A CASE STUDY ON SOCIO-ECONOMIC AND PSYCHOLOGICAL FEELINGS OF COVID-19 PATIENTS IN SIVAKASI TALUK

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ABSTRACT

The covid-19 pandemic has caused severe changes across the globe, affecting all areas of life. The paper provides comprehensive study on the influence of covd-19 in various fields such as the socio-economic and psychological conditions of the society. The World Health Organisation (WHO) has declared the corona virus disease 2019 (Covid-19) a pandemic. A global coordinated effort is needed to stop the further spread of the virus. A pandemic is defined as "occurring over a wide geographic area and affecting an exceptionally high proportion of the population." The main ***objective*** of the study is to analyses the overall opinion about Covid-19 symptoms among the sample respondents in the study area. ***Sampling design***: The primary data were collected from the respondents in the study area. The primary data were collected from the respondents through separate pre-tested interview schedule. The secondary data have been referred and collected from the records of Sivakasi taluk and research articles, books, journals, magazines and websites. The following ***statistical tools*** Averages, Percentage, Weighted Average Ranking, Reliability Test and Factor Analysis are used in this study. The researcher got the addresses of 124 peoples. Out of 124 respondents, we selected only 60 respondents and collected information for the study. The researcher applied systematic sampling technique for relative the sample. In this study ***concluded*** that all people should come before the corona vaccine. The impact of covid-19 is also investigated in this study, and this study provides some meaningful insights and suggestions for revitalizing the socio-economic and psychological feelings of Covid-19 patients.

Keywords: Corona virus, covid-19, pandemic, economy, society, symptoms, transmission, vaccine.

INTRODUCTION

The World Health Organisation (WHO) has declared the corona virus disease 2019 (COVID-19) a pandemic. A global coordinated effort is needed to stop the further spread of the virus. A pandemic is defined as "occurring over a wide geographic area and affecting an exceptionally high proportion of the population." The last pandemic reported in the world was the H1N1 flu pandemic in 2009. COVID-19 is a new virus that is impacting the whole world badly as it is spreading primarily through contact with the person. The most common symptoms of this viral infection are fever, cold, cough, bone pain, and respiratory problems. Apart from these symptoms like Fatigue, Sore throat, muscle pain, loss of smell or taste can also be seen in Corona Virus patients.

STATEMENT OF THE PROBLEM

For the part one year the entire world is panic with COVID-19 pandemic. The COVID-19 pandemic affected all sections of the people and many of them lost their lives, employment and soon. Still the problem continued in all parts of the country. India is one of the countries mostly affected by this COVID-19. This virus severally affects the people living in industrially developed areas. Sivakasi Taluk in Virudhunagar district is one of the industrially developed taluks moving. The moving population of Sivakasi is greater. Many people in Sivakasi affected with this COVID-19 diseases. Further, now we are in the second phase of COVID-19 and there is a possibility for third wave. The entire economy is affected, educational institutions are almost closed, and factories are come under lockdown and so on. In this regard, it is a need arise to understand and analyse the COVID-19 patients' socio – economic and psychological feelings. Hence, the researcher undertakes a study on **"*a case study on socio-economic and psychological feelings of covid-19 patients in Sivakasi taluk*".**

OBJECTIVES

The foremost objectives of the study area:

- ❖ To study the socio-economic and psychological feelings of COVID-19 patients in the study area.
- ❖ To analyses the overall opinion about COVID-19 symptoms among the sample respondents in the study area.
- ❖ To understand the emotional feelings during major part of COVID-19 patients at hospital stay periods.
- ❖ To estimate loss of income of COVID-19 patients during quarantine period.

HYPOTHESIS OF RESEARCH

This research will test the following assumptions:

H1: There is no significant relationship among a case study on socio-economic and psychological feelings of covid-19 patients in Sivakasi taluk.

H0: There is significant relationship among a case study on socio-economic and psychological feelings of covid-19 patients in Sivakasi taluk.

METHODOLOGY OF THE STUDY

The primary data were collected from the respondents through separate pre-tested interview schedule. The researcher, keeping in mind the objectives of the study, prepared the separate schedule containing list of sequential questions, it is meant for recording the responses of COVID-19 persons in Sivakasi Taluk of Virudhunagar district. The researcher collected details about the COVID-19 patients by adopting ***snow ball sampling technique***. Hardly, the researcher has collected 60 sample respondents and all the sample respondents are included in the study.

PERIOD OF STUDY:

The research will cover the fulfillment of academic episode from 2019-2021.

TOOLS OF ANALYSIS

The following statistical tools are used in this study: **Averages, Percentage, Weighted Average Ranking, Reliability Test and Factor Analysis.**

REVIEW OF LITERATURE

This chapter deals with the reviews of literature of earlier studies about a case study on socio-economic and psychological feelings of covid-19 patients. It is necessary to review the related literature so as to find gap, and it is very vital to frame the research strategy.

Javier Cachón-Zagalaz et.al (2020) Systematic Review of the Literature about the Effects of the COVID-19 Pandemic on the Lives of School Child The ***objective*** of this article is to learn about the research carried out on the child population in times of confinement, especially those dealing with the psychological and motor aspects of minors. ***Methods*****:** To carry out this systematic review, the PRISMA statement has been followed to achieve an adequate and organized structure of the manuscript. The bibliography has been searched in the Web of Science (WOS), Scopus, and Dial net databases, using as keywords: "COVID-19" and "Children." The criteria that were established for the selection of the articles were (1) articles focusing on an age of up to 12 years, (2) papers relating COVID-19 to children, and (3) studies analyzing the psychological and motor characteristics of children during confinement. A total of nine manuscripts related to the psychological and motor factors in children under 12 have been found. The table presenting the results includes the authors, title, place of publication, and key ideas of the selected manuscripts. ***Conclusion*****:** After concluding the systematic review, it has been detected that there are few studies that have focused their attention on the psychological, motor, or academic problems that can occur to minors after a situation of these characteristics. Similarly, a small number of studies have been found that promote actions at the family and school level to reverse this situation when life returns to normal. These results may be useful for future studies that seek to expand the information according to the evolution of the pandemic.

Albaraa A Milibari (2020) has undertaken a study on "Current Situation of Corona virus Disease: (COVID-19) Review Article". Moreover, the symptoms of the disease include fever, cough, sneezing, sore throat, difficulty breathing, and tiredness. Therefore, this paper provides in-depth information on COVID-19 as it discusses the disease epidemiology, transmission, clinical features, diagnosis, treatment and prevention.

Dalia Almaghaslah *et al.,* (2020) have made a study on "Review on the Corona virus Disease (COVID-19) Pandemic: Its Outbreak and Current Status". In the current study, main aim we performed a literature review on

corona virus outbreak to summarise details about the pathogenesis, epidemiology, diagnosis and the management strategies for the disease control. In this study concluded that the corona virus transmits quicker than its two predecessors the MERSCoVand SARS-CoV, but has reduced casualty. The global effects of this latest pandemic are still unclear. Nevertheless, considering that so far no vaccine has been available; preventive approaches are the best way to fight against the virus.

Keerthi Sasikumar *et al.,* (2020) have conducted a study on "Impact of Extreme Hot Climate on COVID-19 Outbreak in India". The objective of this paper is to corona virus disease 2019 (COVID-19) pandemic poses extreme threat to public health and economy, particularly to the nations with higher population density. In India, we selected 20 densely populated cities having infection counts higher than 500 (by 15 May) as COVID-19 epicenters. On the other hand, CO2 emission is alarmingly high in South Asia (India) and entails high risk of climate change and extreme hot summer. Therefore, extreme climate change has important role in the spread of COVID-19 pandemic. Hence, a strenuous mitigation measure to abate greenhouse gas (GHG) emission is essential to avoid such pandemics in future.

Sreepadmanabh M, *et al.,* (2020) have made a study on "COVID-19: Advances in Diagnostic Tools, Treatment Strategies, and Vaccine Development". The research focus on worldwide spread of the SARS-CoV-2 has imposed severe challenges on healthcare facilities and medical infrastructure. The global research community faces urgent calls for the development of rapid diagnostic tools, effective treatment protocols, and most importantly, vaccines against the pathogen. Pooling together expertise across broad domains to innovate effective solutions is the need of the hour. With these requirements in mind, in this review, we provide detailed critical accounts on the leading efforts at developing diagnostics tools, therapeutic agents, and vaccine candidates. Importantly, we furnish the reader with a multidisciplinary perspective on how conventional methods like serology and RT-PCR, as well as cutting-edge technologies like CRISPR/Cas and artificial intelligence/machine learning, are being employed to inform and guide such investigations. We expect this narrative to serve a broad audience of both active and aspiring researchers in the field of biomedical sciences and engineering and help inspire radical new approaches towards effective detection, treatment, and prevention of this global pandemic.

CONCEPTS ABOUT COVID-19

The concepts used in the study are presented in this part.

COVID-19

COVID-19 is a disease caused by a new strain of corona virus. 'CO' stands for corona, 'VI' for virus, and 'D' for disease. Formerly, this disease was referred to as '2019 novel corona virus' or '2019-nCoV. WHO first learned of this new virus on 31 December 2019, following a report of a cluster of cases of 'viral pneumonia' in Wuhan, People's Republic of China.

TRANSMISSION OF COVID-19

Evidence is still emerging, but current information is indicating that human-to-human transmission is occurring. The routes of transmission of COVID-19 remains unclear at present, but evidence from other corona viruses and respiratory diseases indicates that the disease may spread through large respiratory droplets and direct or indirect contact with infected secretions. The incubation period of COVID-19 is currently understood to be between 2 to 14 days. This means that if a person remains well after 14 days after being in contact with a person with confirmed COVID-19, they are not infected. Literature review (June 2020) investigates and discusses the unclear issues related to disease transmission and pathogenesis and the accuracy of diagnostic tests and treatment modalities.

SYMPTOMS OF COVID-19

In more severe cases, infection can cause pneumonia or breathing difficulties. More rarely, the disease can be fatal. These symptoms are similar to the flu (influenza) or the common cold, which are a lot more common than COVID-19. This is why testing is required to confirm if someone has COVID-19.

The most common symptoms of COVID-19 are fever, dry cough and fatigue.

Other symptoms that are less common and may affect some patients include:

- ✓ Loss of taste or smell,
- ✓ Nasal congestion,
- ✓ Conjunctivitis (also known as red eyes)
- ✓ Sore throat,
- ✓ Headache,
- ✓ Muscle or joint pain,
- ✓ Different types of skin rash,
- ✓ Nausea or vomiting,
- ✓ Diarrhea,
- ✓ Chills or dizziness

How does COVID-19 spread?

The virus is transmitted through direct contact with respiratory droplets of an infected person (generated through coughing and sneezing). Individuals can also be infected from and touching surfaces contaminated with the virus and touching their face (e.g., eyes, nose, and mouth). The COVID-19 virus may survive on surfaces for several hours, but simple disinfectants can kill it.

Who is most at risk?

We are learning more about how COVID-19 affects people every day. Older people, and people with chronic medical conditions, such as diabetes and heart disease, appear to be more at risk of developing severe symptoms. As this is a new virus, we are still learning about how it affects children. We know it is possible for people of any age to be infected with the virus, but so far there are relatively few cases of COVID-19 reported among children. This is a new virus and we need to learn more about how it affects children. The virus can be fatal in rare cases, so far mainly among older people with pre-existing medical conditions.

What is the treatment for COVID-19?

There is no currently available vaccine for COVID-19. However, many of the symptoms can be treated and getting early care from a healthcare provider can make the disease less dangerous. There are several clinical trials that are being conducted to evaluate potential therapeutics for COVID-19.

How can the spread of COVID-19 be slowed down or prevented?

As with other respiratory infections like the flu or the common cold, public health measures are critical to slow the spread of illnesses. Public health measures are everyday preventive actions that include:

- ✓ Staying home when sick
- ✓ Covering mouth and nose with flexed elbow or tissue when coughing or sneezing.
- ✓ Dispose of used tissue immediately
- ✓ Washing hands often with soap and water; and
- ✓ Cleaning frequently touched surfaces and objects.

As we learn more about COVID-19 public health officials may recommend additional actions.

ISOLATION

Isolation is used for people with COVID-19 symptoms or who have tested positive for the virus. Being in isolation means being separated from other people, ideally in a medically facility where you can receive clinical care. If isolation in a medical facility is not possible and you are not in a high risk group of developing severe disease, isolation can take place at home. If you have symptoms, you should remain in isolation for at least 10 days plus an additional 3 days without symptoms. If you are infected and do not develop symptoms, you should remain in isolation for 10 days from the time you test positive.

WEAR A MASK AND SAVE LIVES

Protect yourself and others around you by knowing the facts and taking appropriate precautions. Follow advice provided by your local health authority.

To prevent the spread of COVID-19:

- ❖ Clean your hands often. Use soap and water, or an alcohol-based hand rub.
- ❖ Maintain a safe distance from anyone who is coughing or sneezing.
- ❖ Wear a mask when physical distancing is not possible.
- ❖ Don’t touch your eyes, nose or mouth.
- ❖ Cover your nose and mouth with your bent elbow or a tissue when you cough or sneeze.
- ❖ Stay home if you feel unwell.
- ❖ If you have a fever, cough and difficulty breathing, seek medical attention.

- ❖ Calling in advance allows your healthcare provider to quickly direct you to the right health facility.
- ❖ This protects you, and prevents the spread of viruses and other infections.

VACCINE

A vaccine is defined as any substance which is used to stimulate the production of antibodies, in turn providing immunity against one or a few diseases.

AGE-WISE CLASSIFICATION

COVID-19 can infect people of any age, including children. However, it is most common in middle-aged and older adults. As you get older, the chances of experiencing harmful symptoms increase. So, the researcher classifies the sample respondents on the basis of their age and displayed in Table 1.1.

Table 1.1

Age-wise Classification of the Sample Respondents

S. No.	Variables	Categories	No. of Respondents	Percentage
1.	**Age**	Less than 20	4	6.67
		20 – 25	9	15.00
		25 – 30	2	3.33
		30 – 35	16	26.67
		35 – 40	19	31.67
		40 – 45	4	6.67
		45 – 50	2	3.33
		More than 50	4	6.67
2.	**Gender**	Male	36	60.00
		Female	24	40.00
3.	**Educational Qualification**	Illiterate	5	8.34
		Primary Level	31	51.67
		Secondary Level	5	8.33
		Higher Secondary Level	9	15.00
		Graduates	10	16.67
4.	**Occupation**	Student	8	13.33
		House Wife	4	6.67
		Agricultural	10	16.67
		Private	36	60.00
		Unemployed	2	3.33
5.	**Native Place**	Rural	38	63.33
		Urban	22	36.67

Source: Primary Data

It is clear from Table 1.1 that majority of the respondents (31.67%) respondents belong to the age group of 35 to 40 years, (60.00%) respondents are male. Education makes the people to civilize and guide them to think about which is correct and which is wrong. In recent past, education is becoming a necessity and very important one to each and every person. In this regard, (51.67%) respondents have completed primary level only. (60.00%) respondents work in private concerns, (63.33%) respondents are in rural areas.

DAILY INCOME OF THE SAMPLE RESPONDENTS

The signs of Corona Virus Disease 2019 (COVID-19) are differ greatly. Some people have no symptoms at all, while others become so ill that they require mechanical breathing assistance. The researcher classified the sample respondents on the basis of their treatment days and the same is presented in Table 1.2.

TABLE 1.2
DAILY INCOME OF THE SAMPLE RESPONDENTS

S. No.		Categories	No. of Respondents	Percentage
1.	**Daily Income (in Rupees)**	Below Rs. 200	21	35.00
		Rs.200 – Rs. 500	26	43.33
		Above Rs. 500	13	21.67
2.	**Days of Treatment**	2 days	3	5.00
		3 days	23	38.33
		4 days	9	15.00
		5 days	12	20.00
		6 days	8	13.33
		7 days	5	8.33
3.	**COVID-19 Symptoms**	Low	10	16.67
		Medium	9	15.00
		High	41	68.33

Source: Primary Data

The researcher classified the sample respondents on the basis of their daily income are displayed in Table 4.8. Out of 60 respondents, 26 (43.33 per cent) respondents are earn their daily income Rs.200 – Rs.500, (38.33%) respondents have taken 3 days treatment at hospital, (68.33 per cent) respondents explained had high symptoms.

LOSS OF INCOME DURING QUARANTINE PERIOD

The researcher classified the sample respondents on the basis of loss of income during quarantine period and the same is presented in Table 1.3.

TABLE 1.3
LOSS OF INCOME DURING QUARANTINE PERIOD

S. No.	Minimum Quarantine Period	Wage Per Day (in Rupees)	No. of Respondents	Total Income Loss (in Rupees)	Man-days Last	Man-days Hours
1	14 days	200	21	58800	294	2352
2	14 days	350	26	127400	364	2912
3	14 days	500	13	91000	182	1456
Total			**60**	**277200**	**840**	**6720**

Source: Primary Data

The researcher analysed the total income lost, total man days lost and total man hours lost and it is evident from Table 1.3. The minimum quarantine period is taken as 14 days. The total income lost is estimated and it is Rs.2,77,200. Further, the researcher estimated the mandays lost and man hours lost and the values are 840 days and 6720 hours respectively.

OVER ALL OPINION ABOUT COVID-19 SYMPTOMS

The researcher interested to analyze the overall opinion about the sample respondents on before COVID-19 symptoms. The results are presented in Table 1.4.

The average score of the respondent's opinion are calculated using 5 point scaling technique for that following points are given to each factor: Always - 5 Marks, Very Frequently - 4 Marks, Occasionally - 3 Marks, Rarely - 2 Marks and Never -1 Mark.

TABLE 1.4
AVERAGE SCORE FOR OVER ALL OPINION ABOUT COVID-19 SYMPTOMS

Particulars	A	VF	O	R	N	Weighed Total	Weighted Average Score	Rank
Cold Cough and Stuffy Nose	0	0	21	136	95	252	21.00	1
Loss of Taste and Smell	0	14	12	96	125	247	20.58	2
Feeling Very Tired	5	10	27	40	155	237	19.75	3
Shortness of Breath	7	4	15	120	80	226	18.83	4
Fever	4	12	45	88	65	214	17.83	5
Muscle Pain	5	16	39	80	70	210	17.50	6
Chills or Rigors	11	14	30	72	70	197	16.42	7
Fainting	4	40	36	48	60	188	15.67	8
Red Eyes	13	18	54	52	35	172	14.33	9
Diarrhea	11	34	36	40	50	171	14.25	10
Nausea or Vomiting	14	28	33	52	40	167	13.92	11
Headache	14	26	54	60	0	154	12.83	12

Source: Primary Data

The COVID-19 symptoms weight values were sorted in ascending order concerning the factors perceived by the respondents using Table 1.4. The highest weighted value would indicate the most serious symptom that required immediate attention. From the results, the highest symptom factor was cold cough and stuffy nose, loss of taste and smell, feeling very tired shortness of breath and fever. Top of the listed five factors were considered as the most important factors on assessing patients' symptoms. The first sign of a COVID-19 deadly disease is running nose that affects the lungs. Its continuation prevents the affected persons taste and smell. Due to the inability to consume nutritious foods at regular intervals, the patient became infected and physical feeling very tired. Mucus cough affects the lungs and causes severe shortness of breath. In this study the symptoms of the COVID-19 disease seem to be a process that can occur one after the other. Therefore, those who are infected COVID-19 should seek medical attention and make preparations as soon as the initial symptoms are known. The another three factors in Table 1.4, muscle pain, chills or rigors and fainting have not been considered important because both factors received considerable symptoms weight from the respondents. Same reason goes to the other four symptoms factors in Table 1.4, red eyes, diarrhea, nausea or vomiting and headache are not considered as important in assessing patients' diseases because these factors are not listed in the top five of the most important factors even though both factors received poor satisfaction level from the respondents. Generally this study concluded that, the higher weight value of importance but lower weight value are in symptoms indicated the critical factors which really needed prevent improvement.

RELIABILITY TEST

There are 12 statements relating to the symptoms of Covid-19 patients during the hospital stay period. To test the internal consistency and reliability of these statements Cronbach's Alpha test was used. The output of Cronbach's Alpha test portrayed in Table 1.5.

TABLE 1.5
RELIABILITY STATISTICS

Cronbach's Alpha	N of Items
.718	12

Source: SPSS Output

It is observed from the Table 1.5 the Cronbach's alpha value for all sixteen items is α=0.718 acceptable. This value (0.718) recommends that all statements are consistent and more reliable and these statements are used for further analysis.

ANALYSIS

Factor analysis is a multivariate statistical method in which the dependent and independent variables are not distinguished. All variables under investigation are analysed together in factor analysis to extract the highlighted ones. Factor analysis is a valuable technique for reducing a large number of variables resulting in data complexity to a few manageable factors since it is a data reduction method. These variables account for the majority of the data in the original package.

It is important that the value of the Kaiser-Meyar-Oklin (KMO) statistics is greater than 0.5, implying that factor analysis can be applied to the data collection. Further, the importance of the correlation matrix of the variables is indicated by the P value corresponding to the Chi-Square statistic in Bartlett's test of sphericity analysis, which means that the correlation coefficient matrix is important. The presumed degree of significance is 0.000, which is less than 0.05, suggesting dismissal of the hypothesis that the correlation matrix of the variables is negligible. The correlation matrix is examined and the two tests *viz.*, Bartlett's test of sphericity and Kaiser-Meyar-Oklin test are undertaken and the results are shown in Table 1.6.

TABLE 1.6
KMO and Bartlett's Test[a]

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.645
Bartlett's Test of Sphericity	Approx. Chi-Square	488.149
	Df	120
	Sig.	.000

Source: Based on Correlations

TABLE 1.7
ROTATED COMPONENT MATRIX

Factors	Statements	Rotated Component Loadings	Extraction H_2	Percentage of Variance	Eigen Values
F_1 – Depression	Numb	.981	.964	22.646	6.463
	Guilt	.970	.941		
	Helpless	.964	.937		
F_2 – Overwhelming loss of control	Isolated	.794	.654	41.990	5.521
	Worthless	.756	.643		
	Demoralized	.613	.617		
	Fear of death	.514	.535		
F_3 – Generalized Anxiety Disorder	Fear of Condition Worsening	.800	.704	53.813	3.375
	Relaxing	.774	.685		
	Irritability	.683	.540		
F_4 – Post-traumatic Stress Disorder	Fear of Unknown	.723	.615	62.571	2.500
	Disconnected	.578	.523		

Source: Primary Data

RELIABILITY AND VALIDITY

The reliability test was conducted to ensure the consistency of the scale times, to measure the same construct for further data collection. Cronbach's alpha used to assess the construct reliability of the scale. As shown in the Table 2, the 'α' coefficients for the each factor were above the common threshold value (α = 0.718). As stated 12 items were seen significant out of 16 items in the study. This signifies an improvement in the model by deleting those items.

The rotated component matrix helps you to determine what the components represent. The first component is most highly correlated with Depression. Depression in thousands is a better representative, however, because it is less correlated with the other three components. Numb (.981); Guilt (.970) and Helpless (.964) are the items with high loading on Factor I named as depression. The Eigen value of the Factor I is (6.463) and the percentage of variance is (22.646). The second component is most highly correlated with overwhelming loss of control. Isolated (.794), Worthless (.756), Demoralized (.613) and Fear of death (.514) are the items with high loading on Factor II named as overwhelming loss of control. The Eigen value of the Factor II is (5.521) and the percentage of variance is (41.990). The third component is most highly correlated with generalized anxiety disorder. Fear of Condition Worsening (.800), Relaxing (.774) and Irritability (.683) are the items with high loading on Factor III named as generalized anxiety disorder. The Eigen value of the Factor III is (3.375) and the percentage of variance is (53.813).The last component is most highly correlated with post-traumatic stress disorder. Fear of unknown (.723) and Disconnected (.578) are the items with high loading on Factor IV named as post-traumatic stress disorder. The Eigen value of the Factor III is (2.500) and the percentage of variance is (62.571).

Component I – Infected people often become depressed in the first phase. So, the patients with depression are managed and treated in primary care.
Component II – Secondary treatment is critical for people who have lost control of their lives. As a consequence of intense emotion, it is inability to have conscious limits to desires and actions. Isolated, useless, demoralised, and fear of death are all states associated with a loss of power.
Component III – Generalized Anxiety Disorder is characterised by excessive and recurrent concern about a variety of topics. Controlling concern is complicated for people with generalised anxiety disorder.
Component IV – Long-term COVID-19 patients, who continue to have symptoms a week after testing positive, often tend to have mental health problems, which can be caused by a variety of causes, including post-traumatic stress disorder (PTSD). This suggests that dealing with COVID-19 infection is traumatic in general and that many patients develop psychological morbidity while receiving psychological help.

FINDINGS OF THE STUDY

The following are the major findings drawn from the analysis of the study:

- Out of 60 respondents, 19 (31.67 per cent) respondents belong to the age group of 35 to 40 years and 16 (26.67 per cent) respondents belong to the age group of 30 to 35 years. Another nine (15.00 per cent) and four (6.67 per cent) respondents each three come under the age group of 20 to 25 years and less than 20 years, 40 to 45 years and more than 50 years respectively. The remaining two (3.33 per cent) respondents each belong to the age of 25 to 30 years and 45 to 50 years and more than 50 years respectively.
- Out of 60 respondents, 36 (60.00 per cent) respondents are male and the remaining 24 (40.00 per cent) respondents are female. It should be noted that a majority of the sample respondents are male.
- Out of 60 respondents, 31 (51.67 per cent) respondents have completed primary level only. Another 10 (16.67 per cent) and nine (15.00 per cent) respondents have completed graduation and higher secondary level. The remaining five (8.34 per cent) respondents each are illiterate and completed secondary level respectively.
- Out of 60 respondents, 41 (68.33 per cent) respondents are married and the remaining 19 (31.67 per cent) respondents are un-married.
- Out of 60 respondents, 43 (71.67 per cent) respondents are Hindus, 12 (20.00 per cent) respondents are Christians and the remaining five (8.3 per cent) respondents are Muslim.
- Out of 60 respondents, 36 (60.00 per cent) respondents work in private concerns. Another 10 (16.67 per cent) and eight (13.33 per cent) respondents are agricultural and students respectively. The remaining four (6.67 per cent) and two (3.33 per cent) respondents are house wife and unemployed respectively.

- Out of 60 respondents, 38 (63.33 per cent) respondents are in rural areas and the remaining 22 (36.67 per cent) respondents are living in urban areas.
- Out of 60 respondents, 26 (43.33 per cent) respondents are earn their daily income Rs.200-Rs.500, 21 (35.00) respondents are earn their daily income below Rs.200 and the remaining 13 (21.67 per cent) respondents are earn their daily income above Rs.500.
- Out of 60 respondents, 23 (38.33 per cent) respondents have taken 3 days treatment at hospital and 12 (20.00 per cent) respondents took 5 days treatment at hospital. Followed by the nine (15.00 per cent) and eight (13.33 per cent) respondents were under treatment for 4 days and 6 days respectively. The remaining five (8.33 per cent) and three (5.00 per cent) respondents have undergone treatment 7 days and 2 days for respectively.
- Out of 60 respondents, 21 (35.00 per cent) respondents are loss their income Rs.1000 to Rs.1500, 13 (21.67 per cent) respondents are loss their income less than Rs.500 and 10 (16.67 per cent) respondents are loss their income Rs.1500 to Rs.2000. Another six (10.00 per cent) and four (6.67 per cent) respondents are loss their income Rs.500 to Rs.1000 and more than Rs.3000 respectively. Remaining three 3 (5.00 per cent) respondents are loss their income Rs.2000 to Rs.2500 and Rs.2500 to Rs.3000 respectively.
- Out of 60 respondents, 41 (68.33 per cent) respondents had high symptoms, 10 (16.67 per cent) respondents explained low symptoms and nine (15.00 per cent) respondents explained medium level symptoms.

SUGGESTIONS

The following are the essential implication drawn from the analysis of the study:

- People should follow the instructions given by the Government authorities in a strict manner to avoid COVID-19.
- If any person find with COVID-19 symptoms, he/she should make self quarantine and get medical treatment.
- The family members of the COVID-19 affected patients should take care of them. Isolation is needed to control the spread of COVID but at the same time care should be important.
- Fear among the COVID-19 patients lead to lose their lives. Hence, the family members should support them medically and psychologically. It will help them to easy and speedy recovery.

REFERENCES

1) Albaraa A Milibari (2020), "Current Situation of Corona virus Disease: (COVID-19) Review Article", Health Science Journal, ISSN 1791-809X, Vol.1 (5), pp.1 - 4.
2) Dalia Almaghaslah *et al.,* (2020), "Review on the Corona virus Disease (COVID-19) Pandemic: Its Outbreak and Current Status", International Journal of Clinical Practice, DOI: 10.1111/ijcp.13637,Vol.74:e13637, pp.1-9.
3) Ghost B.N, Haler A, and Das K.K (1982), "Prevalence of Physically Handicapped in Urban Slum Community Detected through Different Categories of Health Personnel", Indian Journal of Public Health, Vol.XXVI (3), September.
4) https://covid19.who.int/
5) https://www.indiatoday.in/business/story/coronavirus-5-indian-sectors-that-need-urgent-help-as-virus-ravages-economy-1670099-2020-04-23
6) https://www.moneycontrol.com/news/photos/india/covid-19-impact-on-india-multiple-sectors-affected-in-six-months-of-lockdown-5882081-13.html
7) https://www.who.int/docs/default-source/coronaviruse/key-messages-and-actions-for-covid-19-prevention-and-control-in-schools-march-2020.pdf?sfvrsn=baf81d52_4
8) https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/coronavirus-disease-covid-19
9) https://www.who.int/teams/blueprint/covid-19
10) Keerthi Sasikumar *et al.,* (2020), "Impact of Extreme Hot Climate on COVID-19 Outbreak in India", GeoHealth Research Article, 10.1029/2020GH000305, pp.1-10.
11) MitraSphie and Samba Moorhen Usha, (2006), "Measurement of Disability, Disability Estimates in India," What the Census and NSS Tell Us; Economic and Political Weekly, Vol. 23, September.

12) Mitta ZI, Purl M (1977), "Communication Disability an Emerging Problem of Childhood, Indian", Pediatrics XIV (10), March.

13) Singh. J.P., and Dash Manos K., (2005), "Disability Development in India", Rehabilitation Council of India New Delhi in Association with Kanishka Publishers Distributors New Delhi.

14) Sreepadmanabh M, *et al.,* (2020), "COVID-19: Advances in Diagnostic Tools, Treatment Strategies, and Vaccine Development", Indian Academy of Sciences, DOI: 10.1007/s12038-020-00114, pp.45-148.

15) Tanu Singhal (2020), "A Review of Corona virus Disease-2019 (COVID-19)", The Indian Journal of Pediatrics (April 2020) 87(4):281–286, https://doi.org/10.1007/s12098-020-03263-6.