
The Tired Psychological Situation of Jordanians, Especially School Students in the Time of Corona

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Introduction:

During childhood, sound mental health is every bit as important as physical health for achieving developmental milestones. It helps children with their emotional wellbeing and social skills. In addition, mentally healthy children function well at home, in school, and in their communities and have greater chances of leading a happy and successful life. On the contrary, poor mental health during childhood can severely impact the way children learn, behave, or handle their emotions.

The COVID-19 pandemic brought a complex array of challenges which had mental health repercussions for everyone, including children and adolescents. Grief, fear, uncertainty, social isolation, increased screen time, and parental fatigue have negatively affected the mental health of children. Friendships and family support are strong stabilizing forces for children, but the COVID-19 pandemic has also disrupted them.

The mental health of millions of children worldwide has been put at risk, with at least one in seven forced to remain at home under nationwide public health orders – or recommendations – during the COVID-19 pandemic. More than 330 million youngsters have been stuck at home, till March 2021, for at least nine months, since the virus spread uncontrollably this time last year.

Studies from Jordan report that more than 62% of Jordanian participants reported changes in daily life, they had experienced, their fear of COVID-19, and their depression, anxiety, and stress levels. The majority of the participants reported changes in their daily routines and

activities during the COVID-19 lockdown. Further, 41.4% of the participants reported high levels of fear of COVID-19, while 41.8%, 24.5%, and 22.8% reported mild to extremely severe depression, anxiety, and stress symptoms, respectively. Female participants had significantly higher levels of fear of COVID-19 and stress than did males. Fear of COVID-19 was significantly positively correlated with depression, anxiety, and stress [1].

The psychological impacts of the COVID-19 pandemic on teenagers and adolescents seem to be far greater than the impact on adults because they are more vulnerable to the negative effects of stress [2]. Following the outbreak, national school closures had been implemented, and students were required to stay at home. Reduced social interaction, stay-at-home restrictions, difficulties in schoolwork, substantial changes to daily routine, fear of becoming sick, and boredom can create dramatic psychological effects on teenagers and adolescents. Developmental motivations and hormonal changes make teenagers and adolescents highly attuned to peer groups, making it challenging to isolate at home. For instance, during the Severe Acute Respiratory Syndrome (SARS) epidemic, a cross-sectional study revealed that psychiatric morbidities in a general population were associated with younger age [3]. The psychological impact of COVID-19 on teenagers is a serious concern during the outbreak and thereafter. The present study sought to examine depressive, anxiety, stress, and trauma-related distress symptoms in a sample of junior high and high school students.

Similar to most other countries around the world, Jordan was impacted by the COVID-19 pandemic. According to the Jordanian Ministry of Health, there were 1269 cases and 11 deaths from March to July 2020 (Jordan Ministry of Health, 2021). After the first case of COVID-19 in Jordan was reported on March 3, 2020, the Jordanian government immediately activated the National Defense Law and implemented a national lockdown, along with other emergency and preventive measures such as quarantine and social distancing policies. In response to these pandemic-related restraints and preventive measures, the lives and daily activities of people in Jordan were disrupted, forcing Jordanians to adapt to the novel circumstances. As COVID-19 continues to spread and the number of infected cases continues to increase, it is necessary to explore the immediate psychological reactions of the general population in Jordan to the initial

outbreak of the COVID-19 pandemic during the national lockdown implemented in Jordan. Although this phenomenon has been investigated in Western countries, the immediate psychological responses to the COVID-19 pandemic during the national lockdowns implemented and the factors contributing to these responses have not been adequately addressed in Arab countries like Jordan.

The first case of COVID-19 occurred in Jordan in March 2020, prompting the Jordanian government to implement a full lockdown until the end of May 2020. For more than a year, all schools were closed and face-to-face instruction was replaced by e-learning (March 2020–present). This may affect the behaviour and emotional state of children. According to our knowledge, no published studies in Jordan have examined the long-term effects of the COVID-19 pandemic on the behaviour, emotional state, and well-being of children. This study was conducted to determine the impact of the COVID-19 pandemic on the psychological well-being of 5–11-year-old Jordanian children. This study will have significant ramifications for the Jordanian ministries of education and health as a result of the addition of a few lectures to the official teaching platform on how parents can manage their children's stress and mental health during such challenging times. In addition, these ministries should provide more lectures on the necessity of increasing children's physical activity and reducing their screen time.

In Jordan, the psychological effects of COVID-19 infection are extremely noteworthy given the mental health and psychosocial context of the Jordanian community where stigma surrounding mental health, the general lack of mental health awareness, transportation issues and financial costs all serve as barriers for utilizing mental health services

Review of Literature:

A large number of studies support that the conclusion that the novel coronavirus (SARS-CoV-2) and its corresponding disease (COVID-19) have dramatically impacted people's mental health and behavior [3], with very few studies suggesting otherwise [4]. Mental health hotlines in the United States experienced 1,000% increases during the month of April, when most people were under lockdown because of the pandemic [5]. Some medical facilities have seen

more deaths from suicide, presumably because of exceedingly poor mental health, than from COVID-19 infections [6]. Substance disorders in many people who were previously abstinent are expected to relapse during COVID-19, which will cause long-term economic and health impacts [7].

Few studies have explored the psychological impact of the COVID-19 outbreak among children in the Arabic region. Most studies have been conducted in the Gulf area. To the best of our knowledge, few studies have been conducted in Jordan to assess the mental health impact and associated factors among children dealing with patients with COVID-19. The first study focused on acute stress disorders and predictors of psychological distress (Shahrour and Dardas's, 2020). The second one examined the level of stress, anxiety, and depression using the DASS. The study found that children experienced depression, anxiety, and stress (40, 60, and 35%, respectively).

Research has demonstrated the capability of COVID-19 to increase rates of depression and anxiety in the population, especially among females. A cross-sectional study on a sample of 4,700 people in Istanbul, Turkey, utilizing the Fatigue Assessment Scale (FAS), found that 64.1% of the population was categorized as psychologically fatigued during the COVID-19 pandemic. In Jordan, using the Arabic version of the Depression, Anxiety and Stress Scale (DASS), the prevalence of depression, anxiety, and stress was found to be high among Jordanian nurses, and those who had close contact with COVID-19 patients showed stronger psychological reactions than other nurses who had not been in contact with COVID-19 patients.

Although impacts are felt across populations—and especially in socially-disadvantaged communities and individuals employed as essential workers—college students are among the most strongly affected by COVID-19 because of uncertainty regarding academic success, future careers, and social life during college, amongst other concerns [8]. Even before the pandemic, students across the globe experienced increasing levels of anxiety, depressive moods, lack of self-esteem, psychosomatic problems, substance abuse, and suicidality [9]. Therefore, students may need additional resources and services to deal with the physical and mental health repercussions of the disease.

Jordan University administrators could best serve students if they better understood the impacts of COVID-19 and the risk factors of its psychological impacts. These impacts are of critical importance to warrant immediate mental health interventions focused on prevention and treatment [10]. Psychiatric and counseling services have historically been underutilized by college students [11]. Understanding what subpopulations may suffer from unique combinations of psychological impacts may facilitate targeted interventions and successful treatment and coping strategies for individuals at greatest risk.

A recent review of cross-sectional studies in Jordan highlights some of the documented psychological impacts of COVID-19 on college students [12]. Many feel increased stress levels and anxiety and depressive symptoms as a result of changed delivery and uncertainty of university education, technological concerns of online courses, being far from home, social isolation, decreased family income, and future employment. These impacts have been observed in universities across the world [10].

For normal psychological development and wellbeing of children, companionship and social interaction is an essential component. There is an increased risk of psychiatric disorders whenever there is separation of children from their caregivers [5]. More importantly, the age of initial separation is known to be relevant to psychological development [7]. It has been realised that quarantine like measures might have adverse psychological effect on children.

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Method:

During Covid-19 outbreak, Ministry of Health and Family Welfare released its guidelines regarding quarantine at home and at facilities /centres. Local public health units were responsible for identification and quarantine of contacts of potential Covid-19 cases.

Complying with the Government order, all persons placed under quarantine were to be provided with mask, thermometer (if necessary) and instructions about quarantine requirements. These supplies were to be delivered to the individual's residence or at quarantine centres. All quarantined adolescents were to undergo daily medical examination for appearance of symptoms suggestive of Covid-19. Quarantined persons were encouraged to remain in contact with their family members through phone to avoid anxiety [1].

Children and adolescents in the age range of 9 y to 18 y who were placed either at home quarantine or facility quarantine, who remained well and were followed by healthcare workers after discharge from quarantine centres, were included in the study. With these criteria, 121 children and adolescents were eligible to participate. Comparable groups were taken from the neighbourhood of quarantined children and adolescents with the same family background (Number = 131). All children and adolescents were attending either government or private school before this period. Children and adolescents were interviewed in detail along with their parents regarding their knowledge of quarantine facility, compliance during quarantine and psychological effect of quarantine. This interview was based on a preformed questionnaire which assessed adolescents' understanding of rationale of quarantine, quarantine behaviors as well as socioeconomic and psychological impacts. During quarantine, required behaviors included mask usage, living in separate room with door closed and restriction of activities designed to prevent Covid-19 transmission to the household and to the community.

Ethical approval was taken from the institute's Ethics committee. Written informed consent was taken from children and their parents. In statistical methods, first descriptive analysis was done which includes frequency, percent, mean and standard deviation. Student's t test for continuous variables and Pearson's Chi square test for categorical variables were used to compare quarantined and non-quarantined groups. Level of significance was set at $p < 0.05$. Data entry and statistical analysis were performed using the Statistical Package for Social Science (SPSS) version 26.0.

Result and Discussion:

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The age range of children and adolescents was between 9 y to 18 y with a mean age of 15.4 y. Most of the adolescents were males (85.12%).

This study assessed qualitative indicators (feelings) of psychological impact associated with quarantine. Worry (68.59%), helplessness (66.11%) and fear (61.98%) were the most common feelings experienced during quarantine. Children and adolescents who were under quarantine had statistically significant more psychological problems than those who were not quarantined. Fear ($p < 0.0001$), nervousness ($p < 0.0001$) and annoyance ($p < 0.001$) were most significantly seen in the quarantined group. Anxiety related insomnia, isolation, boredom (not statistically significant) and sadness was also more common in the quarantine group.

When asked in detail, these high levels of psychological problems like worry, helplessness and fear were mainly associated with loss of father's job, financial losses of family and unavailability of basic life needs. Some children and adolescents were concerned about infecting others whereas a few thought that they had Covid-19 ($p < 0.05$). It was very surprising that children and adolescents who were quarantined felt that people reacted differently to them than the non-quarantined group with statistically significant difference ($p < 0.0001$). These children and adolescents also avoided people having fever and cough ($p < 0.05$).

Feelings			
Worry	83 (68.59)	68 (51.90)	0.0069
Helplessness	80 (66.11)	63 (48.09)	0.0039
Fear	75 (61.98)	43 (32.82)	0.00001
Nervousness	73 (60.33)	40 (30.53)	0.00001
Anger	71 (58.67)	60 (45.80)	0.040
Annoyance	70 (57.85)	46 (35.11)	0.00029
Loneliness	59 (48.76)	35 (26.71)	0.0003
Boredom	48 (39.66)	50 (38.16)	0.89
Isolation	46 (38.01)	34 (25.95)	0.039
Frustration	40 (33.05)	38 (31.40)	0.48
Sadness	31 (25.61)	28 (21.37)	0.42
Insomnia	29 (22.13)	18 (13.74)	0.03
Confusion	25 (20.66)	23 (17.55)	0.53
Covid-19 Concerns			
Know someone hospitalised or died	26 (21.48)	17 (12.97)	0.72
Concerned about infecting others	18 (14.87)	17 (12.97)	0.66
Thought had Covid-19	11 (9.09)	3 (2.29)	0.018
Behavior after Quarantine			
Avoided people with Fever and cough	49 (40.49)	31 (23.66)	0.004
Avoided crowded places	31 (25.61)	28 (21.37)	0.42
Avoided public places	22 (18.18)	21 (16.03)	0.08
People reacted differently	46 (38.01)	11 (8.39)	0.00001

As this study shows, compliance with all requirements was as low as 7.43%, indicating that quarantine in its present form would be of limited value in controlling transmission. Family members were at a higher risk since the compliance was only 17.35%. Compliance in relation to preventing community transmission was significantly higher (17.35%) than household transmission (10.71%). As a whole, most of the children and adolescents were non-compliant, potentially putting their family and community at risk. Results of present study in relation to compliance of quarantine requirements are lower than the previous studies [11]. Unfortunately almost half were supposing that they were protecting themselves in quarantine

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The consistency of the psychological problem in children and adolescents is very high in the present study group. In this study, most (around 68%) of quarantined children showed some or other form of psychological distress which is much higher than the non-quarantined group with statistically significant difference in most of the feelings. Other studies related to psychological impact in quarantined adults generally reported a high prevalence of symptoms of psychological distress like the present study. These studies reported emotional disturbance, depression, stress, low mood, irritability, insomnia, posttraumatic stress symptoms, anger and emotional exhaustion. Quarantine studies also found a range of other feelings such as, confusion, fear, anger, grief, numbness and anxiety related insomnia [12]. A study on children also found that the mean post-traumatic stress scores were four times higher in children who had been quarantined to those who were not quarantined [13]. Long term behavior changes after the quarantine period, such as vigilant hand washing and avoidance of crowds have been reported.

The distribution of different feelings and emotions in this study matches with previous studies [14] though frequency of worry, helplessness and fear was much higher in the present study.

On detailed interview, the authors found that children and their parents were more concerned about financial loss, loss of father's job, future uncertainties and unavailability of daily needs like food and water. Here, most children were related to families of migrant workers. Thus, socioeconomic and financial status of parents also has a significant role as a stressor in quarantine period. Financial loss, as a result of quarantine was found to be a risk factor for symptoms of psychological disorders, anger and anxiety.

There are several limitations of this study. The sample size was small but it included wide range of adolescent age group. Socioeconomic details such as education and household income were not collected in the comparable group which could be helpful in planning future requirements in respect to quarantine. Furthermore, analysis of the quarantined household members and household composition was not done. This study relies on children's, adolescents' and their parents' retrospective perception of feelings and behaviors associated with stressful experiences which could be flawed due to recall bias and social desirability

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