STUDY ON PREDICTOR VARIABLES FOR DIFFERENT DIMENSIONS OF MENTAL HEALTH AMONG MELAVOI VILLAGE OF COVID-19 AFFECTED YOUNG ADULTS LIVING IN ANANTAPURAM DISTRICT, ANDHRA PRADESH

Abstract:

Early adulthood is an extremely diverse period of life. it encompasses a wide range of lifestyle choices and responsibilities. The pandemic has impacted the mental health of young adults very severely (salari*et al.,* 2020). Covid-19 pandemic there has been an increased risk of psychiatric disorders, chronic trauma with an eventual risk of increased suicidality and suicidal behavior linking this to immune mediated mechanisms of stress. For better dealing with these psychosocial issues of different strata of the society, psychosocial crisis prevention and intervention models should be urgently developed by the government, health care personnel and other stakeholders. Apt application of internet services, technology and social media to curb both pandemic and infodemic needs to be instigated. The main focus of the study was to swot on "Study on predictor variables for different dimensions of mental health among Melavoi village of Covid-19 affected young adults living in Anantapuram district, Andhra Pradesh". Purposive random sampling technique was selected for the study. The respondents were selected from Melavoivillage of Anantapuram district, Andhra Pradesh. Male and Female who are in the age group of 18-35 years affected with Covid-19 was selected for the study. The group consists of 30 Covid-19 affected young adults of 15 males and 15 females from Melavoivillage for the study.The study found that Covid-19 outbreak made respondents to experience lot of mental health problems like emotional distress, anxiety, stress, despair, dissatisfaction, impatience irrespective of gender.

Keywords:Mental health, Covid-19, Young Adults

Introduction:

Corona is a contaminated disease which was recognized in 2019, SARS-CoV-2 which produced respiratory ailment called Covid-19. World Health Organization released guidelines to prevent from the infection by following the ways i.e. washing hands regularly, wearing masks, maintaining social distance, getting vaccinated and go for booster when it was avail. Covid was

affected to million peoples all around the world and caused severe mental health and psycho-social issues to the individuals.

The concept of mental health comprises personal well-being, belief in self, independent functioning, abilities, intergenerational dependency and recognition of the belief in their intellectual and emotional potential.

At every stage of life, from childhood to senescence mental health is very important. A person's mental health is influenced by daily activities. Over the course of the life, if individual experience mental health problems, the thinking pattern, state of mind and behaviour could be affected. Deppe *et al. (*2023) studied on Youth depression symptoms during Covid-19. The findings revealed that a twin analysis was done to adults with a considerable amount of unique environmental variance and genetic variance explained by the predictors that there was an increased depressive symptoms during pandemic.

Bell *et al.* (2023) studied on impact of Covid-19 on youth mental health: a mixed methods survey. Young people report both positive and negative impacts of Covid-19 across multiple domains of mental health, wellbeing and functioning. Early intervention critical for preventing long term mental health impacts of Covid-19 on youth.

Reijneveld*et al.* (2003) studied on Effect of a severe disaster on the mental health of adolescents: a controlled study. The findings revealed that Psycho-social problems such as behavioural, emotional, and educational problems are highly prevalent among children and young people.

Azmi*et al.* (2022) studied on Prevalence of Covid-19 pandemic, self-esteem and its effect on depression among university students in Saudi Arabia. In a study it received a total of 151 valid responses from respondents. It found that the presence of the Covid-19 pandemic had dramatically increased the depressive symptoms in students, especially in female students. The findings suggested instant consideration and support for students. It was also suggested to the quest for potential managing policies that have been known and effective during the pandemic. Moreover, training should be provided for students to shift their educational experience mindset to an adaptive mindset, which can help them adapt to the new ways of learning and education.

Jones *et al.* (2022) studied on Mental health, suicidality, and connectedness among high school students during the Covid-19 pandemic—Adolescent behaviors and experiences survey, united states, january–june 2021. The findings of the study reported that disruptions and consequences related to the Covid-19 pandemic was higher in social isolation, family economic hardship, family loss or illness, and reduced access to health care, raise concerns about the effects on the mental health and well-being of youths.

Wright *et al.* (2021) studied on Physical activity protects against the negative impact of coronavirus fear on adolescent mental health and well-being during the Covid-19 pandemic. During United Kingdom lockdown restrictions, 165 participants (100 female, aged 13–19) completed an online questionnaire assessing perceived Coronavirus prevalence and fear, physical activity, and indicators of mental health and well-being (stress, anxiety, depression, fatigue, vitality, and perceived health). Findings suggested that physical activity during the coronavirus pandemic can counteract the negative effects of Coronavirus fear on adolescent mental health and well-being. Therefore, physical activity should be promoted during lockdown to support good mental health and well-being.

O'Brien *et al.* (2021) studied on Physical activity, mental health and wellbeing during the first Covid-19 containment in New Zealand: A cross-sectional study. Sample consisted of 4007 participants the findings suggested that consideration should be given to individuals with comorbidities, poor subjective wellbeing prior to lockdowns, those experiencing financial strain and increased sitting time due to the working from home environment, as all were found to be negatively associated with physical activity and mental health. Providing support for these subgroups in the population may aid in providing a buffer to the negative impacts of physical inactivity on mental wellbeing.

Theis*et al.* (2021) studied on The effects of Covid-19 restrictions on physical activity and mental health of children and young adults with physical and/or intellectual disabilities. A total of 125 respondents completed the survey. Respondents reported negative effects of lockdown restrictions, with 61% reporting a reduction in physical activity levels and over 90% reporting a negative impact on mental health (including poorer behaviour, mood, fitness and social and learning regression). The survey highlighted the negative impact of the Covid-19 lockdown on the physical

activity levels and mental health of children and young adults with disabilities and highlighted the importance of addressing the needs of the disabled community as restrictions are eased.

Shamblaw*et al.* (2021) conducted both cross sectional and longitudinal study on "Coping during the Covid-19 pandemic: Relations with mental health and quality of life" with sample of 1192 adults. This study stated that rates of depression and anxiety are significantly higher than reported rates prior to the pandemic and understanding effective coping strategies was critical to mitigating the negative mental health effects of Covid-19. Distraction and acceptance were the most commonly used coping strategies. Distraction based coping was associated with worse mental health and quality of life. Positive reframing was another adaptive coping strategy, associated with mental health and quality of life both cross sectionally and longitudinally. Strategies focused on positive reframing, and cognitive behavioural therapy would be useful intervention strategies during the pandemic.

Methodology:

The main focus of the study was to swot on "Study on predictor variables for different dimensions of mental health among Melavoi village of Covid-19 affected young adults living in Anantapuram district, Andhra Pradesh". Purposive random sampling technique was selected for the study. The respondents wereselected from Melavoivillage of Anantapuram district, Andhra Pradesh. Men and Women who are in the age group of 18-35 years affected with Covid-19 wereselected for the study. The group consists of 30 Covid-19 affected young adults of 15 men and 15 women from Melavoivillage for the study.

Results and Discussion:

A general information schedule was developed by the investigator for collecting the general information about the respondents. Interview schedule include age, gender, location, educational qualification, occupation, monthly income, type of family, number of dependents in the family. The developed interview schedule was pre-tested and changes were made accordingly.

I. General profile of the respondents of Covid-19 affected young adults:

Table 1.Distribution of respondents according to their age

(n=30)

Area	Category	Male (n=15)		Female (n=15)		Total (n=30)	
		F	%	F	%	F	%
Age	18 to 26 (Youth)	5	33	2	13	7	23
	27 to 35 (Young Adult)	10	67	13	87	23	77

It was evident from the above table (1) that 67 percent of the male respondents were in the age range of 27-35 years and 33 percent were in the age group of 18-26 years. Whereas majority (87%) of the female respondents were in the age range of 27- 35 years and 13 percent were in the age group of 18-26 years.

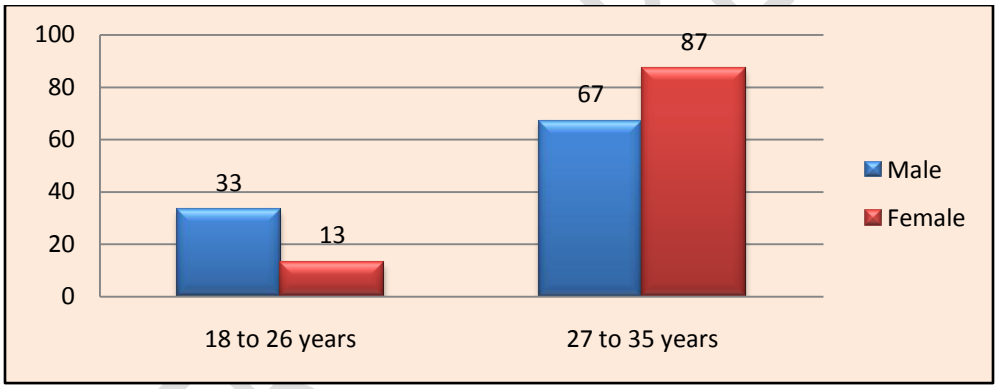

Figure 1.Respondents according to their age

Table 2.Distribution of respondents according to their gender

(n=30)

Area	Category	Male (n=15)		Female (n=15)		Total (n=30)	
		F	%	F	%	F	%
Rural	Gender	15	100	15	100	30	100

The above table (2) indicated that equal number (100%) of male and female rural respondents was selected for the study.

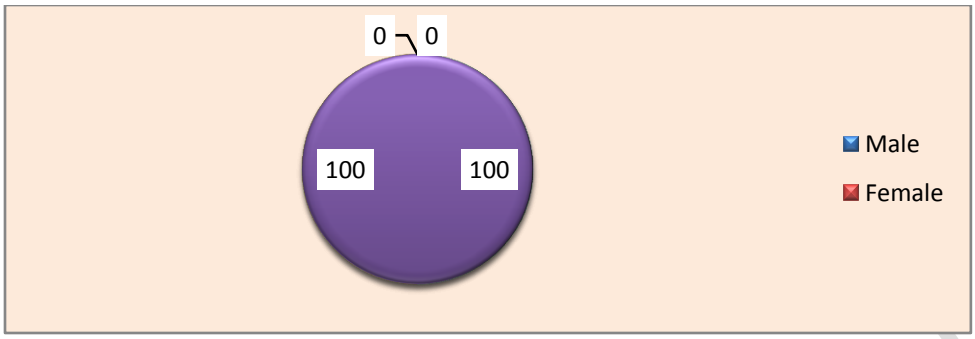

Figure 2. Respondents according to their gender

Table 3.Distribution of respondents according to their education

(n=30)

Area	**Category**	**Male (n=15)**		**Female (n=15)**		**Total (n=30)**	
		F	**%**	**F**	**%**	**F**	**%**
Education	Illiterate	1	7	2	13	3	10
	Up to V(Primary)	2	13	1	7	3	10
	VI to X (Secondary)	4	27	3	20	7	23
	Inter/diploma	3	20	5	33	8	27
	Degree	4	27	4	27	8	27

Out of fifteen, 27 percent of the male respondents completed degree and secondary education followed by 20 percent completed inter/diploma, 13 percent completed primary education and 7 percent were illiterates. Whereas out of fifteen, 33 percent of the female respondents completed inter/diploma followed by 27 percent completed degree, 20 percent completed secondary education, 13 percent were illiterates and 7 percent completed primary education.

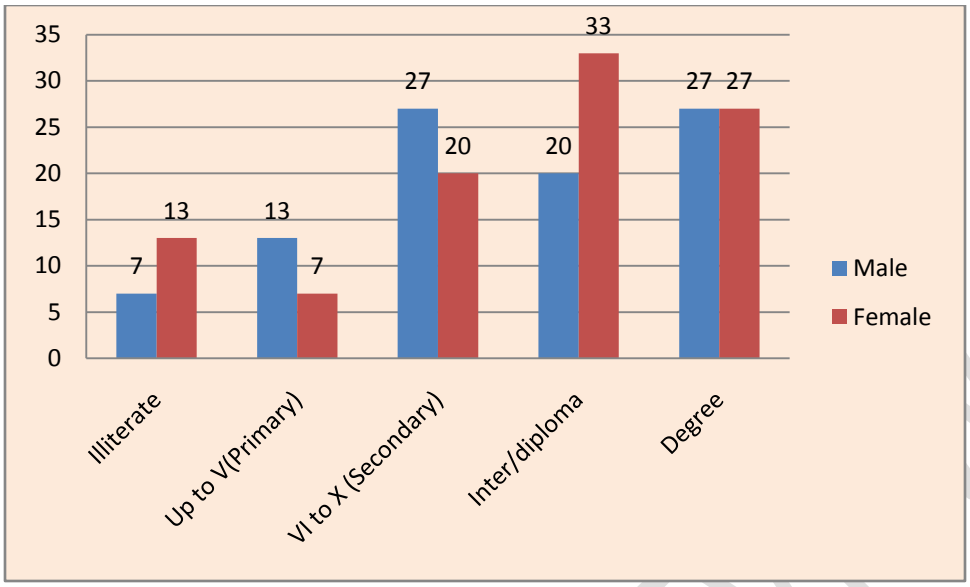

Figure 3. Respondents according to their education

Table 4.Distribution of respondents according to their occupation (n=30)

Area	Category	Male (n=15)		Female (n=15)		Total (n=30)	
		F	%	F	%	F	%
Occupation	No occupation	1	7	6	40	7	23
	Skilled occupation	2	13	2	13	4	13
	Business	5	33	2	13	7	23
	Private job	5	33	4	27	9	30
	Govt. job	2	13	1	7	3	10

It was observed from the table (4) that 33 percent of the male respondents were employed in private job and in business, 13 percent were employed in government job and in skilled occupation (farm workers, gardeners, pot makers, electrician, carpenter, plumber etc.) and 7 percent were not involved in any occupation. Whereas 40 percent of females were not involved in any occupation (Housewives/student) followed by 27 percent were employed in private job, 13 percent were in skilled jobs (pot makers, chefs gardners, farm workers etc.) and in business, only 7 percent were employed in government job.

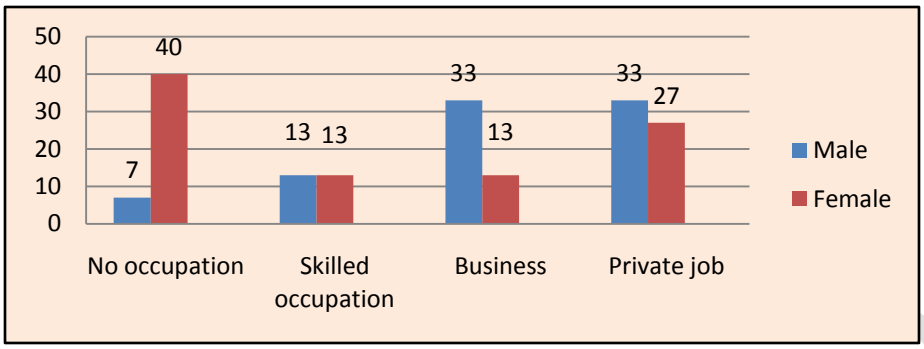

Figure 4. respondents according to their occupation

Table 5.Distribution of respondents according to their income

(n=30)

Area	Category	Male (n=15)		Female (n=15)		Total (n=30)	
		F	%	F	%	F	%
Income	Low: Below 2 lakhs	3	20	5	33	10	33
	Middle: 2 to 5 lakhs	8	53	7	47	15	50
	High: 5 lakhs and above	4	27	3	20	7	23

Out of fifteen, 53 percent of the male respondents had annual income between two lakhs-five lakhs followed by 27 percent were in high category (5 lakhs and above) and 20 percent were in low category (below 2 lakhs). Whereas females out of fifteen, fourty seven percent of the female respondents had annual income between two-five lakhs followed by 33 percent of the respondents had income between below two lakhs and 20 percent of the respondents had income between five lakhs and above.

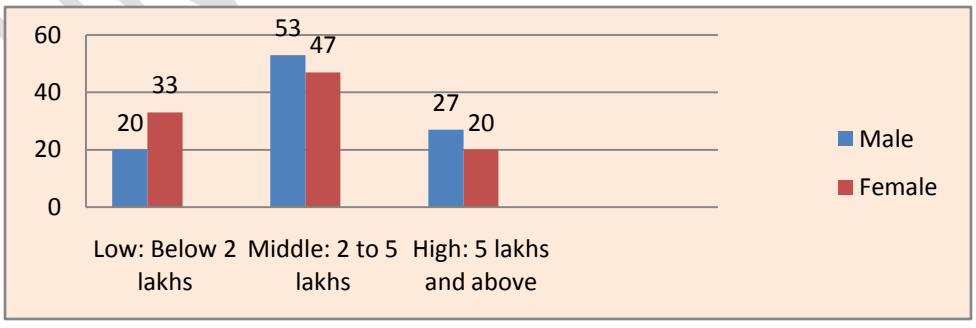

Figure 5.Respondents according to their income

Table 6.Distribution of respondents according to their family type

(n=30)

Area	Category	Male (n=15)		Female (n=15)		Total (n=30)	
		F	%	F	%	F	%
Family type	Nuclear	7	47	6	40	15	50
	Joint	8	53	9	60	17	57

It was evident from the table (6) that more than fifty percent (53%) of the male respondents belonged to joint families and 47 percent of the respondents belonged to nuclear families. Whereas majority (60%) of the female respondents belonged to joint families and 40 percent belonged to nuclear families.

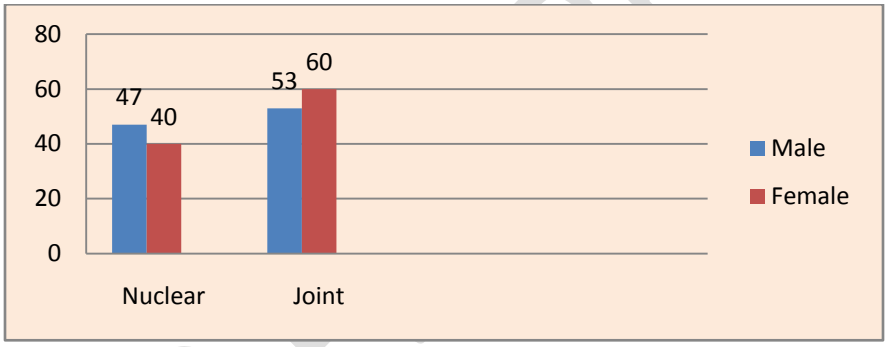

Figure 6.Respondents according to their family type

Table 7.Distribution of respondents based on no. of dependents in the family

(n=30)

Area	Category	Male (n=15)		Female (n=15)		Total (n=30)	
		F	%	F	%	F	%
No .of dependents in the family	2 members	1	7	2	13	3	10
	3 to 5	10	67	11	73	21	70
	6 and above	4	27	2	13	6	20

It was observed from the table (7) that 67 percent of the male respondents were in 3 to 5 number of dependents in the family followed by 27 percent of the respondents was in 6 and above number of dependents in the family and 7 percent were in 2 members- number of dependents in

the family. Whereas majority (73%) of the female respondents were in 3 to 5 number of dependents in the family followed by 13 percent of the respondents were in 6 and above and 2 members- number of dependents in the family.

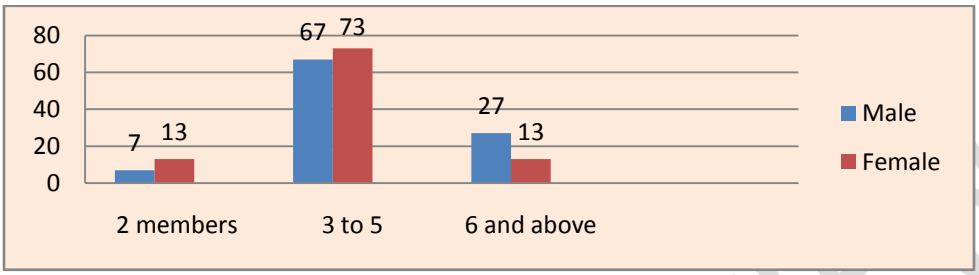

Figure 7.Respondents based on no. of dependents in the family

Table 8.Distribution of respondents according to their illness type (n=30)

Area	Category	Male (n=15)		Female (n=15)		Total (n=30)	
		F	%	F	%	F	%
Illness type	Covid-19	15	100	15	100	30	100

The above table (8) presented the illness type of the respondents. It was observed from the table that young adults those who were affected with coronavirus, equal number (100%) of male and female respondents have been taken for the study.

Figure 8. Respondents according to their illness type

Table 9.Distribution of respondents according to their illness stage

(n=30)

Area	Category	Male (n=15)		Female (n=15)		Total (n=30)	
		F	%	F	%	F	%
Illness stage	Early Phase	11	73	12	80	23	77
	Intermittent	3	20	3	20	6	20
	Advance stage	1	7	0	0	1	3

It was observed from the table (9) that 73 percent of the male respondents were in early phase of illness followed by 20 percent were in intermittent and 7 percent were in advance stage. Whereas majority (80%) of the female respondents were in early phase of illness and 20 percent were in intermittent stage.

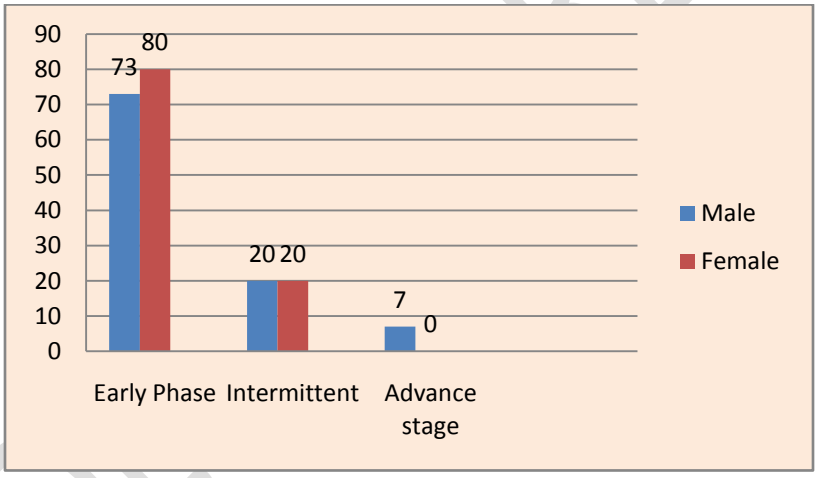

Figure 9. Respondents according to their illness stage

Table 10.Distribution of respondents on admitted in the hospital

(n=30)

Area	Category	Male (n=15)		Female (n=15)		Total (n=30)	
		F	%	F	%	F	%
Admitted in the hospital	Not admitted	6	40	7	47	13	43
	1 week to 2 weeks	8	53	7	47	15	50
	More than 2 weeks	1	7	1	7	2	7

It was evident from the above table (10) that 53 percent of the male respondents were admitted in hospital for 1 week to 2 weeks followed by 40 percent of the respondents were not admitted in the hospital and 7 percent of the respondents were admitted in the hospital more than 2 weeks. Whereas 47 percent of the female respondents were admitted in the hospital for 1 to 2 weeks followed by not admitted in the hospital (home-quarantine and home precautions along with doctor prescribed medicine was been taken to recover from the virus) and 7 percent of the respondents were admitted in the hospital more than 2 weeks.

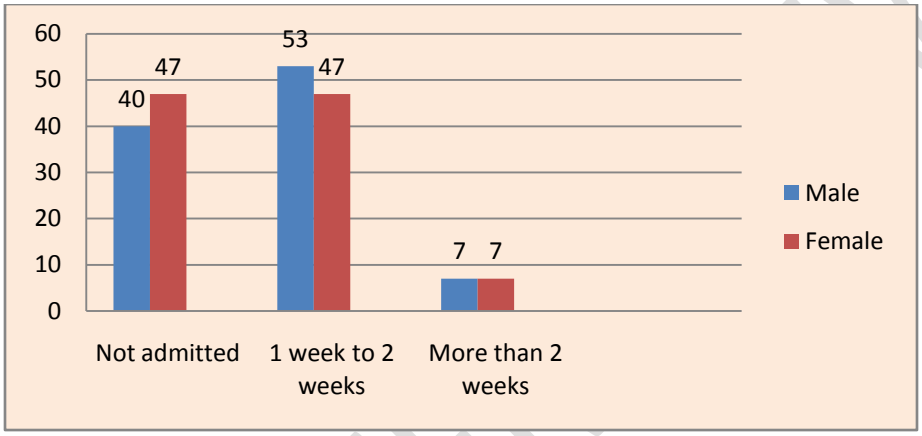

Figure 10.Respondents duration on admitted in the hospital

II. Predictor variables for different dimensions of mental health (Stepwise regression)

Table 11. Predictor variables for positive self evaluation of rural experimental group respondents

R	R Square	Adjusted R Square	Std. Error of the Estimate
.576[a]	.331	.031	5.72957
The predictors were age, gender, education, occupation, income, type of family, no. of dependents in the family, illness stage, psychological problems and social problems			

Coefficients					
Independent variable	Regression Coefficient	Std. Error	Beta	t-value	Sig
Gender	-1.719	2.521	-.150	-.682	.503
Age	-.824	.369	-.491	**-2.230***	.038
Education	-.097	.940	-.023	-.104	.918
Occupation	-.522	1.225	-.121	-.426	.674
Income	-4.302	2.425	-.531	-1.774	.091
Type.of.family	1.930	2.936	.167	.657	.518
Dependents	-2.923	2.310	-.262	-1.266	.220
Illness stage	-.350	.286	-.297	-1.225	.235
Psychological problems	-.232	.364	-.132	-.637	.531
Social problems	-1.719	2.521	-.150	-.682	.503

Note: Level of significance: **0.01, *0.05

The table (11) depicted the contribution of independent variables to positive self evaluation of Covid-19 affected young adults analysed through step-wise regression. The regression model explained about independent variables together contributed 33 percent of variance together positive self evaluation of Covid-19 affected young adults. These were age (t= -2.230*) at 5 percent level of significance.

Regression co-efficient table indicated that every unit change in age increases positive self evaluation by -.824 units.

Further it can also be inferred that Covid-19 affected young adults who were with better age had better positive self-evaluation. Therefore it can be concluded that age was found to be determinant on positive self evaluation among rural Covid-19 affected young adults.

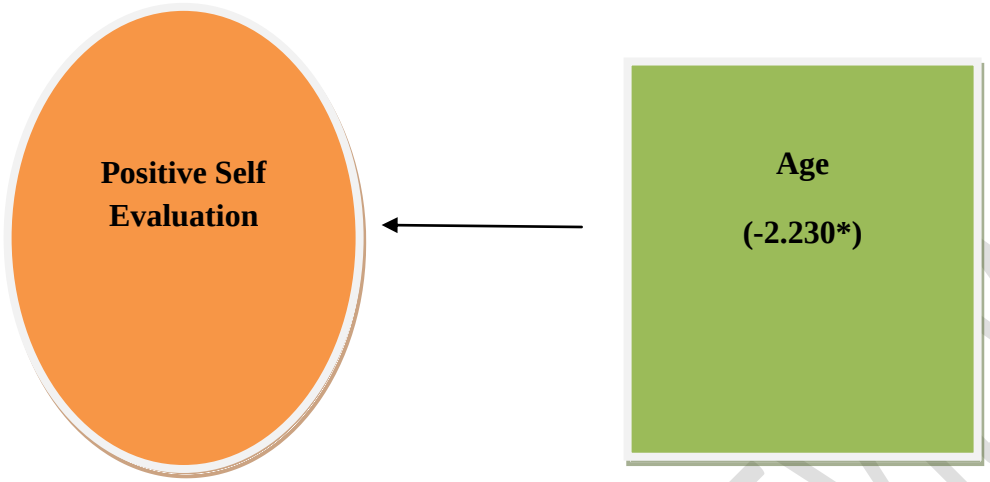

Figure 11. Positive self evaluation of rural experimental group respondents

Indicated 0.01 % level of significance

Indicated 0.05 % level of significance

Table 12. Predictor variables for perception of reality among rural experimental group respondents

R	R Square	Adjusted R Square	Std. Error of the Estimate
.716[a]	.512	.255	5.53681
The predictors were age, gender, education, occupation, income, type of family, no. of dependents in the family, illness stage, psychological problems and social problems			

Coefficients					
Independent variable	Regression Coefficient	Std. Error	Beta	t-value	Sig
Gender	-.880	2.539	-.070	-.347	.733
Age	-.824	.369	-.491	**-2.230***	.038
Education	-2.859	.947	-.603	**-3.019****	.007
Occupation	.601	1.191	.126	.505	.620
Income	1.879	2.352	.210	.799	.434
Type.of.family	2.272	2.917	.178	.779	.446
Dependents	4.885	2.905	.417	1.682	.109
Illness stage	-3.723	2.271	-.302	-1.639	.118
Psychological problems	.134	.288	.103	.465	.647
Social problems	-.004	.354	-.002	-.011	.991

The table (12) depicted the contribution of independent variables to perception of reality of Covid-19 affected young adults analysed through step-wise regression. The regression model explained about independent variables together contributed 51 percent of variance together perception of reality of Covid-19 affected young adults. These were education (t= -3.019**) at 1 percent level of significance and age (t= -2.230*) at 5 percent level of significance.

Regression co-efficient table indicated that every unit change in education increases perception of reality by -2.859 units, a unit changes in age increases perception of reality by -.824 units.

Further it can also be inferred that Covid-19 affected young adults who were with better age, education had better perception of reality. Therefore it can be concluded that age, education were found to be determinant on perception of reality among rural Covid-19 affected young adults.

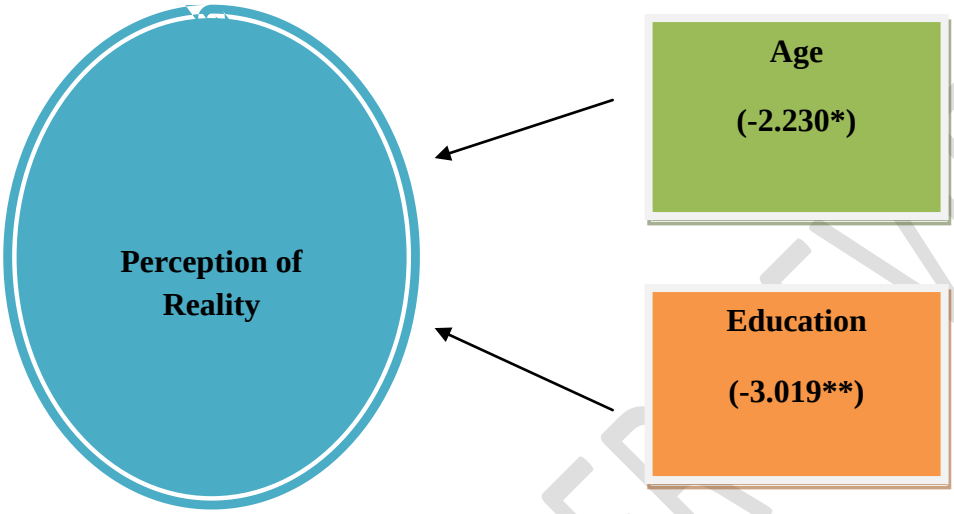

Figure 12. Perception of reality among rural experimental group respondents

Indicated 0.01 % level of significance

Indicated 0.05 % level of significance

Table 13. Predictor variables for integration of personality rural experimental group respondents

R	R Square	Adjusted R Square	Std. Error of the Estimate
.505[a]	.255	-.137	7.71979
The predictors were age, gender, education, occupation, income, type of family, no. of dependents in the family, illness stage, psychological problems and social problems			

Coefficients					
Independent variable	Regression Coefficient	Std. Error	Beta	t-value	Sig
Gender	2.220	3.540	.156	.627	.538
Age	-.561	.515	-.296	-1.089	.290
Education	-1.146	.264	-.813	**-4.338****	.000
Occupation	1.021	1.661	.190	.614	.546
Income	-1.314	3.279	-.130	-.401	.693
Type.of.family	-4.254	4.066	-.296	-1.046	.309
Dependents	1.694	4.050	.128	.418	.680
Illness stage	-4.059	3.166	-.292	-1.282	.215
Psychological problems	-.429	1.320	-.080	-.325	.749
Social problems	.024	.493	.011	.048	.962

The table (13) depicted the contribution of independent variables to integration of personality of Covid-19 affected young adults analysed through step-wise regression. The regression model explained about independent variables together contributed 25 percent of variance together integration of personality of Covid-19 affected young adults. These were education (t= -4.338**) at 1 percent level of significance.

Regression co-efficient table indicated that every unit change in education increases integration of personality by -1.146 units.

Further it can also be inferred that Covid-19 affected young adults who were with better education had better integration of personality. Therefore it can be concluded that education was found to be determinant of integration of personality among rural Covid-19 affected young adults.

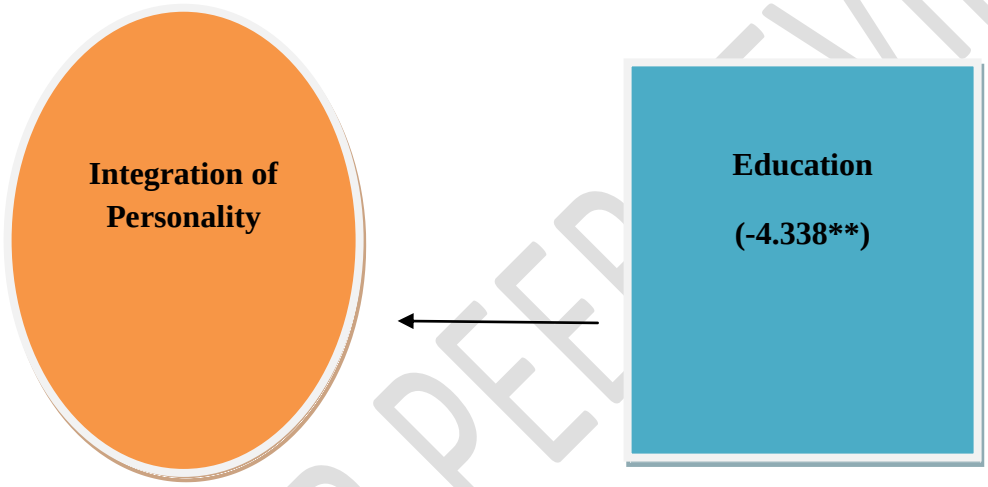

Figure 13. Integration of personality among rural experimental group respondents

Indicated 0.01 % level of significance

Indicated 0.05 % level of significance

Table 14. Predictors variables for autonomy rural experimental group respondents

R	R Square	Adjusted R Square	Std. Error of the Estimate
.707[a]	.500	.237	3.57203
The predictors were age, gender, education, occupation, income, type of family, no. of dependents in the family, illness stage, psychological problems and social problems			

Coefficients					
Independent variable	Regression Coefficient	Std. Error	Beta	t-value	Sig
Gender	.563	1.638	.070	.344	.735
Age	4.039	1.874	.541	**2.156***	.044
Education	-.748	.611	-.248	-1.225	.236
Occupation	.838	.769	.276	1.090	.289
Income	.564	1.517	.099	.372	.714
Type.of.family	-2.008	1.882	-.247	-1.067	.299
Dependents	.001	.228	.001	.003	.997
Illness stage	.078	1.465	.010	.053	.958
Psychological problems	.386	.186	.465	2.078	.052
Social problems	-.074	.238	-.070	-.312	.759

The table (14) depicted the contribution of independent variables to autonomy of Covid-19 affected young adults analysed through step-wise regression. The regression model explained about independent variables together contributed 50 percent of variance together autonomy of Covid-19 affected young adults. These were age (t= 2.156*) at 5 percent level of significance.

Regression co-efficient table indicated that every unit change in age increases autonomy by 4.039 units.

Further it can also be inferred that Covid-19 affected young adults who were with better age had better autonomy. Therefore it can be concluded that age were found to be determinant of autonomy among rural Covid-19 affected young adults.

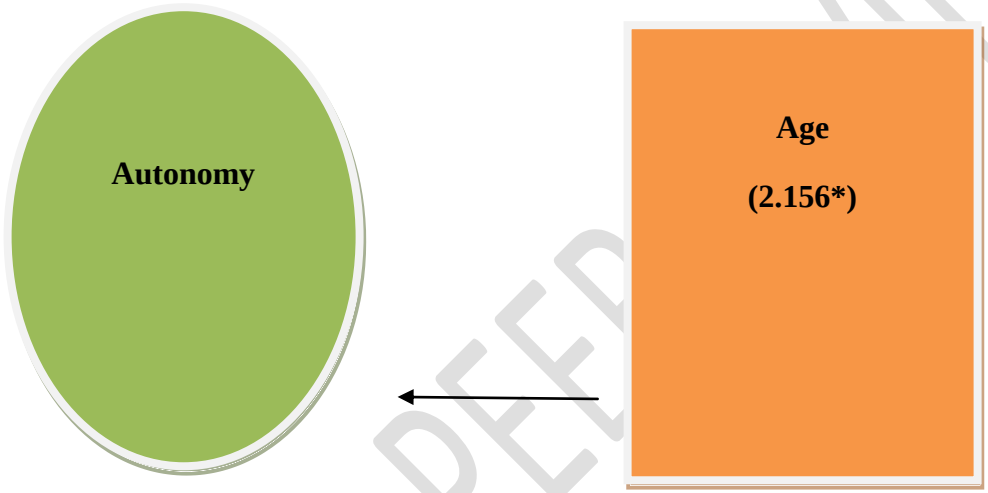

Figure 14. Autonomy of rural experimental group respondents

Indicated 0.01 % level of significance

Indicated 0.05 % level of significance

Table 15. Predictor variables for group oriented attitude rural experimental group respondents

R	R Square	Adjusted R Square	Std. Error of the Estimate
.462[a]	.214	-.200	7.29019
The predictors were age, gender, education, occupation, income, type of family, no. of dependents in the family, illness stage, psychological problems and social problems			

Coefficients					
Independent variable	Regression Coefficient	Std. Error	Beta	t-value	Sig
Gender	.043	3.343	.003	.013	.990
Age	-1.770	.754	-.585	**-2.349***	.030
Education	.689	1.247	.140	.553	.587
Occupation	-.990	1.569	-.200	-.631	.536
Income	2.925	3.096	.316	.945	.357
Type.of.family	-1.165	3.840	-.088	-.303	.765
Dependents	4.127	3.824	.340	1.079	.294
Illness stage	1.643	2.990	.129	.550	.589
Psychological problems	-.212	.379	-.157	-.560	.582
Social problems	.160	.486	.092	.328	.746

The table (15) depicted the contribution of independent variables to group oriented attitude of Covid-19 affected young adults analysed through step-wise regression. The regression model explained about independent variables together contributed 21 percent of variance together group oriented attitude of Covid-19 affected young adults. These were age (t=-2.349*) at 5 percent level of significance.

Regression co-efficient table indicated that every unit change in age increases group oriented attitude by -1.770 by units.

Further it can also be inferred that Covid-19 affected young adults who were with better age had better group oriented attitude. Therefore it can be concluded that age was found to be determinant of group oriented attitude among rural Covid-19 affected young adults.

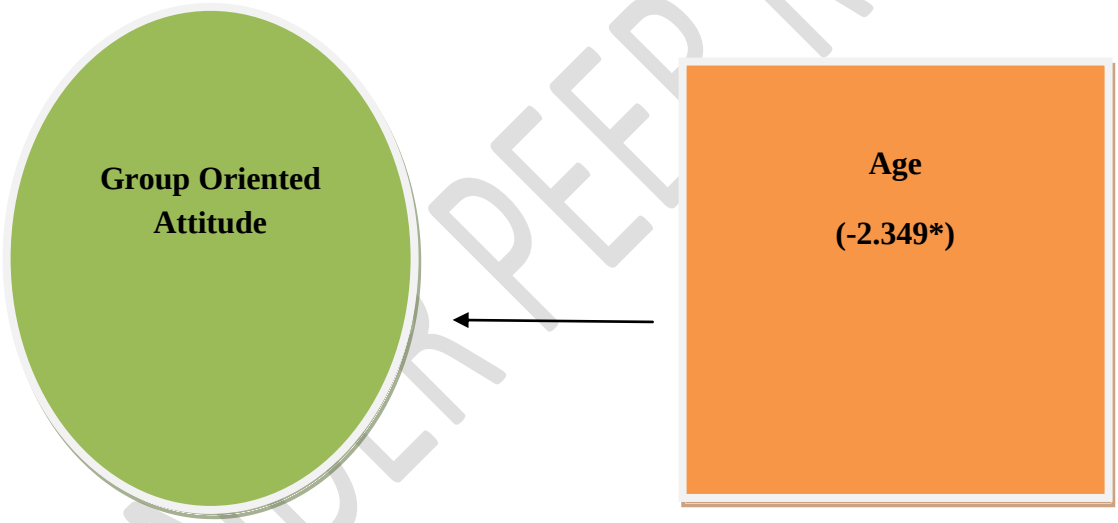

Figure 15. Group oriented attitude of rural experimental group respondents

Indicated 0.01 % level of significance

Indicated 0.05 % level of significance

Table 16. Predictor variables for environmental mastery rural experimental group respondents

R	R Square	Adjusted R Square	Std. Error of the Estimate
.759[a]	.576	.353	6.26915
The predictors were age, gender, education, occupation, income, type of family, no. of dependents in the family, illness stage, psychological problems and social problems			

Coefficients					
Independent variable	Regression Coefficient	Std. Error	Beta	t-value	Sig
Gender	-4.139	2.874	-.270	-1.440	.166
Age	.473	.418	.232	1.130	.272
Education	-2.356	1.066	-.434	**-2.210***	.040
Occupation	1.623	2.663	.150	.609	.549
Income	-7.230	3.289	-.508	**-2.198***	.041
Type.of.family	3.485	3.302	.225	1.055	.305
Dependents	2.253	1.349	.390	1.670	.111
Illness stage	1.319	2.571	.088	.513	.614
Psychological problems	.528	.326	.334	1.622	.121
Social problems	1.346	1.072	.234	1.256	.224

The table (16) depicted the contribution of independent variables to environmental mastery of Covid-19 affected young adults analysed through step-wise regression. The regression model explained about independent variables together contributed 57 percent of variance together environmental mastery of Covid-19 affected young adults. These were education (t= -2.210*) income (t=-2.198*) at 5 percent level of significance.

Regression co-efficient table indicated that every unit change in education increases environmental mastery by -2.356 units, a unit change in income increases environmental mastery by -7.230 units.

Further it can also be inferred that Covid-19 affected young adults who were with better education, income had better environmental mastery. Therefore it can be concluded that education, income were found to be determinant of environmental mastery among rural Covid-19 affected young adults.

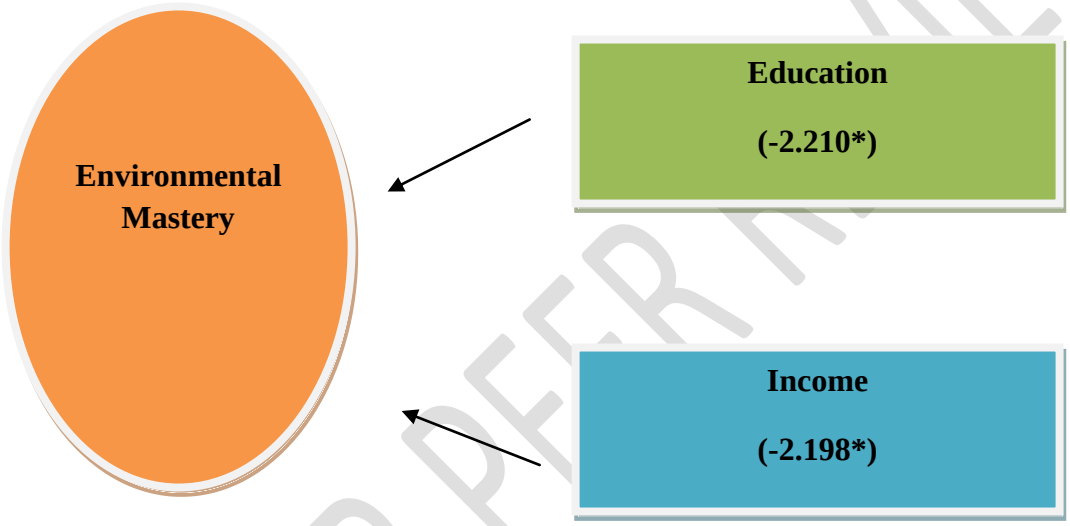

Figure 16. Environmental mastery of rural experimental group respondents

Indicated 0.01 % level of significance

Indicated 0.05 % level of significance

Conclusion:

The findings of the study found that Covid-19 epidemic ignited stress, anxiety and depression. Adopting appropriate mental health interventions helps respondents to cope up from the situations effectively.

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