



e-ISSN: 2319-8753 | p-ISSN: 2320-6710

IJRSET

International Journal of Innovative Research in
SCIENCE | ENGINEERING | TECHNOLOGY

INTERNATIONAL JOURNAL OF INNOVATIVE RESEARCH

IN SCIENCE | ENGINEERING | TECHNOLOGY

Volume 10, Issue 7, July 2021

ISSN INTERNATIONAL
STANDARD
SERIAL
NUMBER
INDIA

Impact Factor: 7.569

9940 572 462

6381 907 438

ijirset@gmail.com

www.ijirset.com

Prevalence of Post-Traumatic Stress Disorder during Second Wave of Corona Virus

Dr. Sonia Sharma , Gurpreet Kaur

Assistant Professor, Department of Physiotherapy, Jagannath University, Bahadurgarh, India

BPT Final Year Student, Department of Physiotherapy, Jagannath University, Bahadurgarh , India

ABSTRACT: Background - Coronavirus disease (2019) continuous to threaten human life worldwide. Most of the people infected with covid-19 virus will experience mild to moderate illness. It is including a considerable degree of fear, worry and concern in the population. In public mental health terms, the main psychological impact to elevated rates of stress or anxiety but the new measure and impacts are introduced especially Quarantine and its effect on many people usual activities like level of loneliness depression societal behavior are also expected to rise. Severe acute respiratory syndrome (SARS) epidemic support such claims. The second wave is largely attributed to a contagious mix of coronavirus variants spreading in different parts. Two variants, the UK variant (B.1.1.7) and the Indian variant (B.1.617), are largely blamed for the current spate of infections. Thus, the WHO also expressed concerns, arguing that restrictive government responses to COVID-19 with a severe impact on everyday life activities.

Method – A sample size of 145 was collected as per survey method the subject was collected according to inclusion and exclusion criteria. Google forms were distributed on their email ids and the data was collected and analyzed.

Result – The data was calculated using unpaired T- TEST where T-value was 0.998 and P-value was 0.320 which indicate NON-SIGNIFICANT result.

Conclusion - We conducted a study to analyze the effect of second wave of corona virus on psychological status of the individuals, the result of the study was found to be non-significant and the NULL hypothesis was accepted.

KEYWORDS: Coronavirus, Mental health, Illness, Quarantine, Psychological impact, insomnia, Severe Acute Respiratory Syndrome, World Health Organization, China.

I. INTRODUCTION

Corona virus disease (COVID-19) is an infectious disease caused by a newly discovered corona virus. The COVID-19 pandemic in mainland China is part of the worldwide pandemic of COVID-19 caused by severe acute respiratory syndrome corona virus 2 (SARS-CoV-2). Mainland China was the first country to identify the disease and its pathogen, most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness. Protect yourself and others from infection by washing your hands or using an alcohol based rub frequently and not touching your face. The COVID-19 virus spreads primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes, so it's important that you also practice respiratory etiquette. Measures to control the on-going COVID-19 pandemic such as quarantine and social distancing, together with information overload about the sporadic spread of the disease have negatively impacted many individuals' mental and psychosocial health. (R.D. Jamasting, 2020).

COVID-19 has brought a new set of challenges at a time when poorer nations were struggling with existing burdens. However, the lockdown restrictions aimed at slowing the infection rate has created problems of their own such as increased unemployment, poverty, and mental health problems. The mental health problems evident globally, however, are not all due directly to COVID-19. In some cases there is severe anxiety about being infected, obsession with prevention behaviors, and possible neuropsychiatric sequelae to the infection itself. On the other hand, many of the mental health effects can be considered iatrogenic, being caused by interventions aimed at curbing a health problem. While lockdown approach may be effective for public health, there is a concern about the way it is formulated, the empirical basis of some restrictions, and societal impacts. (Pillay .L.A and Barnes .R.B, 2020)

Corona virus disease (COVID-19), a new strain of the corona virus family that includes Severe Acute Respiratory Syndrome (SARS)-CoV and Middle East Respiratory Syndrome (MERS)-CoV, was first identified by Chinese scientists in Wuhan. This novel virus affects the respiratory system and the symptoms range from mild clinical



manifestations such as dry cough, shortness of breath, sore throat and fever to multiple fatal complications such as moderate to severe bilateral pneumonia, acute respiratory distress syndrome (ARDS), septic shock, and may ultimately lead to multi-organ failure. The pandemic has contributed to a major global public health initiative aimed at preventing the spread of the virus by raising hand washing, minimizing face contact, wearing masks in public and physical distance. (Philip. M, Mahakalkar. C. C, Kaple. N. M, Kshirsagar. S, Shukla. A. 2020)

Worldwide, the COVID-19 pandemic continues to grow. On 1 July, the virus reached a sad milestone, with mortality exceeding half a million people. The USA, South America and the Middle East are now leading in (registered) mortality. The impact of lockdown measures on patients with chronic illnesses is yet to be assessed. Limited data from Greece indicate an increase in distress and somatisation – but not in anxiety and depression, yet – during quarantine among patients with a chronic illness. Because of fear for overcrowded ICU's, hospitals partly closed down and reallocated their facilities and personnel to critical care settings to prepare for an invasion of acutely ill patients, who would require long-term therapy. Although about one-third of the ICU patients with COVID-19 die, this strategy proved reasonably successful and probably saved thousands of lives, at least in the short term. (Weert. V. H, 2020)

COVID-19 pandemic, India has witnessed a massive surge of cases in the past 3 weeks. As of April 30, 33 610 confirmed cases and 1075 deaths have been reported from 32 states/union territories in India. Apart from the nationwide lockdown, India has increased its testing rate and has markedly strengthened the health care sector to combat COVID-19. Failure to contain the pandemic in India could have disastrous consequences with widespread cases and thousands of deaths that could easily overwhelm the health care infrastructure. Unabated spread of the pandemic could make India the next COVID-19 hotspot; hence the World Health Organization has recently stated that the “future of the pandemic will depend on how India handles it.” The novel corona virus disease (COVID-19) has already affected over 6.9 million people, claiming more than 400000 lives in over 200 nations all over the world. As on June 9, 2020, most of the cases were reported from the United States of America, Brazil, and Russia. While some nations (like China and South Korea) have successfully been able to flatten the pandemic curve, other nations are finding it difficult to achieve the same. In the absence of any definite therapy against COVID-19, the resilience of the health care infrastructure and health professionals is being put to test. With a population of more than 1.3 billion people, India could become the new epicenter of COVID-19. Due to the remarkable population density, poor socioeco-nomic conditions and health care resources, the World Health Organization (WHO) recently stated that the “future of the pandemic will depend on how India handles it.” In 2020 India has witnessed the first wave of corona virus, the first case of COVID-19 in India was reported on January 30, 2020; the index patient was a student who had returned from Wuhan. Thereafter, only 2 more cases were reported in February. Subsequently, more cases came to the forefront in the month of March and there has been a surge in the number of cases since the latter half of April 2020. As of June 9, 2020, according to the Ministry of Health and Family Welfare (MoHFW), a total of 266 598 confirmed COVID-19 cases have been reported from 32 states/union territories. Most of the cases have been reported from the states of Maharashtra, Tamil Nadu, Delhi, and Gujarat. Hitherto, the MoHFW have reported 7471 deaths due to COVID-19, translating into a case-fatality rate of 2.8 %.(Pal. R and Yadav. U, 2020)

The second wave of Covid-19 has hit India, and hit it hard. Record jumps in coronavirus infections on a daily basis have pushed health infrastructure to the brink in several states. While patients are scrambling to secure hospital beds, hospitals are running out of oxygen supplies and critical anti-Covid-19 drugs along with medical staff reportedly stretched to the breaking point. In India has reported more and more new coronavirus cases over the last 24 hours. The steep climb in infections in the first week of April, when for the first time India surged past 100,000 cases, was indicative of an impending disaster. In a matter of weeks, India descended into a COVID-19 hell as visuals of dead bodies lined up outside crematoriums, unending funeral pyres and burials emerged from its major cities and towns. The second wave is largely attributed to a contagious mix of coronavirus variants spreading in different parts. Two variants, the UK variant (B1.1.7) and the Indian variant (B.1.617), are largely blamed for the current spate of infections. The Indian variant, which is suspected to be highly infectious, the disastrous new chapter of the pandemic in India threatens not just its safety but puts the entire world at risk. While the ferocity of the second wave seems to have caught everyone unawares, it holds some very important lessons for us.

II. METHODOLOGY

STUDY DESIGN: Survey method

SAMPLE SIZE: 145

SAMPLING METHOD: Convenient Sampling

SELECTION CRITERIA:



INCLUSIVE CRITERIA: Both male and female

Age 20 years to 40 year

Able to read, write and understand

Willing to give informed consent form

EXCLUSIVE CRITERIA: Present and past history of any psychological disorder

Severe recent pain

Recent history of personal trauma

VARIABLES:

DEPENDENT VARIABLE: The impact of event (IES-R)

INDEPENDENT VARIABLE: PTSD

III. PROCEDURE

Approval was taken from Ethical committee of university. Subjects were taken in the study according to the inclusion criteria. 145 subjects were taken. Subject was informed about the nature of the study. Email Ids of the subjects were taken and the IES-R scale in the form of google forms were sent on their respective email IDs. The responses from the respective subjects were collected. Data was analyzed.

IV. RESULT AND DATA ANALYSIS

The data analysis was done using SPSS18 and EXCEL 2010

Age criteria- Overall 20-40 Years

CRITERIA MEASURE OF PSYCHOLOGICAL IMPACT SCORE		
Level of Scores N= 145	Percentage	Frequency
SEVERE PSYCHOLOGICAL IMPACT (37-<)	53.8%	78
MODERATE PSYCHOLOGICAL IMPACT (33-36)	4.8%	7
MILD PSYCHOLOGICAL IMPACT(24-32)	16.6%	24
NORMAL(0-23)	24.8%	36

Maximum =88 Minimum=0

Table No: 1 Table Showing Level of Scores

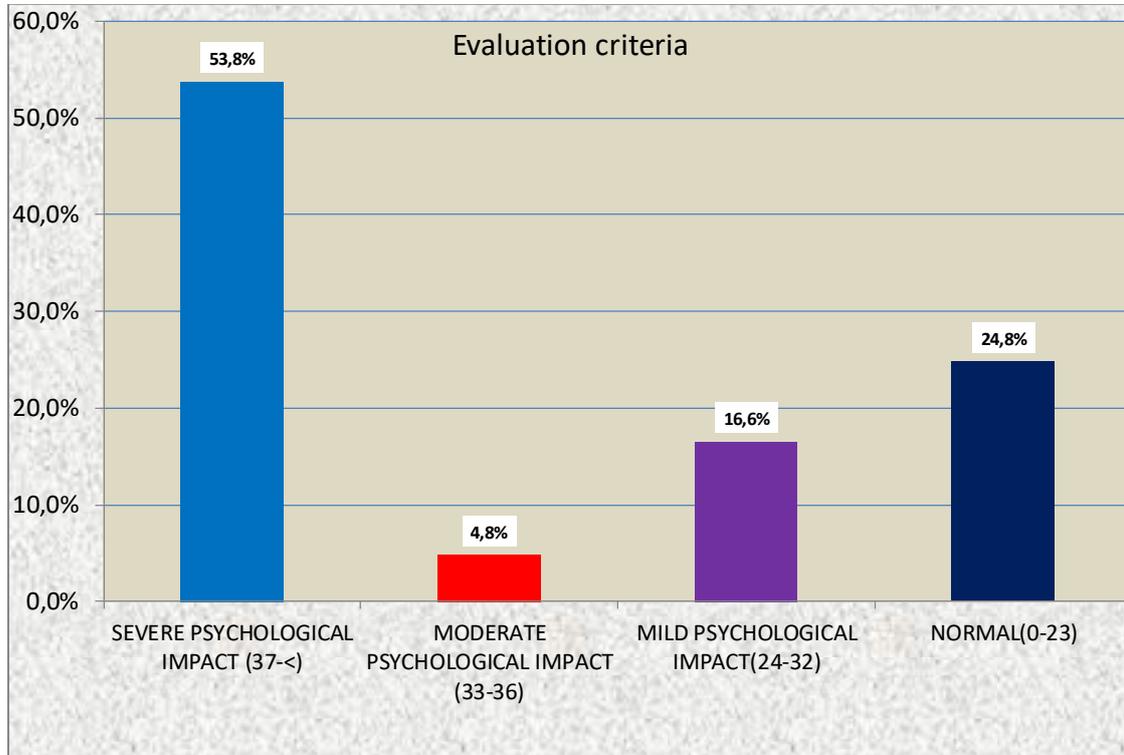


Figure No: 1 Diagram showing Level of Score

CHI SQUARE TEST WITH CATEGORIES

Demographic Data		Levels (N=145)				Association with PSYCHOLOGICAL IMPACT Score				
Variables	Opts	GOOD PSYCHOLOGICAL IMPACT	AVERAGE PSYCHOLOGICAL IMPACT	POOR PSYCHOLOGICAL IMPACT	NO PSYCHOLOGICAL IMPACT	Chi Test	P Value	df	Table Value	Result
Gender	Male	35	3	15	23	4.915	0.178	3	7.815	Not Significant
	Female	43	4	9	13					
Age	20-30 Years	69	6	18	31	2.700	0.440	3	7.815	Not Significant
	31-40 Years	9	1	6	5					



Table No: 2 Table Showing Associations of Scores and Demographic Variables

Variables	Opts	Mean%	Mean	SD	N	DF	T Test	P Value	Result
Age	20-30 Years	42.40	37.3	19.24	124	143	0.998	0.320	Not Significant
	31-40 Years	37.34	32.9	17.07	21				

Table no. : 3 Comparison according to Demographic variables

V. DISCUSSION

Since coronavirus was found in china in the month of November, 2019 and after that on January 27, 2020 coronavirus was found in India for the first time and it has led to a dramatic loss of human life. Many of the population had no idea about this pandemic and the virus infected of the population day by day and led them to die. Entire lockdown was imposed by the prime minister so that cases did not increase where whole population had advised to remain in their homes. In 2020 the economics and social disruption caused by the pandemic was devastating. The lockdown causes anxiety, stress, and stigma to every individual. Children were away from the school and with their friends almost one and half year. The first wave of coronavirus brought many of the population in psychological stress because at the time this pandemic is new for everyone, increasing in death ratio was very difficult to accept for anyone. It was very difficult to cope with this situation mentally everything was shut down whether it is university or colleges and schools. Children were not able to go park for playing and people cannot go each other home for get together. In 2021 India was hit by the second wave of corona virus. Due to change in the variant of virus its spreading rate was too high. These waves also impacted the people but unlike 2020 people were pretty much aware with the nature of this disease and pandemic. People who was suffering with this pandemic were know that if they don't take necessary precautions they get infected easily but when second wave arises in 2021 people were already mentally prepared for this pandemic and they know how to modify their lifestyle to stabilize their daily routines and that's why population in 2021 was least impact with second wave of corona virus. So the result is non-significant.

VI. CONCLUSION

We conducted a study to analyze the effect of second wave of corona virus on psychological status of the individuals, data was collected by online mode by google forms. After data analysis the result of the study was found to be non-significant and the NULL hypothesis was accepted.

REFERENCES

1. Flaherty. G, Nasir. N. 2020, Reiseangst: travel anxiety and psychological resilience during and beyond the covid-19 pandemic.
2. Doi: 10.1093/jtm/taaa150
3. Pillay .L.A and Barnes .R.Barnes, 2020, Psychology and COVID-19: impacts, themes and way forward DOI: 10.1177/0081246320937684 journals.sagepub.com/home/sap
4. Akat .M and Karatas. K, 2020, Psychological Effects of COVID-19 Pandemic on Society and Its Reflections on Education
5. DOI: [10.7827/TurkishStudies.44336](https://doi.org/10.7827/TurkishStudies.44336)
6. Philip. M, Mahakalkar. C. C, Kaple. N. M, Kshirsagar. S, Shukla. A. 2020, Mental and Behavioral Changes during COVID 19 pandemic and hoe to deal with it?
7. DOI: <http://dx.doi.org/10.31838/jcr.07.08.233>
8. Weert. V. H, 2020, after the first wave: What effects did the COVID-19 measures have on regular care and how can general practitioners respond to this?
9. <https://doi.org/10.1080/13814788.2020.1798156>
10. Pal. R and Yadav. U, 2020, COVID-19 Pandemic in India: Present Scenario and a Steep Climb Ahead DOI: 10.1177/2150132720939402



**Impact Factor:
7.569**



INTERNATIONAL JOURNAL OF INNOVATIVE RESEARCH

IN SCIENCE | ENGINEERING | TECHNOLOGY

 9940 572 462  6381 907 438  ijirset@gmail.com



www.ijirset.com

Scan to save the contact details