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Research Article

Assessment of the Psychological Impact of COVID-19 among College Students' Perspective: A Descriptive Study

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Abstract

Aims and Objectives: This study aimed to assess the psychological consequences (anxiety, depression, and addiction to substance abuse) of COVID-19 among college students.

Materials and Methods: The study employed a quantitative descriptive research design, with a sample of 641 students selected through convenient sampling. Participants were drawn from various colleges and data were collected using Google Forms to measure the variable of interest. The study employed a study instrument comprising a self-structured demographic section and a standardized questionnaire to evaluate levels of anxiety (using the GAD-7), depression (using the PHQ-9), and addiction to substance misuse (using the CAGE). Data analysis was conducted using IBM SPSS, employing both descriptive and inferential statistics.

Results: The study revealed that the majority of participants were personally worried about the COVID-19 (77.7%), afraid to go to public places (65.4%), and frequently uses immunity boosters (67.1%) as a preventive aspect. Anxiety, depression, and addiction to substance use were significantly associated with the year of study and region of residence ($P < 0.05$). Students who residing in rural showed significantly higher anxiety (t = 4.091; $P = 0.000$) and depression (t = 3.308; $P = 0.001$) than urban and students whose close family members have been infected with COVID-19 showed significant lower anxiety (t = 5.131; $P = 0.000$) and depression (t = 4.743; $P = 0.000$) than others.

Conclusion: The present study documented that individuals enrolled in higher education institutions continued to encounter symptoms of anxiety and sadness as a result of the ongoing COVID-19 pandemic. Hence, this discovery could prove beneficial for higher education administrators and mentors in devising proactive tactics.

Keywords: Addiction, anxiety, depression, psychological impact, students

Introduction

Over the past 2 years, COVID-19, a global pandemic has thrown humanity into a sea of difficulties. Many families are dealing with anxiety and depression due to a loss of loved ones, jobs, locked down, and financial insecurity. Despite this, it has spurred international cooperation to contain the pandemic and altered everyone's family dynamics.[1] When most citizens were under lockdown because of the global pandemic COVID-19 in April 2020, in America, there has been a 1000% growth in mental illnesses.[2] During the COVID-19 outbreak, many psychological problems and serious consequences for mental health, such as stress, anxiety, depression, frustration, and uncertainty, emerged gradually.[3] According to reports, inattention, distraction, and a fear/risk of getting disease about the global pandemic, COVID-19 was the most prevalent psychosocial and behavioral issues among teenagers and young adults throughout the pandemic.[4]

Furthermore, as per recent reports, the government's quick implementation of the lockdown has created challenges

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for economically disadvantaged people as evidenced by the exodus of migrant workers in huge numbers and their concerns about food among those living in slum regions.[5] To comprehend malfunctioning processes and inappropriate lifestyle choices that could trigger the formation of mental diseases, anxiety-inducing themes related to the rise of the social and economic health problems needed to be addressed early on when the general public became more aware.[6] College students have been reported to be more susceptible to the adverse consequences of quarantine than the general population.[7] Students who were planned to take classes, set to begin clinical practice or laboratory work, and prepare for their postgraduate or further study entrance examination were also kept in isolation at home. In addition, the standard mode of transportation was stopped. This further messed up these students' academic plans which may lead to anxiety and depression as a result. Furthermore, the COVID-19 outbreak caused an even faster rise in adult mental health issues. According to one study, economic implications, effects on daily living, and delays in academic activity were all positively associated with anxiety symptoms.[8] It is suggested that the mental health (anxiety and depression) of college students should be monitored during epidemics.

The objective of the study is to determine the psychological consequences related to COVID-19 in terms of fear of disease, anxiety, depression, and addiction (substance abuse) status among college students and to associate these findings with demographic baseline data.

Materials and Methods

Study design and settings

The quantitative research approach was used with descriptive research design among college students (n = 641) those who were fulfilling the criteria to participate in research from selected colleges. The non-probability convenient sampling strategy was used to choose students from all streams for the main investigation.

Participants

The study participant was college students (n = 641) of either sex, aged between 16 and 30 years, enrolled in the study using a non-probability convenient sampling technique. The sample size was determined using the formula ($N=n/1+ne^2$) for estimating proportions and the sample size was at 4% level of significance were found 570 when known population was 10,000 students. It was 630 after accounting for a 10% of dropout rate. As a result, 641 participants met the sample size requirement.[9] The inclusion criteria followed were: (1) Students who studied in college of any stream, (2) willing to participate in the study, and (3) students who understand Hindi and English.

Data collection tool and procedure

The data for study were collected using structured proforma through Google Form (online mode) from September 13, 2022, to December 12, 2022, on demographic baseline data and questionnaire to assess fear of disease, anxiety using GAD-7 scale (consist of seven statement with minimum 0 to maximum 21 score), depression using PHQ-9 scale (consist of nine statement with minimum 0 to maximum 27 score), and addiction to substance abuse using CAGE substance abuse screening tool (consist of four statement with minimum 0 to maximum 4 score). First, the investigator constructed a Google Form, sent through whatsApp group, email, and other online/app mode to different college. Students were assured of their confidentiality of their responses. Consent form was obtained through Google Form from the students before data collection.

Ethical considerations

The ethical approval of this study was obtained from Institutional Ethical Committee (PMCH/IRC/Feb–2022/11). The participants were explained about the aim and procedure of the research. The voluntary participation through consent, anonymity, and confidentiality of the data ensured.

Statistical analysis

The data were analyzed using IBM SPSS (version 23) software. On the basis of the study's objectives and hypotheses, the investigator estimated the results using both descriptive and inferential statistics, and a master data sheet was created to compute the data. The demographic baseline data, which included sample characteristics, were analyzed by frequency, and percentage. The mean anxiety, depression, and addiction status among the students were compared using frequency, mean, and standard deviation. The mean score of anxiety, depression, and addiction status among the students was associated using Chi-square test.

Results

A sample of 641 students' data was gathered from different colleges based on particular criteria through an online survey and exported to a Microsoft Excel file before being uploaded to IBM SPSS statistics 23.0 edition. The statistical analysis of data was carried out using IBM SPSS at a significance level of 0.05. The data, sociodemographic characteristics, anxiety level depression level, and addiction to substance abuse were analyzed using descriptive statistics which includes means, standard deviation, and range, presented in terms of frequency and percentage which is illustrated in Table 1. The independent t-test and the ANOVA test were used for the categorical and continuous variables.

The sociodemographic and professional characteristics of Participants

A total 641 students participated in the study. As per distribution [Table 1], students according to their age, majority 333 (52%) were belongs to age group 16–20 years and most of them 523 (81.6%) were females. Majority, that is, 529 (82.5%) were undergraduate students. Around 229 (35.7%) were studied in 3rd year. Around 387 (60.4%) students were residing in central

Table 1: Frequency distribution (frequency and percentage) of subjects (Students) in terms of their personal characteristics (*n*=641)

Category	*n*	(%)
Age		
16–20	333	(52)
21–25	302	(47.1)
26–30	6	(0.9)
Gender		
Male	118	(18.4)
Female	523	(81.6)
Level of education?		
Diploma/certificate	67	(10.5)
Under graduate	529	(82.5)
Post graduate	45	(7)
Year of studying?		
First year	169	(26.4)
Second year	131	(20.4)
Third year	229	(35.7)
Final year	112	(17.5)
Area of residence (region/zone)?		
Central Gujarat	387	(60.4)
Kutch	2	(0.3)
North Gujarat	129	(20.1)
Saurashtra	25	(3.9)
South Gujarat	98	(15.3)
Place of residence?		
Rural	279	(43.5)
Urban	362	(56.5)
Living with parents/family/friends?		
Yes	615	(95.9)
No	26	(4.1)
Has someone close to you been infected with COVID-19?		
Yes	119	(18.6)
No	522	(81.4)

**n*: Number of participants

Table 2: Frequency distribution (frequency and percentage) of subjects (Students) in terms of their fear of disease/risk perception (*n*=641)

Category	*n*	(%)
I am personally worried about the Novel Corona virus/ COVID-19 at present		
No	143	(22.3)
Yes	498	(77.7)
Do you agree that the Novel corona virus/COVID-19 will NOT affect many people in the country		
No	394	(61.5)
Yes	247	(38.5)
I will have symptoms of Novel corona virus/COVID-19 in few months		
No	545	(85)
Yes	96	(15)
Getting sick with the novel coronavirus/COVID-19 is definitely fatal		
No	392	(61.2)
Yes	249	(38.8)
I am using immunity boosters so i will NOT Have symptoms of novel coronavirus/COVID-19		
No	222	(34.6)
Yes	419	(65.4)
Right now, I am afraid to go to public places		
No	211	(32.9)
Yes	430	(67.1)
I am wearing N95 Mask as per need but this will NOT protect me to get infected		
No	303	(47.3)
Yes	338	(52.7)
Someone in my family have comorbidity, soon they will be infected with COVID-19		
No	525	(81.9)
Yes	116	(18.1)

**n*: Number of participants

Gujarat and most of them 362 (56.5%) were belonged to urban community. Majority 615 (96%) students were living with family or friends and 522 (81.4%) students told that no one close to them been infected with COVID-19.

Participant's risk perception or fear of disease to affect with COVID-19

The data of risk perception or fear of disease to affect with COVID-19 were analyzed using descriptive statistics presented in terms of frequency and percentage which is illustrated in Table 2. It was reported that majority of them were personally worried about the novel coronavirus/COVID-19 at present and they have fear that they will have symptoms of novel coronavirus/COVID-19 in few months. Majority of students afraid to go to public places and using immunity boosters so they will not have symptoms of novel coronavirus/COVID-19.

Participant's level of anxiety, depression, and addiction status to substance abuse

The analysis of the psychological impact of COVID-19 among students under sub-theme as anxiety, depression, and addiction status has been analyzed and presented in term of different categories, that is, mild, moderate, and severe and presented in term of mean and standard deviation. These categories were anxiety level, depression level, and addiction status which is illustrated in Table 3. The data show that mean anxiety score, depression score, and addiction (CAGE) score were 4.66, 5.19, and 0.41, respectively. The data show that majority 369 (57.6%) student were having minimal anxiety, most of them 371 (57.9%) were have none-minimal depression and majority, that is, 573 (89.4%) were clinically not significant to addiction or substance abuse due to COVID-19.

Table 3: Level of anxiety, depression, and addiction status among students (*n*=641)

Category	*n*	(%)	Mean±SD	Range
Anxiety level				
Minimal anxiety	369	(57.6)	4.66±4.773	0–21
Mild anxiety	157	(24.5)		
Moderate anxiety	88	(13.7)		
Severe anxiety	27	(4.2)		
Depression level				
None-minimal	371	(57.9)	5.19±5.695	0–27
Mild depression	141	(22)		
Moderate depression	82	(12.8)		
Moderately severe depression	30	(4.7)		
Severe depression	17	(2.7)		
Addiction status (CAGE)				
Clinically not significant	573	(89.4)	0.41±0.821	0–4
Clinically significant	68	(10.6)		

**n*: Number of participants, *SD: Standard deviation

The relation of variables (anxiety, depression, and addiction to substance abuse) with the characteristics of participants

The relation of variables (Anxiety, depression, and addiction to substance abuse) with the characteristics of participants is shown in Table 4. The students who residing in rural showed significantly higher anxiety (t = 4.091; *P* = 0.000) and depression (t = 3.308; *P* = 0.001) than urban, respectively. The students whose close family member been infected with COVID-19 showed significantly lower anxiety (t = 5.131; *P* = 0.000) and depression (t = 4.743; *P* = 0.000) than others, respectively. The year of studying was found to be significantly associated with anxiety (F = 5.299; *P* = 0.001), depression (F = 3.460; *P* = 0.0160), and addiction to substance abuse (F = 2.687; *P* = 0.046), while the region/zone of residence was found to be significantly associated with anxiety (F = 2.385; *P* = 0.05), depression (F = 3.382; *P* = 0.009), and addiction to substance abuse (F = 3.127; *P* = 0.015).

Discussion

In this study, total of 641 responses were evaluated during the survey. About 17.9% had moderate-to-severe anxiety, 10.5% of the participants had depression, and 10.6% of participants were clinically significant to addiction to any substance abuse. It is similar to the outcome of a recent study, over one-fifth (38.2%) of the participants reported anxiety, and 19.5% had moderate-to-severe depression.[10] One more study reported that exposed HCPs working with patients during a pandemic are more susceptible to mental distress, sleeplessness, alcohol/drug usage, characteristics of post-traumatic stress disorder, depressive symptoms, anxiety, exhaustion, rage, and higher perceived stress.[11] Organizational, societal, personal, and predisposing psychological factors anticipate such issues with mental health, and they may interfere with the quality of patient care; nevertheless, there are very few evidence-based early interventions available. The same results found in a study showed an increased prevalence of anxiety and depression, risky and destructive alcohol use, and a worse than the average ratio of mental well-being. Furthermore, it was discovered that young adults between the ages of 21 and 40 are more vulnerable due to their alcohol-drinking habits and mental health.[12] In comparison to one study, students were classified into one of three profiles based on the mental health consequences, they reported having minimal (14% of the sample), moderately (40%), or severe (45%) COVID-19 symptoms.[13] According to findings of another study, approximately 36% of individuals reported moderate-to-severe mental health effects, 25% reported mild-to-severe anxiety, 41% reported depressive symptoms, and 41% reported stress.[14] In comparison to other

Table 4: Anxiety, depression, and addiction to substance abuse by the characteristics of participants (*n*=641)

Category	Anxiety			Depression			Addiction to substance abuse		
	Mean±SD	t/F	*P*-value	Mean±SD	t/F	*P*-value	Mean±SD	t/F	*P*-value
Age									
16–20	4.33±4.792	2.007	0.135	4.89±5.600	2.247	0.107	0.40±0.791	0.322	0.725
21–25	5.05±4.758			5.59±5.810			0.42±0.866		
26–30	3.33±3.024			1.83±2.714			0.17±0.408		
Gender									
Male	4.20±4.406	−1.151	0.250	5.14±5.690	−0.112	0.911	0.47±0.844	0.883	0.378
Female	4.76±4.850			5.20±5.701			0.39±0.820		
Level of education?									
Diploma/certificate	5.04±4.956	1.810	0.165	6.24±6.944	1.282	0.278	0.42±0.890	1.389	0.250
Undergraduate	4.51±4.684			5.06±5.468			0.39±0.809		
Postgraduate	5.82±5.420			5.18±6.221			0.60±0.889		
Year of studying?									
First year	3.44±4.142	5.299	0.001	4.03±4.806	3.460	0.016	0.50±0.901	2.687	0.046
Second year	5.37±5.113			5.92±5.909			0.49±0.906		
Third year	5.05±4.673			5.57±5.832			0.36±0.768		
Final year	4.88±5.169			5.29±6.186			0.26±0.681		
Area of residence (Region/Zone)?									
Central Gujarat	4.44±4.692	2.385	0.05	5.11±5.560	3.382	0.009	0.34+0.740	3.127	0.015
Kutch	8.50±3.536			8.50±4.950					
North Gujarat	4.77±4.696			4.50±5.494			0.53±0.977		
Saurashtra	7.24±6.476			8.88±7.079			0.12±0.953		
South Gujarat	4.63±4.569			5.42±5.831			0.56±0.953		
Place of residence?									
Rural	5.33±5.115	4.091	0.000	5.84±6.146	3.308	0.001	0.42±0.845	0.43	0.687
Urban	3.79±4.140			4.35±4.935			0.39±0.797		
Living with parents/family/friend?									
Yes	4.64±4.763	−0.455	0.650	5.17±5.660	−0.495	0.621	0.41±0.833	0.375	0.707
No	5.08±5.091			5.73±6.558			0.35±0.562		
Has someone close to you been infected with COVID-19?									
Yes	4.21±4.560	−5.131	0.000	4.69±5.316	−4.743	0.000	0.39±0.813	−0.706	0.480
No	6.65±5.185			7.39±6.717			0.45±0.871		

*t: Unpaired t-test, *SD: Standard deviation, *F: ANOVA test

studies, during the COVID-19 spread, depressed symptoms, anxiety symptoms, and symptoms of both conditions were seen in 43.7%, 37.4%, and 31.3% of people, respectively.[15]

Study data from responses showed, students experienced wide variety of risk perception related to COVID-19 on mental health. The most often reported fear of disease or risk perception statements were "I am personally worried about the novel coronavirus/COVID-19 at present," "I will have symptoms of COVID-19/COVID-19 in a few months," "Someone in my family has comorbidity, soon they will be infected with COVID-19" and "Right now, I am afraid to go to public places." It is comparable to the study's findings, Irish university students showed high levels of COVID-19 knowledge and compliance with prevention strategies. In contrast, the perception of risk was somewhat high, students were more concerned about others than they were about themselves. High levels of risk perception significantly predict preventive behavior patterns, although general knowledge of the virus enhanced the likelihood of vaccine uptake.[16] Another study found that persons who live with a high-risk family member for COVID-19 had considerably greater levels of stress, anxiety, and sadness.[17] In comparison to another study, for the overall sample, the impression of COVID-19 significance and self-efficacy to handle COVID-19 was revealed to be significantly positively correlated. The top reasons given by participants for their readiness to take COVID-19 preventative measures were awareness of one's own health responsibility, followed by preventing the spread to other people and a belief that COVID-19 is severe.[18,19] Another study identifies characteristics related to older individuals' fear of COVID-19 outbreak. More concern of COVID-19 outbreak was connected with advanced age, Dalit ethnicity, distance from health institution, and being anxious or overburdened by the COVID-19 outbreak. Fear of COVID-19 was inversely connected to preexisting health issues in older persons.[20] According to previous surveys, the current COVID-19 health emergency is considered severe by Spaniards, and the most of thought that the COVID-19 emergency had a significant influence on everyday lives, including disruptions in their everyday routines and cancellation of vital activities.[14]

This study reveals, students who residing in rural showed significant higher anxiety and depression than urban. This might be because of less awareness on knowledge and treatment regarding COVID-19. According to one study, the mean score of rural people is 54.29 with a standard deviation of 12.33, whereas the mean score of urban people is 51.48 with a standard deviation of 10.88. The rural population has a greater mean anxiety level than the urban population.[21] Other study shows same result that rural participants are more depressed than urban participants ($P = 0.038$).[17] whereas another study findings contradict to our results shows, compared to their rural counterparts, urban patients had considerably higher rates of mental health issues (anxiety: 27.5% vs. 23.2%, depression: 15.3% vs. 12.4%, and insomnia: 29.5% vs. 25.5%, all $P = 0.05$). There was a difference in being positively associated with constructive behaviors between rural and urban areas.[22,23]

This study also reveals that the students whose close family member been infected with COVID-19 showed significant lower anxiety and depression than other which might because of they know well about COVID-19, spread, and prevention aspects. This study also indicated that the year of study was strongly connected with anxiety, depression, and substance abuse addiction and that the regions/zone of residence were significantly associated with anxiety, depression, and substance abuse addiction. A study analysis observed that women were more likely to have depressive and anxious symptoms. Scores in senior year of high school were a contributing factor for depressive and anxious symptomatology; the higher the grade, the more frequently these symptoms manifested.[15]

Conclusion

The study reported, college students still experienced anxiety and depression due to COVID-19. As a result, this study could help college administrators and mentors establish preventive methods and individualized interventions for anxiety and depression. Because rural youngsters are more anxious, the government should place a greater emphasis on rural medical services, such as awareness campaigns and counseling centers.

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Conflicts of interest declaration

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