

How to Cite:

Obed, Z. M., Saadoon, N. Y., & Hamza, H. J. (2022). Psychosocial aspects of COVID-19 among women in Hilla general population. *International Journal of Health Sciences*, 6(S2), 12237–12249. <https://doi.org/10.53730/ijhs.v6nS2.8209>

Psychosocial aspects of COVID-19 among women in Hilla general population

Zeena Majeed Obed

Academic Nurse, Ministry of Health/ Babylon Health Directorate, Iraq
Corresponding author email: zeina.obaid.nurh28@student.uobabylon.edu.iq

Naji Yaser Saadoon

Assist Prof. PhD, Community Health Nursing, College of Nursing/ University of Babylon, Iraq
Email: njn_3000@yahoo.com

Hiba Jasim Hamza

Assist. Prof. College of Nursing/ University of Babylon, Iraq
Email: nur.hiba.jassim@uobabylon.edu.iq

Abstract---Background: We are in the middle of a global health crisis unlike any other in the United Nations' 75-year existence, one that is killing people, inflicting human suffering, and upsetting lives. This isn't just a medical emergency, though. It's a disaster on a humanitarian, economic, and sociological level. The Coronavirus disease (Covid-19), which the World Health Organization has classed as a pandemic, is wreaking devastation in society on medical, psychological, and social levels. Therefore, this study aimed at investigate the psychosocial aspects of COVID-19 among women and associated factors. Methods: A descriptive cross-sectional 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. Results: 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 ($p=0.001$). Conclusions: 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. Develop health care intervention programs that specifically target low-income old women, bearing in mind that they are the most vulnerable populations.

Keywords---psychological, social, COVID-19, women.

Introduction

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 (1). On January 30, 2020, the World Health Organization (WHO) declared the coronavirus disease 2019 (COVID-19) outbreak an international public health emergency, as the disease, which was first reported in China in December 2019, continues to spread across continents, infecting many countries in Europe, America, and Asia (2). A huge section of the world's population is currently confined to their homes as a result of statewide lockdowns and home confinement tactics implemented in the majority of the COVID-19 impacted countries after China to prevent further transmission of the sickness (3). This unanticipated, rapidly spreading infectious sickness has prompted worldwide anxiety, dread, and agony, all of which, according to the World Health Organization, are legitimate psychological responses to the constantly shifting scenario (4). However, as a result of the epidemic, as well as the constant flow of publicly available information and reinforced messages obtained through practically all types of online social media platforms, unfavorable psychosomatic effects among ordinary people are projected to develop dramatically (5).

Potential psychological impacts of quarantine include significant social and economic suffering, as well as psychological symptoms from financial losses. Discrimination, mistrust and avoidance by neighbors, property instability, workplace animosity, and withdrawal from social gatherings are all key factors in the stigmatization and community rejection of the isolated area. Even after an epidemic has been contained, these characteristics must be considered. (6) At home, obligatory quarantine is frequently breached. This should be done with utmost caution, as the government's acceptance of a collar like this will only exacerbate the situation. All of these variables can contribute to social disobedience, impulsive behavior, and poor social cognition in the long run. More research into the psychology of these delinquents is needed. Altruistic behavior toward self-isolation and voluntary quarantine should be encouraged after appropriate clarification through mass communication to avoid the suffering and long-term issues of compulsory quarantine (7). Controlling COVID-19 necessitates a knowledge of the challenges and worries that the epidemic poses to individuals who are affected. The COVID-19 virus, like other epidemic viruses, has a wide spectrum of societal and inter-societal implications. In terms of death, sickness, economic damage, psychological distress, and disruption of social activities, COVID-19 has a wide variety of results. The need of psychological and

psychological therapies for all those affected by large-scale crises (e.g., patients and their families, medical workers) has been underlined in previous literature (8). Women are fighting the coronavirus on the front lines, and the crisis is wreaking havoc on them. Women face additional difficulties: they are overrepresented in health care, continue to perform the majority of unpaid home 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 in times of crisis or quarantine. Many vulnerable populations' health and well-being have been and will continue to be impacted by the pandemic. Women suffer disproportionately (9). In the experiments, COVID-19's perceptions of risk, anxiety, and dread differed considerably between men and women. Women, compared to men, have a higher perception of the danger of getting COVID-19, according to previous study (10), as well as more substantial worry and fear. 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 primary factors influencing risk perception and adopting preventative practices in the case of COVID-19, according to studies (11).

For the 15th week since the start of 2021, COVID-19 instances have accelerated. 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. Iraq's Ministry of Health reported 52,215 new instances of COVID19 infections in Week 15 compared to Week 14, a 1.6 percent increase, 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%). Continuing to mark community transmission¹, all governorates reported a positive rate of > 5%. Pandemic of COVID-19. Therefore, it found mental health rates to be low and need rehabilitation programs (Ahmad et al., 2020). Therefore, the present study aimed to assess psychosocial aspects of COVID-19 among women attended PHCCs in Babylon Province/ Iraq.

Methods

Study Design

The descriptive study design technique involves questioning individuals of the research population with the goal of defining the phenomena exclusively in terms of its type and degree of existence. 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.

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. Based on extensive review of related studies and available literatures, the study is consisting of the following parts:

Part I: This section composed of socio-demographic information which include: 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 (8) items.

Validity and Reliability

Validity was determined by a panel of 11 arbitrators who were asked to comment on each component of the study questionnaire in terms of language appropriateness, correlation with the dimension of study variables to which it was assigned, and suitability for the study population. Data was obtained from nurses to assess the questionnaire's reliability, and the test was delivered to 20 women from the study population who were not part of the initial sample. The Cronbach's alpha was found to be 0.82. The researcher adhered to the rules of writing the questionnaire due to the importance of the type of information that the researcher 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.

Method of Statistic

A SPSS-20.0 were used analyzed the information was evenly distributed. "One-way analysis of variance were used to examine variations in variables based on socio-demographic characteristics. For continuous variables, descriptive data is reported as mean standard deviation, and for categorical variables, it is shown as number (percent). Statistical significance was defined as a p 0.05".

Results

Table (1) 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.

Table (1):Socio-Demographic Characteristics

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

Findings reveals that the subjects' responses were severe Psychological aspects 2.61 (± 0.33). While, a moderate assessment of Social status 2.33 (± 0.28).

Table (2):Psychosocial Aspects

Classification		n	%	<i>M.s $\pm$ SD</i>
Psychological Aspects	Mild	0	0	2.61 $\pm$ 0.33
	Moderate	54	21.60	
	Severe	196	78.40	
Social Aspects	Mild	0	.00	2.33 $\pm$ 0.28
	Moderate	148	59.20	
	Severe	102	40.80	

There were significant differences in psychological aspects and women education level and monthly income ($p < 0.05$) (table 3).

Table (3):Statistical Differences in Psychological Aspects with regards Socio-Demographic Characteristics

Demographic data		Mean $\pm$ SD	P-value
Age Groups (Years)	18-27	2.55 $\pm$ 0.26	0.258
	28-37	2.49 $\pm$ 0.26	
	38-44	2.54 $\pm$ 0.25	
	45-57	2.42 $\pm$ 0.17	
Education level	Illiteracy	2.59 $\pm$ 0.23	<0.001
	Educated	2.47 $\pm$ 0.25	
	Elementary	2.7 $\pm$ 0.13	
	Secondary	2.51 $\pm$ 0.29	
	Institute and above de	2.49 $\pm$ 0.24	
Marital status	Single	2.49 $\pm$ 0.19	0.395
	Married	2.53 $\pm$ 0.28	
	Widow	2.38 $\pm$ 0.18	
	Divorced	2.54 $\pm$ 0.2	
Occupation	Employee	2.51 $\pm$ 0.29	0.081
	Student	2.43 $\pm$ 0.18	
	Housewife	2.54 $\pm$ 0.25	
Monthly Income	Enough a	2.39 $\pm$ 0.38	<0.001
	Enough to certain limit	2.57 $\pm$ 0.2	
	Not enough	2.51 $\pm$ 0.21	
Residence	Urban	2.5 $\pm$ 0.26	0.174
	Rural	2.55 $\pm$ 0.25	

There were significant differences in social aspects and women age, education level and monthly income ($p < 0.05$) (table 4).

Table (4):Statistical Differences in Social Aspects with regards Socio-Demographic Characteristics

Demographic data		Mean $\pm$ SD	P-value
Age Groups (Years)	18-27	2.39 $\pm$ 0.26	0.031
	28-37	2.29 $\pm$ 0.25	
	38-44	2.35 $\pm$ 0.35	
	45-57	2.15 $\pm$ 0.31	
Education level	Illiteracy	2.3 $\pm$ 0.36	0.039
	Educated	2.33 $\pm$ 0.33	
	Elementary	2.46 $\pm$ 0.2	
	Secondary	2.32 $\pm$ 0.23	
	Institute and above	2.32 $\pm$ 0.28	
Marital status	Single	2.31 $\pm$ 0.15	0.159
	Married	2.35 $\pm$ 0.3	
	Widow	2.12 $\pm$ 0.21	
	Divorced	2.32 $\pm$ 0.16	
Occupation	Employee	2.32 $\pm$ 0.32	0.081
	Student	2.24 $\pm$ 0.11	

	Housewife	2.36±0.28	
Monthly Income	Enough a	2.22±0.31	0.001
	Enough to certain limit	2.38±0.28	
	Not enough	2.33±0.2	
Residence	Urban	2.31±0.3	0.133
	Rural	2.36±0.24	

Discussion

We are in the middle of a global health crisis unlike any other in the United Nations' 75-year existence, one that is killing people, inflicting human suffering, and upsetting lives. This isn't just a medical emergency, though. It's a disaster on a humanitarian, economic, and sociological level. The Coronavirus disease (Covid-19), which the World Health Organization has classed as a pandemic, is wreaking devastation in society on medical, psychological, and social levels. Therefore, this study aimed at investigate the psychosocial aspects of COVID-19 among women and associated factors.

The goal of this study was to analyze the psychological effects of the COVID-19 epidemic on Hilla City women. Infectious infections have been shown in the literature to put people in stressful situations. Using the Chinese version of the IES, for example, "during the Severe Acute Respiratory Syndrome (SARS) outbreak, roughly 16 percent of general public respondents in Hong Kong were judged to have a moderate or severe stressful impact (12). In addition, similar to other studies in the general population, it was discovered that around one-third of the participants were at risk for depression, anxiety, and somatization disorders" (12, 13, 14). To that regard, the women's responses revealed a high level of psychological status, as characterized by higher males, with a standard deviation of 2.52 (0.26). This signifies a psychological impact that is aberrant (on a higher degree). Similarly, 23.6 percent of the Saudi general population said the epidemic had had a serious or severe psychological impact (15). This result is consistent with findings from Saudi Arabia, where the general public reported a higher mean score and showed greater psychological characteristics when the IES-R was used (15). Our findings, however, were fewer than those obtained in Egypt (16) and China (17). This could be explained by the fact that COVID-19 is rare in Hilla city, resulting in a lesser number of confirmed cases when compared to other countries (18). Furthermore, the findings are consistent with those of a study done among Jordan's general population, which found that the COVID-19 epidemic has imposed a substantial amount of psychological stress on Jordanians, particularly among females. For the length of the COVID-19 epidemic, governments should engage with psychiatrists, mental health specialists, and local institutions to provide high-quality, prompt crisis-oriented psychological treatment to the affected persons. The low psychological scores in this study can be linked to the disease's recent outbreak's low prevalence rate and the fact that the country was able to contain the disease's spread during this time (19). Another possibility is that the outbreak was not regarded particularly severe at the time the study was conducted. The fact that China was the epicenter of the outbreak explains the higher ratings there. Furthermore, the notion of underreporting of COVID-19 cases in Egypt can predict higher scores among Egyptians (20). The elevated psychological status could be related to the fact that

practically all media and interpersonal dialogues are saturated with news of the epidemic and its progression, as well as the terrible prognosis and promises of a vaccine discovery. Avoidance can boost mood and lessen negative thoughts in such a situation. Furthermore, avoidance is a natural defense strategy that seeks to prevent stress and reduce response when feelings are lost. However, if used over an extended period of time, it will have negative implications (e.g., failure to follow safety precautions, denial of the presence of infection). This is what happened in Spain, where the most common symptom among participants was avoidance (21).

The psychological well-being of Hilla people during the COVID-19 outbreak is depicted in this study. To assist health systems in dealing with the challenges produced by the COVID-19 pandemic, a worldwide response is urgently needed. The current study, as well as prior studies, indicated that the COVID-19 pandemic can cause psychopathological symptoms such as tension, anxiety, and post-traumatic stress disorder in Hilla/Iraq as a poor country. These preliminary findings could aid in the planning of early interventions aiming at the early detection, diagnosis, and treatment of any COVID-19-related psychiatric problems.

The individuals' responses to Social Status revealed a modest evaluation of Social Status across all areas (2.34). Women faced a low social standing owing to business interruption and quarantine, individuals are restricted, and their terrible economic situation has made them socially isolated, according to data from France (Bajos et al., 2021). Another study confirmed that the quarantine was imposed due to the lack of social components during the Corona pandemic (22). Another pointed out that preventive actions have a significant influence in the reduction of the social element (23). Due to the protracted quarantine, Chinese women are at a higher risk of social isolation (24). Furthermore, during the Corona pandemic, the low social aspect is attributed to the terrible quality of life (25). Due to a lack of preparation, the Corona pandemic played a significant influence in the deterioration of the social and economic environment, contributing significantly to the suspension of business and the reduction of economic elements (26). During COVID-19, higher psychological consequences resulted in an increase in social consequences (27).

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. In terms of education level, there were significant disparities in psychological status among women ($p=0.001$). The educational level is thought to play a role in the psychological aspects of crises (COVID-19 pandemic). Women who are more educated have a better awareness of the condition and how to prevent it. The findings revealed that the uneducated exhibited greater psychological characteristics. Sanabria-Mazo et al. (28), who found that participants with no formal education had the largest significant prevalence of risk for somatisation, followed by those with a university education. Participants with an elementary education, on the other hand, indicated a considerable prevalence of anxiety risk, as did those with a secondary education.

From the findings, the analysis of variance confirmed that there were significant differences in psychological status during COVID-19 according to women income/month ($p=0.001$). Where the differences were in favor of those with higher incomes as they are the lowest average 2.39 (± 0.38), while, the certain limit enough 2.57 (± 0.20) and not enough which records the highest average of psychological aspects 2.51 (± 0.21). Because they are unable to defend themselves from the epidemic, low-income populations are more likely to experience psychological effects, such as worry and anxiety. This research supports the findings of Sanabria-Mazo et al. (28), who found that participants with lower incomes had a higher significant risk of depression, anxiety, and somatisation. Participants with medium earnings also reported a higher risk of depression and somatization than those with high incomes. Low-income people were the most affected by the epidemic, and economic status is one of the most important factors that causes psychological distress during COVID-19 (29). On the other side, boosting the economy during the Corona pandemic decreases the public's psychological consequences (30). These findings also emphasize the importance of prioritizing COVID-19 pandemic containment and mitigation actions for low-income persons, as other research has shown (31).

There were significant differences in social status among women with regards their age ($p=0.031$). The differences were in favor of the older age group (45 and older), as they recorded the lowest average of social burden 2.15 (± 0.31), in contrast to the younger age group (18-27), where they recorded the highest average social burden 2.39 (± 0.26). Among the general population, there was a substantial relationship between social burden during COVID-19 and age (older age is significantly associated with low social status) as well as fear of pandemic (32). The age of the population has a considerable impact on social status, as social isolation and the fear of infection are common among the elderly (33).

There were significant differences in social status among women with regards education level ($p=0.039$). The differences were in favor of the illiteracy, who scored the lowest average 2.30 (± 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 (± 0.20). "In the first wave of the COVID-19 outbreak (from 20 May to 20 June 2020), there were 2.5 to 2.8 times more persons at risk of social isolation and 1.5 to 1.9 times more people at risk of social disruptions, both of which were linked to education level (34). Similarly, during a first lockdown period, low social capital, which is considered a social predictor of health, is linked to a higher risk of social degradation, suicide, stress, and insomnia, all of which are linked to education level (35). The findings are consistent with those reported at the start of the epidemic and at the end of the most severe mobility restriction"s (36).

There were significant differences in social status among women with regards monthly income ($p=0.001$). The enough income were significantly decreased social burden 2.22 (± 0.31), while, the certain limit enough were significantly higher social burden 2.38 (± 0.28), followed by those who are not enough 2.33 (± 0.20). This finding is comparable to those of a systematic review, which found that poor social status is significantly linked to poor economic status (37). The COVID-19

pandemic has wreaked havoc on Bangladeshi society, particularly among women. Throughout the COVID-19 pandemic, governments should work with local charities and foundations to provide timely crisis economic services to those who are afflicted (38).

The results showed that mean Psychological Aspects of respondents was 2.52 (± 0.26) within high burden, and mean of Social Aspects was 2.33 (± 0.28) within moderate burden. Studies have confirmed that an increase in the deterioration of psychological aspects causes a deterioration in social aspects. The 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 burdens.

Conclusion

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. Develop health care intervention programs that specifically target low-income old women, bearing in mind that they are the most vulnerable populations.

References

1. Harper, K. (2015). Pandemics and passages to late antiquity: Rethinking the plague of c. 249–270 described by Cyprian. *Journal of Roman Archaeology*, 28, 223–260.
2. Li, H. Y., Cao, H., Leung, D. Y., & Mak, Y. W. (2020). The psychological impacts of a COVID-19 outbreak on college students in China: a longitudinal study. *International journal of environmental research and public health*, 17(11), 3933.
3. Rubin, G. J., & Wessely, S. (2020). The psychological effects of quarantining a city. *Bmj*, 368.
4. Sarode, R., Gotarkar, S., Mohite, P., Acharya, S., & Shukla, S. (2021). Psychosocial Impact of Lockdown Due to Novel Corona Virus Covid 19 among Medical Undergraduate Students. *Indian Journal of Forensic Medicine & Toxicology*, 15(2).
5. Pulla, P. (2020). Covid-19: India imposes lockdown for 21 days and cases rise.
6. Liu, J. J., Bao, Y., Huang, X., Shi, J., & Lu, L. (2020). Mental health considerations for children quarantined because of COVID-19. *The Lancet Child & Adolescent Health*, 4(5), 347–349.
7. Dubey, S., Biswas, P., Ghosh, R., Chatterjee, S., Dubey, M. J., Chatterjee, S., ... & Lavie, C. J. (2020). Psychosocial impact of COVID-19. *Diabetes & Metabolic Syndrome: Clinical Research & Reviews*, 14(5), 779–788.
8. Zhu, Y., Chen, L., Ji, H., Xi, M., Fang, Y., & Li, Y. (2020). The risk and prevention of novel coronavirus pneumonia infections among inpatients in psychiatric hospitals. *Neuroscience bulletin*, 36(3), 299–302.
9. Organisation for Economic Co-operation and Development (OECD) (2021). A scoping review of international policy responses to mental health recovery

- during the COVID-19 pandemic. *Health Research Policy and Systems*, 19(1), 1-7.
10. Galasso, V., Pons, V., Profeta, P., Becher, M., Brouard, S., & Foucault, M. (2020). Gender differences in COVID-19 attitudes and behavior: Panel evidence from eight countries. *Proceedings of the National Academy of Sciences*, 117(44), 27285-27291.
 11. Nino, M., Harris, C., Drawve, G., & Fitzpatrick, K. M. (2021). Race and ethnicity, gender, and age on perceived threats and fear of COVID-19: Evidence from two national data sources. *SSM-population health*, 13, 100717.
 12. Lau, J. T., Yang, X., Tsui, H. Y., Pang, E., & Wing, Y. K. (2006). Positive mental health-related impacts of the SARS epidemic on the general public in Hong Kong and their associations with other negative impacts. *Journal of Infection*, 53(2), 114-124.
 13. Ren, X., Huang, W., Pan, H., Huang, T., Wang, X., & Ma, Y. (2020). Mental health during the Covid-19 outbreak in China: a meta-analysis. *Psychiatric Quarterly*, 91(4), 1033-1045.
 14. Daly, M., Sutin, A. R., & Robinson, E. (2021). Depression reported by US adults in 2017–2018 and March and April 2020. *Journal of affective disorders*, 278, 131-135.
 15. Alkhamees, A. A., Alrashed, S. A., Alzunaydi, A. A., Almohimeed, A. S., & Aljohani, M. S. (2020). The psychological impact of COVID-19 pandemic on the general population of Saudi Arabia. *Comprehensive psychiatry*, 102, 152192.
 16. El-Zoghby, S. M. Enayat, and M. Soltan Hend. (2020).“. *Impact of the COVID-19 Pandemic on Mental Health and Social Support among Adult Egyptians.*” *Journal of Community Health*, 123456789.
 17. Cuiyan, W., Riyu, P., Xiaoyang, W., Yilin, T., & Linkang, X. (2020). McIntyre Roger S, Choo Faith N, Tran Bach, Ho Roger, Sharma Vijay K, Ho Cyrus. A longitudinal study on the mental health of general population during the COVID-19 epidemic in China. *Brain Behav Immun*, 87, 40-48.
 18. Khatatbeh, M., Khasawneh, A., Hussein, H., Altahat, O., & Alhalaiqa, F. (2021). Psychological impact of COVID-19 pandemic among the general population in Jordan. *Frontiers in Psychiatry*, 12.
 19. Khatatbeh, M. (2020). Efficacy of nationwide curfew to encounter spread of COVID-19: a case from Jordan. *Frontiers in public health*, 394.
 20. Medhat, M. A., & El Kassas, M. (2020). COVID-19 in Egypt: Uncovered figures or a different situation?. *Journal of global health*, 10(1).
 21. Rodríguez-Rey, R., Garrido-Hernansaiz, H., & Collado, S. (2020). Psychological impact of COVID-19 in Spain: Early data report. *Psychological Trauma: Theory, Research, Practice, and Policy*, 12(5), 550.
 22. Knuppel, A. (2021). Diet, lifestyle, and livelihoods during coronavirus disease 2019 (COVID-19)–related lockdowns and the value of web-based nutrition studies. *The American Journal of Clinical Nutrition*, 113(4), 763-764.
 23. Saladino, V., Algeri, D., & Auriemma, V. (2020). The psychological and social impact of Covid-19: new perspectives of well-being. *Frontiers in psychology*, 2550.
 24. Wang, Y., Shi, L., Que, J., Lu, Q., Liu, L., Lu, Z., ... & Shi, J. (2021). The impact of quarantine on mental health status among general population in China during the COVID-19 pandemic. *Molecular psychiatry*, 26(9), 4813-4822.

25. Al Dhaheri, A. S., Bataineh, M. A. F., Mohamad, M. N., Ajab, A., Al Marzouqi, A., Jarrar, A. H., ... & Cheikh Ismail, L. (2021). Impact of COVID-19 on mental health and quality of life: Is there any effect? A cross-sectional study of the MENA region. *PloS one*, 16(3), e0249107.
26. Epifanio, M. S., Andrei, F., Mancini, G., Agostini, F., Piombo, M. A., Spicuzza, V., ... & La Grutta, S. (2021). The impact of COVID-19 pandemic and lockdown measures on quality of life among Italian general population. *Journal of Clinical Medicine*, 10(2), 289.
27. Kumar, A., & Nayar, K. R. (2021). COVID 19 and its mental health consequences. *Journal of Mental Health*, 30(1), 1-2.
28. Sanabria-Mazo, J. P., Useche-Aldana, B., Ochoa, P. P., Rojas-Gualdrón, D. F., Mateo-Canedo, C., Carmona-Cervelló, M., ... & Sanz, A. (2021). Social inequities in the impact of COVID-19 lockdown measures on the mental health of a large sample of the Colombian population (PSY-COVID study). *Journal of clinical medicine*, 10(22), 5297.
29. Cifuentes, M. P., Rodríguez-Villamizar, L. A., Rojas-Botero, M. L., Alvarez-Moreno, C. A., & Fernández-Niño, J. A. (2021). Socioeconomic inequalities associated with mortality for COVID-19 in Colombia: a cohort nationwide study. *J Epidemiol Community Health*, 75(7), 610-615.
30. Calderón-Larrañaga, A., Vetrano, D. L., Rizzuto, D., Bellander, T., Fratiglioni, L., & Dekhtyar, S. (2020). High excess mortality in areas with young and socially vulnerable populations during the COVID-19 outbreak in Stockholm Region, Sweden. *BMJ Global Health*, 5(10), e003595.
31. Wood, L., Davies, A., & Khan, Z. (2020). COVID-19 precautions—easier said than done when patients are homeless. *The Medical Journal of Australia*, 1.
32. Velandia, N. A., & Báez, W. U. R. (2021). Educación básica y media durante el aislamiento social en la pandemia de COVID-19: Implicaciones para el derecho a la educación. *Panorama*, 15(29), 176-204.
33. Figueredo Saavedra, D. C., Vallejo Oduber, S., Bohórquez Lugo, E., & Chaves Lozano, A. M. (2022). Evaluación de la salud mental en la comunidad académica, administrativa y docente de la universidad El Bosque durante la pandemia covid-19.
34. Caballero-Domínguez, C. C., De Luque-Salcedo, J. G., & Campo-Arias, A. (2021). Social capital and psychological distress during Colombian coronavirus disease lockdown. *Journal of Community Psychology*, 49(2), 691-702.
35. Miranda, A. R., & Scotta, A. V. (2021). Triggering of postpartum depression and insomnia with cognitive impairment in Argentinian women during the pandemic COVID-19 social isolation in relation to reproductive and health factors. *Midwifery*, 102, 103072.
36. Seo, W. S. (2021). Review of Sleep Problems Related to Social Distancing and Home Confinement During the COVID-19 Pandemic. *Chronobiology in Medicine*, 3(3), 87-91.
37. Hannemann, J., Abdalrahman, A., Erim, Y., Morawa, E., Jerg-Bretzke, L., Beschoner, P., ... & Albus, C. (2022). The impact of the COVID-19 pandemic on the mental health of medical staff considering the interplay of pandemic burden and psychosocial resources—A rapid systematic review. *PloS one*, 17(2), e0264290.

38. Khatatbeh, M., Khasawneh, A., Hussein, H., Altahat, O., & Alhalaiqa, F. (2021). Psychological impact of COVID-19 pandemic among the general population in Jordan. *Frontiers in Psychiatry*, 12.