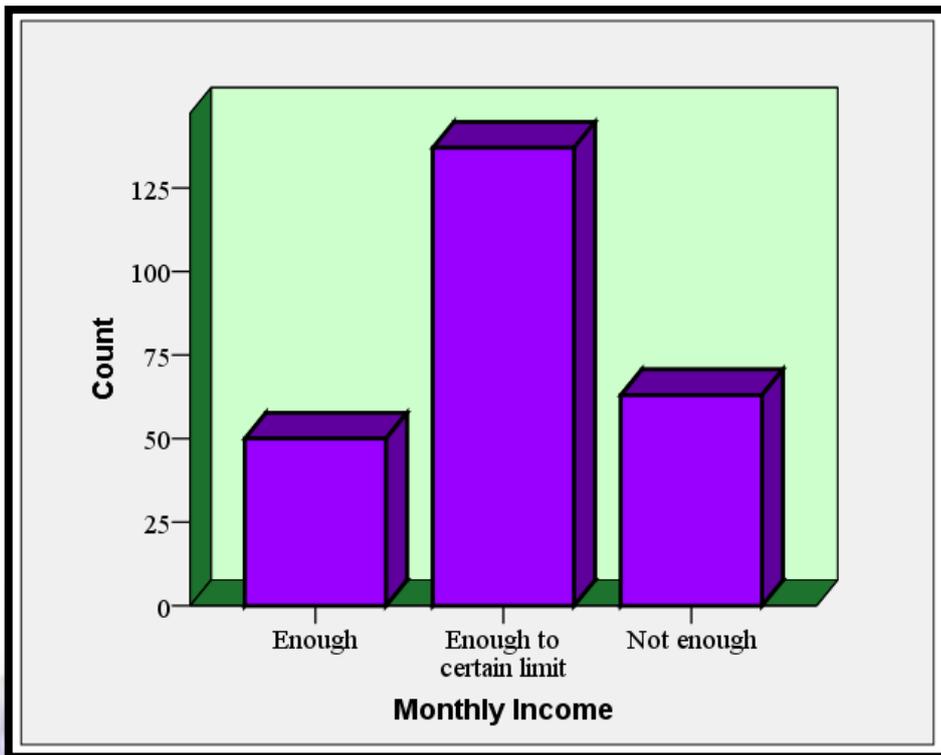
**Figure (4-2): Bar Chart distribution of the studied sample according to Education**



**Figure (4-3): Bar Chart distribution of the studied sample according to Occupation**



**Figure (4-4): Bar Chart distribution of the studied sample according to Marital status**



**Figure (4-5): Bar Chart distribution of the studied sample according to Income**



**Figure (4-6): Bar Chart distribution of the studied sample according to Residence**

## خبراء تحكيم استمارة الاستبانة

ت	اسم الخبير	اللقب العلمي	مكان العمل	الاختصاص	عدد سنوات الخدمة
1	أ.د أمين عجيل ياسر	استاذ	جامعة بابل\ كلية التمريض	تمريض صحة الأسرة والمجتمع	37سنة
2	د. حسن علوان بيعي	استاذ	جامعة بابل\ كلية طب حمورابي	طب صحة الأسرة والمجتمع	40سنة
3	د.سلمى كاظم جهاد	استاذ	جامعة بابل\كلية التمريض	تمريض صحة الأسرة والمجتمع	39سنة
4	د.وسام جبار قاسم	استاذ	كلية التمريض \ جامعه بغداد	تمريض صحة الأسرة والمجتمع	25سنة
5	د. فاطمة وناس خضير	استاذ	جامعة الكوفة\كلية التمريض	تمريض صحة الأسرة والمجتمع	29سنة
6	د.عبد المهدي عبد الرضا حسن	استاذ	جامعة بابل\كلية التمريض	تمريض الصحة النفسية والعقلية	42سنة
7	د. حيدر حمزه علي	استاذ مساعد	جامعة الكوفة\كلية التمريض	تمريض الصحة النفسية والعقلية	12سنة
8	د. مرتضى غانم عداي	استاذ مساعد	جامعة الكوفة\كلية التمريض	تمريض صحة الأسرة والمجتمع	12سنة
9	منصور عبد الله فلاح	استاذ مساعد	جامعة الكوفة\كلية التمريض	تمريض صحة الأسرة والمجتمع	15سنة
10	د وليد عارف توفيق	استاذ مساعد	جامعه المستنصرية\كلية الطب	طب الأسرة والمجتمع	33سنة
11	أمير كاظم حسين	استاذ مساعد	كلية الطب\ جامعه بابل	طب الأسرة والمجتمع	10سنة
12	د اشرف محمد علي	مدرس	كلية الطب / جامعة بابل	طب الاسره ة المجتمع	15سنة

## الخلاصة

إن جائحة كوفيد-19 أزمة تقتل الناس وتنتشر المعاناة البشرية وغيرت الحياة. لكن هذا أكثر بكثير من مجرد أزمة صحية. إنها أزمة إنسانية واقتصادية واجتماعية. إن كوفيد-19، الذي وصفته منظمة الصحة العالمية بأنه جائحة، يهاجم المجتمعات جسدياً ونفسياً واجتماعياً. لذلك ، هدفت هذه الدراسة إلى التحقق في الآثار النفسية والاجتماعية لـ كوفيد-19 بين النساء والعوامل المرتبطة به.

دراسة وصفية مقطعية أجريت بواسطة عينة غير احتمالية (ملائمة) مكونة من 250 امرأة في مراكز الرعاية الصحية الأولية بمدينة الحلة. تم التحقيق من مصداقية الاستبيان من خلال دراسة تجريبية ومن ثم عرضها على الخبراء لإثبات موثوقيتها. بلغ إجمالي عدد الفقرات التي شملها الاستبيان 22 فقرة تتعلق بالجوانب النفسية و 20 فقرة تتعلق بالجوانب الاجتماعية. جمعت البيانات باستخدام أسلوب المقابلات وحلت بتطبيق النهج الإحصائي الوصفي والاستدلالي.

أشارت نتائج الدراسة إلى أن (72.40%) من النساء أظهرن جوانب نفسية معنوية وأن (59.20%) أظهرن عبئاً اجتماعياً معتدلاً. توجد فروق في الجوانب النفسية للإمرأة فيما يتعلق بالمستوى التعليمي ( $p=0.001$ ) والدخل الشهري ( $p=0.001$ ). وكانت هناك فروق ذات دلالة إحصائية في الجوانب الاجتماعية للإمرأة فيما يتعلق بالعمر ( $p=0.013$ ) ، ومستوى التعليم ( $p=0.039$ ) والدخل الشهري ( $p=0.001$ ).

أستنتجت الدراسة ان كوفيد-19 ادى إلى زيادة الجوانب النفسية بشكل كبير وتسبب في تقييد اجتماعي. يتأثر عمر المرأة ومستوى تعليمها ودخلها الشهري بشكل كبير من النواحي النفسية والاجتماعية. اوصت الدراسة بتطوير برامج التدخل في مجال الرعاية الصحية التي تستهدف على وجه التحديد النساء المسنات ذوات الدخل المنخفض، مع الأخذ في الاعتبار أنهن أكثر الفئات السكانية ضعفاً.



جمهورية العراق  
وزارة التعليم العالي والبحث العلمي  
جامعة بابل  
كلية التمريض

تأثير الإجراءات الوقائية لانتشار فيروس كورونا على الحالة النفسية

والاجتماعية للنساء في مدينة الحلة

رسالة مقدمة من قبل

زينه مجيد عبيد

الى

مجلس كلية التمريض جامعة بابل

كجزء من متطلبات نيل درجة الماجستير في علوم التمريض

بإشراف

أ.د. ناجي ياسر سعدون

أ.م.د. هبة جاسم حمزه