



'EFFECT OF COVID 19 ON SOCIOECONOMIC AND PSYCHOSOCIAL PARAMETERS AMONG ADULTS RESIDING IN RURAL AND URBAN COMMUNITY, KAMRUP, ASSAM: A COMPARATIVE STUDY'.

Suman Sultana

Msc Nursing 2nd year (Community Health Nursing) Asian Institute of Nursing Education

DR. (MRS)

Unmona

Borghain Saikia*

Dean, Faculty Of Nursing, SSUHS, Principal, Asian Institute of Nursing Education, Dispur, Guwahati, Assam. *Corresponding Author

ABSTRACT

World history has shown that from time to time various pandemics have appeared in the world that have had an enormous impact on the social, economic and psychological life of the entire international community. It has been observed that the spread of Covid 19 poses various challenges in human society as a whole in socio-economic life and psychosocial health. The aim of the study was to assess the effect of covid 19 on socioeconomic and psychosocial parameters among adults residing in rural and urban community, Kamrup, Assam.

METHODS AND MATERIALS- Quantitative approach Cross sectional research design was used in this study using Convenience sampling technique. Modified Health promotion model by Nola J Pender was used as a conceptual framework in this study

RESULTS- A total of 100 adults (50 each) from selected rural and urban area of Kamrup, Assam participated in each study. In the rural area, most of the adults 23(46%) had mild and moderate level of socio economic effect whereas in the urban area, most of the adults 33(66%) had moderate level of socio economic effect. In the rural area, most of the adults 45(90%) had severe level of psychosocial effect whereas in the urban area, most of the adults 47(94%) had severe level of psychosocial effect. There was significant difference in the effect of COVID-19 between the adults in rural and urban area. The analysis revealed that for socioeconomic parameters in rural area the demographic variables educational status and source of information whereas urban area religion and monthly income had shown statistically significant association with level of socio economic effect of COVID-19 among adults.

CONCLUSION- Therefore it has aroused the need for health awareness campaign, counseling session and creates a better and healthy community.

KEYWORDS : Effect, COVID 19, socioeconomic parameters psychosocial parameters, adults

INTRODUCTION-

Humans have witnessed three deadly pandemics so far in the twenty first century which are associated with novel coronaviruses: SARS, Middle East respiratory syndrome (MERS), and COVID-19. The recently emerged COVID-19 disease is a highly transmittable viral infection caused by zoonotic novel coronavirus named severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Human civilization probably has been through the most critical juncture of this millennium where it is being challenged by the emergence of a novel severe acute respiratory syndrome coronavirus (SARS-Cov-2) encroaching all territories over the world expeditiously. COVID-19, is caused by a new strain of coronavirus, first spotted in Wuhan city of China in December 2019 which the World Health Organization has referred as pandemic. The pandemic created an unstable environment for individuals across the globe leading to loss of business activities, and loss of employment^[1].

The recent COVID-19 outbreak and the relevant precautionary measures amid the pandemic to limit its spreading had clear impacts on human mobility at global scale at large. The COVID-19 pandemic has become a health crisis: it has affected societies and economies at their core level. The effect of pandemic varies from country to country; Since December 2019, the coronavirus (COVID 19) outbreak has effected everyone's daily lives globally. It has generated a global economic crisis. The entire world is passing through great uncertainty. There are, two major challenges that the Indian economy is facing at this juncture.

- Firstly to save the country from the spread of Corona virus, this has become a health emergency.
- Secondly is to save the economy from the unfolding economic crisis due to the pandemic and the global and national lockdown.

As of 16th May, 2021 at 10:39 GMT, the virus had infected 16, 32, 42, 201 people worldwide^[2]. In the beginning of the pandemic, the disease took root in urban areas. In late-April 2020, 77% of cases were in urban districts, and only 10% were in rural districts. But on November 29 2020, the share of urban districts had declined, while that of rural and semi-urban districts has gone up, which means the disease has now spread to far-flung corners of the country^[3]. Cities are the epicenter of the COVID-19 pandemic, with slums the eye of the storm. As COVID-19 pandemic continues to expand, the current outbreak will have

profound effect not only in the health and economic situation, but also on the psychosocial well-being. It has brought a major change in the social and economic structure of the world. Similarly, it has affected Nature to religion, education, health, transport, tourism, business, sectors of industry.

OBJECTIVE:

1. To assess the effect of COVID 19 on socioeconomic and psychosocial parameters among adults residing in rural and urban community.
2. To compare the effect of COVID 19 on socioeconomic and psychosocial parameters among adults residing in rural and urban community
3. To find out the association between effect of COVID 19 on socioeconomic and psychosocial parameters among adults with the selected demographic variables

REVIEW OF LITERATURE

SECTION-I- Literature related to Covid 19.

Al-Hanawi M K, et.al. (2020) conducted an online Cross-Sectional Study on Knowledge, Attitude and Practice Toward COVID-19 Among the Public in the Kingdom of Saudi Arabia. From 3,388 participants results showed that the majority of the study participants were knowledgeable about COVID-19. The mean COVID-19 knowledge score was 17.96 (SD = 2.24, range: 3–22), indicating a high level of knowledge. The mean score for attitude was 28.23 (SD = 2.76, range: 6–30), indicating optimistic attitudes. The mean score for practices was 4.34 (SD = 0.87, range: 0–5), indicating good practices. However, the results showed that men have less knowledge, less optimistic attitudes, and less good practice toward COVID-19, than women^[4]

SECTION-II- Literature related to psychosocial aspect.

Paula O G, Gómez A P, Iruñia M J, Rodrigo D L G (2020) conducted an online cross-sectional study on Psychological Effects of the COVID-19 Outbreak and Lockdown Among Students and Workers of a Spanish University. Out of 2530 members of the a total of 50.43% of respondents presented moderate to severe effect of the outbreak. Students seem to have suffered an important psychological effect during the first weeks of the COVID-19 lockdown. the study concluded timely crisis-oriented psychological services should be

provided and preventive measures need to be taken in future pandemic situations and also mental health in university students should be carefully monitored⁵¹

SECTION-III- Literature related to socioeconomic aspect.

Bodrud-Doza M, Shammi M, Bahlman L, Islam ARMT, Rahman MM (2020) conducted an online study on Psychosocial and Socio-Economic Crisis in Bangladesh Due to COVID-19 Pandemic. A perception-based questionnaire was put . there was a negative association between the fragile health system of Bangladesh and the government's ability to deal with the pandemic ($p < 0.05$), revealing the poor governance in the healthcare system. A positive association of shutdown and social distancing with the fear of losing one's own or a family members' life, influenced by a lack of healthcare treatment ($p < 0.05$), reveals that, due to the decision of shutting down normal activities, people may be experiencing mental and economic stress. However, a positive association of the socio-economic effect of the shutdown with poor people's suffering, the price hike of basic essentials, the hindering of formal education ($p < 0.05$), and the possibility of a severe socio-economic and health crisis will be aggravated. Findings indicated that iwn society, it has created psychosocial and socio-economic insecurity among people due to the loss of lives and livelihoods⁶¹.

RESEARCH METHODOLOGY

RESEARCH APPROACH: Quantitative research approach

RESEARCH DESIGN: Cross sectional research design

RESEARCH VARIABLES: Effect of Covid 19 on socioeconomic and psychosocial parameters

DEMOGRAPHIC VARIABLES: Age, Gender, Educational status, Occupational status, Religion, Monthly income of the family, Type of family, Marital status, any co morbid disease, any symptoms present, previous information of COVID 19, source of information

SETTING: The rural setting is Sonapur Bazaar road near Sonapur District hospital and the urban setting is in Dhirenpara , Guwahati, Assam.

POPULATION-In this study, the population selected for the study were the adults

TARGET POPULATION: In this study, the target population was adults residing in selected rural and urban community, Kamrup, Assam.

ACCESSIBLE POPULATION- In this study accessible population are adults residing in Sonapur and Dhirenpara, Kamrup, Assam.

SAMPLE- In this study, the sample was adults residing in Sonapur and Dhirenpara, Kamrup, Assam and who fulfilled the inclusion criteria.

SAMPLE SIZE- 100

SAMPLING TECHNIQUE: convenience sampling technique.

SAMPLE CRITERIA

INCLUSION CRITERIA-The inclusive criteria for the study were adults who are:

- Present on the day of data collection.
- who is only assamese

EXCLUSION CRITERIA : The exclusion criteria in the study were:

- Not willing to participate
- Critically ill
- Mentally disabled

TOOLS

The tool in the study consists of demographic questionnaire and structured interview schedule consisting of 2 sections i.e. socioeconomic tools and psychosocial tools.

TECHNIQUES- Interview method was used

CONTENT VALIDITY

The prepared tool was validated by: 4 Nursing experts from the field of community health nursing, 2 Nursing experts from the field of psychiatric nursing and 1 medical expert from the field of psychology.

RELIABILITY OF TOOL: The reliability of the tool was done by

test retest method for socio economic tools and the reliability was found 0.92 and the reliability of the tool was done by inter rater method for psychosocial tools and the reliability was found 0.80

ETHICAL CONSIDERATION:

The following were the ethical consideration of the study:

- Ethics clearance was taken from the ethics committee INS trust, Dispur, Guwahati, Assam
- Permission was taken from Joint Directorate of Health Services and village headman of Dhirenpara, Guwahati, Assam

PILOT STUDY : the study was conducted from 11.01.2021 to 16.01.202. 10 samples were selected using convenience sampling technique and the study was found to be feasible

MAIN STUDY- The main study was conducted for urban community in Dhirenpara Kamrup(M) and for rural community in Sonapur .The data collection began from 1.02.2021 to 27.02.2021.

RESULTS

TABLE I: frequency and percentage distribution of respondents according to demographic variables

VARIABLES		N = 100(50+50)			
		FREQUENCY(f)		PERCENTAGE (%)	
		RURAL	URBAN	RURAL	URBAN
Age group (in years)	21 – 30 years	18	22	36.0	44.0
	31 – 40 years	21	17	42.0	34.0
	41 – 50 years	9	8	18.0	16.0
	51 – 60 years	2	3	4.0	6.0
GENDER	Male	18	22	36.0	44.0
	Female	32	28	64.0	56.0
	Transgender	0	0	0	0
Educational status	Professional or honours	0	0	1	2.0
	Graduate	5	10.0	10	20.0
	Intermediate or diploma	1	2.0	5	10.0
	High school certificate	16	32.0	18	36.0
	Middle school certificate	11	22.0	7	14.0
	Primary school certificate	11	22.0	8	16.0
	Illiterate	6	12.0	1	2.0
Occupation	Legislators, Senior Officials & Managers	0	0	1	2.0
	Professionals	5	10.0	8	16.0
	Technicians and Associate Professionals	0	0	0	0
	Clerks	1	2.0	2	4.0
	Skilled Workers and Shop & Market Sales	3	6.0	3	6.0
	Skilled Agricultural & Fishery Workers	1	2.0	2	4.0
	Craft & Related Trade Workers	0	0	0	0
	Plant & Machine Operators and Assemblers	3	6.0	0	0

	Elementary Occupation	5	10.0	7	14.0
	Unemployed	32	64.0	27	54.0
Religion	Hindu	40	80.0	42	84.0
	Muslim	10	20.0	8	16.0
	Others	0	0	0	0
Monthly Income of the family	Less than 10,000	14	28.0	8	16.0
	10,001- 29,972	31	62.0	33	66.0
	29,973-49,961	5	10.0	9	18.0
	Above 49,962	0	0	0	0
Type of family	Nuclear family	35	70.0	38	76.0
	Joint family	15	30.0	12	24.0
Marital status	Married	36	72.0	44	88.0
	Unmarried	14	28.0	6	12.0

PRESENCE OF ANY COMORBID DISEASE					
Hypertension	Yes	4	8.0	7	14.0
	No	46	92.0	43	86.0
Diabetes	Yes	2	4.0	3	6.0
	No	48	96.0	47	94.0
Anemia	Yes	0	0	0	0
	No	50	100.0	50	100.0
Tuberculosis	Yes	0	0	0	0
	No	50	100.0	50	100.0
Asthma	Yes	0	0	0	0
	No	50	100.0	50	100.0
Depression	Yes	0	0	0	0
	No	50	100.0	50	100.0
Pneumonia	Yes	0	0	0	0
	No	50	100.0	50	100.0
Others	Yes	0	0	0	0
	No	50	100.0	50	100.0

Presence of any of the symptoms					
Fever	Yes	-	-	-	-
	No	50	100.0	50	100.0
Dry cough	Yes	-	-	-	-
	No	50	100.0	50	100.0
Breathing problems	Yes	-	-	-	-
	No	50	100.0	50	100.0
Loss of smell/taste	Yes	-	-	-	-
	No	50	100.0	50	100.0
Headache	Yes	-	-	-	-
	No	50	100.0	50	100.0
Diarrhoea	Yes	-	-	-	-
	No	50	100.0	50	100.0
Weakness	Yes	-	-	-	-
	No	50	100.0	50	100.0
Previous information regarding COVID 19	Yes	50	100.0	50	100.0
	No	-	-	-	-
If yes, Source of information	Television	30	60.0	33	66.0
	Newspaper	3	6.0	5	10.0
	Social media	5	10.0	7	14.0
	Relatives and friends	12	24.0	5	10.0
	Health professional	-	-	-	-
	Other please specify	-	-	-	-

Fig i: Frequency and percentage distribution of level of socio economic effect among adults in rural and urban community.

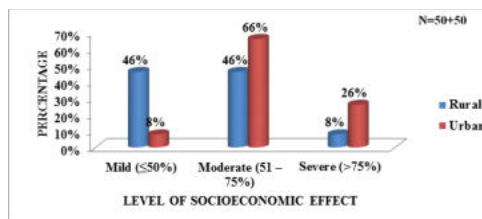


Figure II: Frequency and percentage distribution of level of psycho social effect among adults in rural and urban community

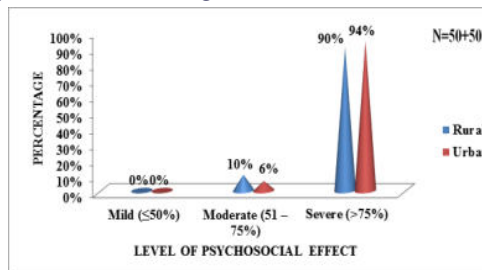


Table II: Comparison of effect of COVID-19 between adults in rural and urban community.

Parameter	Area	Mean	S.D	Mean Diff.	Student Independent 't' test
SOCIOECONOMIC	Rural	13.94	3.69	3.52	t = 4.994 p = 0.0001, S***
	Urban	17.46	3.35		
PSYCHOSOCIAL	Rural	49.54	4.79	3.46	t = 3.387 p = 0.001, S***
	Urban	53.0	5.41		
OVERALL	Rural	63.48	7.33	6.98	t = 4.826 p = 0.0001, S***
	Urban	70.46	7.13		

***p<0.001, S – Significant

Table III: Association of level of socio economic effect of COVID-19 among adults with demographic variables in rural community. n = 50

SL NO	DEMOGRAPHIC VARIABLES	CHI SQUARE	df	p-value	Remarks
1.	Age(yrs)	5.280	6	0.508	Not significant at p>0.05
2.	Gender	5.229	2	0.073	Not significant at p>0.05
3.	EDUCATIONAL STATUS	20.579	10	0.024	Significant at p<0.05
4.	OCCUPATION	8.765	12	0.723	Not significant at p>0.05
5.	RELIGION	1.630	2	0.443	Not significant at p>0.05
6.	MONTHLY INCOME OF THE FAMILY	8.527	4	0.074	Not significant at p>0.05
7.	TYPE OF FAMILY	0.466	2	0.792	Not significant at p>0.05
8.	MARITAL STATUS	1.475	2	0.478	Not significant at p>0.05
9.	COMORBID DISEASE				
	HYPERTENSION	1.560	2	0.459	Not significant at p>0.05
	DIABETES	0.1812	2	0.913	Not significant at p>0.05
10.	SOURCE OF INFORMATION	19.366	6	0.004	Significant at p<0.01

Table IV: Association of level of psychosocial effect of COVID-19 among adults with demographic variables in rural community.

n = 50

SL NO	DEMOGRAPHIC VARIABLES	CHI SQUARE	df	p-value	Remarks
1.	Age(yrs)	6.085	3	0.108	Not significant at p>0.05
2.	Gender	0.617	1	0.432	Not significant at p>0.05
3.	EDUCATIONAL STATUS	1.094	5	0.955	Not significant at p>0.05
4.	OCCUPATION	3.495	6	0.745	Not significant at p>0.05
5	RELIGION	1.389	1	0.239	Not significant at p>0.05
6.	MONTHLY INCOME OF THE FAMILY	0.973	2	0.615	Not significant at p>0.05
7.	TYPE OF FAMILY	0.265	1	0.607	Not significant at p>0.05
8.	MARITAL STATUS	0.176	1	0.675	Not significant at p>0.05
9.	COMORBID DISEASE				
	HYPERTENSION	0.483	1	0.487	Not significant at p>0.05
	DIABETES	0.231	1	0.630	Not significant at p>0.05
10.	SOURCE OF INFORMATION	1.296	3	0.730	Not significant at p>0.05

Table V: Association of level of socio economic effect of COVID-19 among adults with demographic variables in urban community

n = 50

SL NO	DEMOGRAPHIC VARIABLES	CHI SQUARE	df	p-value	Remarks
1.	Age(yrs)	2.638	6	0.853	Not significant at p>0.05
2.	Gender	4.941	2	0.085	Not significant at p>0.05
3.	EDUCATIONAL STATUS	11.683	12	0.471	Not significant at p>0.05
4.	OCCUPATION	15.660	12	0.207	Not significant at p>0.05
5	RELIGION	13.270	2	0.001	Significant at p<0.001
6.	MONTHLY INCOME OF THE FAMILY	11.151	4	0.025	Significant at p<0.05
7.	TYPE OF FAMILY	0.009	2	0.995	Not significant at p>0.05
8.	MARITAL STATUS	2.320	2	0.313	Not significant at p>0.05
9.	COMORBID DISEASE				
	HYPERTENSION	4.987	2	0.083	Not significant at p>0.05
	DIABETES	1.644	2	0.440	Not significant at p>0.05
10.	SOURCE OF INFORMATION	4.956	6	0.549	Not significant at p>0.05

Table VI: Association of level of psychosocial effect of COVID-19 among adults with demographic variables in urban community.

n = 50

SL NO	DEMOGRAPHIC VARIABLES	CHI SQUARE	df	p-value	Remarks
1.	Age(yrs)	2.638	6	0.853	Not significant at p>0.05

2.	Gender	0.665	1	0.415	Not significant at p>0.05
3.	EDUCATIONAL STATUS	3.282	6	0.773	Not significant at p>0.05
4.	OCCUPATION	5.908	6	0.434	Not significant at p>0.05
5	RELIGION	0.608	1	0.436	Not significant at p>0.05
6.	MONTHLY INCOME OF THE FAMILY	1.644	2	0.440	Not significant at p>0.05
7.	TYPE OF FAMILY	3.185	1	0.074	Not significant at p>0.05
8.	MARITAL STATUS	0.435	1	0.509	Not significant at p>0.05
9.	COMORBID DISEASE				
	HYPERTENSION	0.520	1	0.471	Not significant at p>0.05
	DIABETES	0.204	1	0.652	Not significant at p>0.05
10.	SOURCE OF INFORMATION	2.504	3	0.475	Not significant at p>0.05

DISCUSSION –

The findings showed that in the rural area, most of the adults 23(46%) had mild and moderate level of socio economic effect whereas in the urban area, most of the adults 33(66%) had moderate level of socio economic effect. This is in contrast to a study conducted by M Bhaskar Acharjya Deka on effect of lockdown in the livelihood of street vendors using non-probability (Convenient sampling) technique on 50 respondents from 4 different places of the Guwahati city. The study revealed that majority 50 (100%) had adverse effect on the livelihood of the street vendors of the respondents who were considered for the study^[7].

The findings showed that in the rural area, most of the adults 45(90%) had severe level of psychosocial effect whereas in the urban area, most of the adults 47(94%) had severe level of psychosocial effect. This finding was similar from the study conducted in china by Wang et al which reported 53.8% of respondents suffered a psychological effect from the outbreak, ranging from moderate to severe among 1210 respondents^[8]

The findings showed that in the rural area, most of the adults 45(90%) had severe level of psychosocial effect Whereas in the urban area, most of the adults 47(94%) had severe level of psychosocial effect. Varshney M, Parel JT, Raizada N, Sarin SK (2020) conducted a cross sectional online survey among 1106 respondents from around 64 cities in the country which revealed majority 436 (66.8%) had minimal psychological effect which is in contrast of the study^[9].

CONCLUSION-

Looking into the above discussion, it becomes quite clear that the wide spread global pandemic Covid-19 has made an adverse effect in the socioeconomic and psychosocial sector. The findings revealed that there is significant difference between adults residing in rural and urban community on effects of COVID 19. The analysis revealed that for socioeconomic parameters in rural area the demographic variables educational status and source of information whereas urban area religion and monthly income had shown statistically significant association with level of socio economic effect of COVID-19 among adults. None of the demographic variables had shown statistically significant association with level of psychosocial impact of COVID-19 among adults in rural and urban area. Therefore it has aroused the need for health awareness campaign, counseling session with the collaboration of administrative on psychosocial effect and socioeconomic effect of COVID 19 and creates a better and healthy community.

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