*International Journal of Psychiatric Nursing*
*Volume 9 Issue 1 January-June 2023*

# A study to find out the significant stressors in relation to their anxiety during lockdown in view of Covid-19 pandemic outbreak among the people residing at selected urban slum areas, Salia sahi, Bhubaneswar

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**How to cite this article:** Sandhyarani Behera, Sikandar Kumar et al A study to find out the significant stressors in relation to their anxiety during lockdown in view of Covid-19 pandemic outbreak among the people residing at selected urban slum areas, Salia sahi, Bhubaneswar. Volume 9 | Issue 1 | January-June 2023.

**Abstract**

A descriptive study with quantitative approach was under taken among 50 people selected by purposive sampling technique at Salia Sahi, Bhubaneswar. Data was collected from 24.6.2020 to 24.07.2020 through a check list related to find out the significant stressors in relation to their anxiety during lockdown in view of COVID-19 pandemic outbreak. Collected data were analyzed by using descriptive and inferential statistics. Findings revealed that Highest Percentage (40%) of the people were in the age group of 30–39 years and ≥ 40 years. Majority (52%) of them were female and (68%) 0f them were Hindus and (32%) of them were Christian. Highest percentage (74%) of them were married (52%) of them were house keeper. Majority (40%) of them had primary education and (50%) of them had monthly income (before lockdown) Rs.5000 – Rs.10, 000.Highest percentage (60%) of them from nuclear family whereas (40%) were from joint family. Most of the people under study faced with problems in the factors of "Problems Related to Social distancing and mask factors" mean score (9.56 ±0.88) which is 95.6 % , mean score (9.2±1.08) which is 92% in the factor of "Problems Related to Health Factors "and mean score (7.74±1.83) which is 77.7% in the factor of "Problems Related to Financial Factors". There was only association between the monthly income (Before Lockdown) and the significant stressors and in other variables such as age, gender, religion, marital status, occupation, education and family type were not associated with the significant stressors.

**Keywords:** Significant Stressors, Anxiety, Lockdown, COVID-19, Pandemic

## Introduction

Infectious disease disasters, including epidemics, pandemics and outbreaks, may cause high morbidity and mortality and may account for a quarter to a third of global death rate[1].

The World Health Organization has announced COVID-19 as the sixth public health emergency of international concern. Dealing with the unforeseen challenges caused by the COVID-19 pandemic has taken a significant toll on people all across the world. Government of India is taking all necessary steps to ensure that we are prepared well to face the challenge and threat posed by the growing pandemic of COVID-19 the Corona Virus. The most important factor in preventing the spread of the Virus locally is to empower the citizens with the right information and taking precautions as per the advisories being issued by Ministry of Health & Family Welfare.

India is also going through a challenging situation as the number of infected/positive cases is increasing day by day. With strict preventive measures and restrictions by the Indian Government in the form of nationwide lockdown, the citizens are going through a range of psychological and emotion reactions, fear and uncertainty being one of them.

Coronaviruses are a large family of viruses that are rather common throughout the community. Historically, evidence has shown that the virus is transmitted through birds and mammals, with humans being particularly vulnerable to infection and transmission of the virus.[2.] The previous outbreaks of coronaviruses such as Severe Acute Respiratory Syndrom-Coronavirus (SARS-CoV) and Middle East Respiratory Syndrome-Coronavirus (MERS-CoV) in 2003 and 2015 show similarities to the novel coronavirus, which was first reported in December 2019, and is currently the disease in questions resulting in the worldwide Coronavirus disease-2019 outbreak, COVID-193. It was first reported by Chinese authorities in Wuhan city, the capital of Hubei province in China at the end of December 2019[4].

A cluster of about 40 cases of pneumonia of unknown aetiology was reported in Wuhan city, some of the patients being vendors and dealers in the Huanan Seafood market there. World Health Organization (WHO) along with Chinese authorities started working together and the etiological agent was soon established to be a new virus and was named Novel Corona Virus (2019-nCoV). Meanwhile, on 11th January China announced its first COVID-19 related death of a 61-year-old man, exposed to the seafood market[5]. Over a period of few weeks, the infection spread across the globe in rapid pace [6]. Looking at the stretch of countries this outbreak spread to, WHO declared it a Public Health Emergency of International Concern on 30th January 2020[6,7]. Amidst the increasing deaths in China, the first death outside China was (of a Chinese man from Wuhan) reported in the Philippines on 2nd February. On 11th February, WHO announced a name for the new coronavirus disease: COVID-19. On the 11th of March, WHO declared COVID-19 - a pandemic as by then about 114 countries were affected[7].

The disease spreads primarily from person to person through small droplets from the nose or mouth, which are expelled when a person with COVID-19 coughs, sneezes, or speaks. These droplets are relatively heavy, do not travel far and quickly sink to the ground. People can catch COVID-19 if they breathe in these droplets from a person infected with the virus. This is why it is important to stay at least 1 meter away from others. These droplets can land on objects and surfaces around the person such as tables, doorknobs and handrails. People can become infected–by touching these objects or surfaces, then touching their eyes, nose or mouth. This is why it is important to wash your hands regularly with soap and water or clean with alcohol-based hand rub. Many people with COVID-19 experience only mild symptoms. This is particularly true in the early stages of the disease. It is possible to catch COVID-19 from someone who has just a mild cough and does not feel ill. Some reports have indicated that people with no symptoms can transmit the virus[8].

India is home to about one-third of the global slum population. The spread of the coronavirus disease (Covid-19) in India's slums will be even faster than in the non-slum areas. Overcrowding, lack of clean water, poor sanitation, social dependency, larger number of human contacts, low disease immunity of dwellers, besides poor medical facilities make for tremendous speed and size of virus transmission in slums. The poor quality of air in urban slums is a common cause for respiratory diseases that further reduces the respiratory tract's ability to shut the coronavirus down. Research at the Centre for Sustainability has explored the implications of the unique social infrastructure of slums in India on the significant role it plays in the spread of Covid-19[9.]

The number of COVID-19 cases in India is witnessing a sharp increase. In the absence of community testing, it is unclear whether the outbreak has made its way into the urban slums, especially across metropolitan areas. But it is abundantly clear that combating the COVID-19 in urban slums will take more concerted efforts and expose a large section of the urban poor families to deep impoverishment. The social distancing measures may not be as effective in this context, since the dynamics of poverty and disease plays out differently for urban slum dwellers, compared to the wealthier sections of the society[10].

The implications of a Covid-19 outbreak in the urban slums can be disastrous for the urban poor and the public health setup. In the absence of affordable and quality public healthcare, families living in slums run the risk of deep impoverishment, disease, and death. On the other hand, the public health system runs a high risk of getting overrun by patients, only at a scale much worse than the previous swine-flu outbreaks. The situation calls for a roll-out of urgent administrative measures, starting with affordable or free testing, identification, and quarantine of bearers of the virus in slum areas[10].

The anxiety and concerns in society are globally affecting every individual to variable extents. Recent evidence suggests that individuals who are kept

in isolation and quarantine experience significant distress in the form of anxiety, anger, confusion and post-traumatic stress symptoms[11].

As a whole, India is facing lockdown for the first time in its history. There are a few reports from Kashmir which are facing complete lockdown since August 2019, describing an increase in patients experiencing anxiety, stress sufferings, loneliness, frustration and abnormalities in behaviour[12].

16 slums of the capital, where social distancing is not possible, have so reported positive cases. Bhubaneswar is steadily plunging into a grim situation following an alarming spike in community transmission cases. The Bhubaneswar Municipal Corporation (BMC) on Monday (June 29th) said 23 of the 25 cases (92%) detected in the city was local cases. The rest two cases had travel history to New Delhi and Kolkata. Of the 314 cases reported from Bhubaneswar so far, 249 (80%) have been detected in June. Similarly, 120 have been detected from the community. On Sunday (28th June), only six positive cases were reported. Six cases have been reported in Salia Sahi, the biggest slum of the State, in the city. At least 16 slums of Bhubaneswar have so reported positive cases[13].

The biggest share of global coronavirus cases were from the United States, Brazil and India, the World Health Organization said on Saturday (4th July). India witnessed 613 deaths during the last 24-hour period, the number of recoveries stands at 4, 09,083, the government said today (5th July). This is the ninth consecutive day that cases increased by over 18,000. India's new cases of the coronavirus infection reached a record high on Sunday (5th July), with the Union Health Ministry saying 24,850 new cases were identified in the 24 hours since 8 am on Saturday (4th July). The total is now 6, 73,165, leaving India just few hundred cases behind. India also witnessed 613 deaths during the last 24-hour period, taking the total number of death count to 19,268.This is the ninth consecutive day that India's coronavirus infections increased by more than 18,000[14].

In Maharashtra crossed the two lakh-marks with 7,074 new positive cases on 4th July. Delhi recorded 2,505 fresh coronavirus cases, taking the tally in the city to over 97,000, while the death count from the disease mounted to 3,004, authorities said .The southern state on 4th July reported its biggest single day spike of 1,839 new cases and 42 related fatalities, taking the total number of infections in the state to 21,549 and the death count to 335, the Health department said. A whopping 1,172 cases of these cases were from Bengaluru Urban alone; while 24 of the 42 deaths were from the capital city. West Bengal registered twin records of the highest single-day surge in COVID-19 fatalities and cases on Saturday (4th July), as 19 people died due to the disease and 743 more tested positive for the virus, the state health department said[14].

With 1,202 new cases, Assam's COVID-19 tally has crossed 11,000-mark. 777 of the new cases reported on 3rd July from Guwahati alone. Guwahati has seen close to 3,000 cases in the last 10 days[14].

The World Health Organization reported a record increase in global coronavirus cases on Saturday (4th July), with the total rising by 212,326 in 24 hours. The biggest increases were from the United States, Brazil and India, according to a daily report. Global coronavirus cases exceeded 11 million on Friday (3rd July), according to a Reuters tally, marking another milestone in the spread of the disease that has killed more than half a million people in seven months[14].

Odisha on 5th July reported 456 new positive cases (In Quarantine 309 & Local Contacts: 147). Districts wise cases: Angul:1, Balasore:14, Bargarh:33, Bhadrak:12, Bolangir:6, Cuttack:13, Dhenkanal :13, Gajapati:1,Ganjam : 166 ,Jagatsinghpur : 23 ,Jajpur :57, Kalahandi :1 ,Kandhamal :3,Kendrapara:5,Keonjhar:2,Khordha:21,Koraput:10, Mayurbhanj: 8 ,Nawarangapur: 24 , Nayagarh : 4 ,Purl : 3 , Rayagada :13 , Sambalpur : 15 , Sundergh : 20 . New Recovories: 290, Cumulative Tested: 297234, Positive: 9526, Recovered: 6224, Active Cases: 3254[15].

Salia Sahi is the biggest slum in Bhubaneswar with a population of over one lakh. Known as 'Mini Odisha' in Bhubaneswar for having people from all the districts of the state, Salia Sahi is a huge unauthorised slum that supplies most of the menial workers to apartments and commercial establishments such as hotel, restaurants and educational institutions. It has about 9,000 households staying and spreading over 250 acres of land. One of the cases was reported from Salia Sahi on June 5th.

In Salia Sahi there is overcrowding, lack of clean water, poor sanitation, social dependency, larger number of human contacts, low disease immunity of dwellers, sharing common bathrooms and latrines besides poor medical facilities make for tremendous

speed and size of virus transmission in slums. Due to less investigation peoples are not diagnosed. The researchers are very well aware about the situation in Salia Sahi because maids are coming to work in our society households and we are living nearer to Salia Sahi slum, but we have fired them after COVID-19 Pandemic because of chances of spreading infections. They have the lots of fear, anxiety and stigma about COVID-19 because they came to know from Social Media that the other urban slums having high number of COVID-19 cases and it spreads like wild fire and also facing lots of financial problems, unable to maintain social distancing, repeated hand washing, everyday supplies, sanitation and also other problems because of lockdown and shutdown. Their everyday livelihood depends on donation from generous and kind people during these difficult times.

Due to all these stuff going on with these people and considering the relevance of all the factors and so far, no research has been published on the this purpose, it was aimed to find out the significant stressors in relation to their anxiety during lockdown in view of Covid-19 pandemic outbreak among the people residing at selected urban slum areas, Salia Sahi, Bhubaneswar**.**

## Objectives

1. To identify the significant stressors related to covid-19 among the people residing at selected urban slum areas.
2. To recognize the association between the significant stressors related to covid-19 with their selected demographic variables.

## Hypothesis

- **$H_0$** There will be no significant association between the significant stressors with their selected demographic variables except the variable monthly income (before lockdown).

## Materials And Methods:

## Research design and approach:

A descriptive research design and quantitative approach was used to conduct the study.

**Setting of the Study:**

The study was conducted at Salia Sahi, Bhubaneswar.

**Sample and sampling technique:**

50 people residing at Salia Sahi selected by purposive sampling technique.

## Description of the Tool

The tool has two sections i.e. Section "A" and section "B"

Section "A" consists of demographic variables of people.

Section "B" consists of the statements to find out the significant stressors in relation to their anxiety during lockdown in view of Covid-19 pandemic outbreak among the people. The questionnaire in this section was formulated in the form of checklist. There are three subheadings and under the each subheading there are ten statements i.e. problems related to health factors, problems related to social distancing and mask factors, problems related to financial factors. If their opinion for the statement is yes, the score value is 1(one), if no score value is zero (0).

## Validity and Reliability:

Validity refers to the degree to which an instrument measures what it suppose to measure. Content validity concern the degree to which an instrument has appropriate sample of items for the construct being measured and adequately covers the construct domain. The content validity of the tool was established from various experts in the field of psychiatric, clinical psychology, psychiatric nurse specialist, and statistician.

Reliability of the tool was tested by test-retest method where co-efficient correlation was to find out (r =0.88), the tool was found to be more reliable.

## Data Collection Procedure:

Prior to the data collection, the permission was obtained from the Corporator, Ward No.27, Bhubaneswar Municipal Corporation and verbal informed consent was obtained from the people residing at Salia Sahi.

## Planned Data Analysis:

The collected data were organized, tabulated and analyzed by using descriptive and inferential statistics.

## Findings

Distribution of people according to their demographic variables reveals that highest percentage that Highest Percentage (40%) of the people were in the age group of 30–39 years and ≥ 40 years. Majority (52%) of them were female and (68%) 0f them were Hindus and (32%) of them were Christian. Highest percentage (74%) of them were married (52%) of them were house keeper. Majority (40%) of them had primary education and (50%) of them had monthly income (before lockdown) Rs.5000 – Rs.10, 000.Highest percentage (60%) of them from nuclear family whereas (40%) were from joint family.

**Table No.1 Factor wise analysis of significant stressors related to COVID-19 pandemic among the people residing at urban slum areas.**

| Sl. No. | Factors | Scores | | | |
|---|---|---|---|---|---|
| | | Max. Scores | Mean | SD | Mean % |
| 1 | Problems Related to Health Factors | 10 | 9.2 | 1.08 | 92 |
| 2 | Problems Related to Social distancing and mask factors | 10 | 9.56 | 0.88 | 95.6 |
| 3 | Problems Related to Financial Factors | 10 | 7.74 | 1.83 | 77.4 |

**Table:1**- Depicts that factor wise comparison of mean, SD, mean percentage of significant stressors score among the people residing at urban slum areas shows that highest mean score (9.56 ±0.88) which is 95.6 % was obtained in the factor of "Problems Related to Social distancing and mask factors". The lowest mean score (7.74±1.83) which is 77.7% was obtained in the factor of "Problems Related to Financial Factors".

**Table No.2: Association between the Demographic Variables and Significant Stressors.**

| Demographic Variables | Degree of freedom | $\chi 2$ Calculated | Significance level (α) = 0.05 | Null hypothesis | Alternate Hypothesis | Significance |
|---|---|---|---|---|---|---|
| | | | $\chi 2$ tabular | | | |
| Age | 4 | 2.67 | 9.488 | Accepted | Rejected | Not significant |
| Gender | 2 | 0.204 | 5.991 | Accepted | Rejected | Not significant |
| Religion | 2 | 0.32 | 5.991 | Accepted | Rejected | Not significant |
| Marital status | 2 | 1.19 | 5.991 | Accepted | Rejected | Not significant |
| Occupation | 8 | 2.41 | 15.507 | Accepted | Rejected | Not significant |
| Education | 4 | 2.89 | 9.488 | Accepted | Rejected | Not significant |
| Monthly income (Before Lockdown) | 4 | 18.38 | 9.488 | Rejected | Accepted | Significant |
| Family type | 2 | 0.45 | 5.991 | Accepted | Rejected | Not significant |

The above table shows that the age, gender, religion, marital status, occupation, education and family type were not found to be associated with significant stressors. However the monthly income (Before Lockdown) was found to be associated with significant stressors.

## Conclusion

From the findings of the present study, it can be concluded that the highest mean score (9.56 ±0.88) which is 95.6 % was obtained in the factor of "Problems Related to Social distancing and mask factors" and

the lowest mean score (7.74±1.83) which is 77.7% was obtained in the factor of "Problems Related to Financial Factors". It revealed that the highest percentage of significant stressors score found in the factor of "Problems Related to Social Distancing and Mask Factors". There was only association between the monthly income (Before Lockdown) and the significant stressors and the other variables were not associated with the significant stressors.

## Implications

### Nursing Practice

The findings of the study will help the nursing personnel to find out the significant stressors related to COVID-19 pandemic outbreak among the other people and in other settings.

It indicates that the people under lockdown affected by the many significant stressors due to impact of Covid-19.

### Nursing education

The nurse educators can use the findings to teach the students about the impact of Covid-19 lockdown on the population.

A planned teaching programme should be organize for staff nurses about the impact of COVID-19 lockdown among the people.

### Nursing research

The findings suggest a need for more research to better understand the anxiety and find out the significant stressors related to COVID-19 pandemic outbreak among the other people.

A large-scale study can be done for replication to find out the significant stressors related to COVID-19 pandemic outbreak among the other people

### Recommendations

An experimental study can be undertaken with control group.

A comparative study can be conducted between the urban slum and rural poor people.

**Source of Funding:** Nil

**Conflict of Interest:** There are no conflicts of interest.

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