ORIGINAL ARTICLE

Psychological State of Indians in the Aftermath of Two Waves of COVID-19

Pradnya Rohidas Gavhane[1], Suprakash Chaudhury[2], Alka Walujkar[3], Chetan Diwan[4], Vrushali Gaekwad[5]

ABSTRACT

Background: India recorded its first case of COVID-19 on January 30, 2020, marking the onset of the first of many waves of the COVID-19 pandemic. The lockdown to curb its spread was instituted on March 25, 2020. The overall situation was unprecedented and dystopian, with imminent mental health corollaries specific to different sociodemographic variables.

Aim: The present study aimed to assess coronavirus-related psychological distress, fear of COVID-19, and Coronavirus reassurance-seeking behavior in healthy individuals.

Materials and Methods: Consenting individuals were selected by convenience sampling from the community after the end of the second wave of COVID-19 in India. They were required to fill out a Google form online over one year, comprising basic sociodemographic details and the following scales: COVID-19-related psychological distress in healthy public (CORPD), Fear of COVID-19 Scale (FCV-19S), and Coronavirus Reassurance-Seeking Behaviors Scale. The information was then charted, tabulated, and statistically analyzed.

AUTHOR'S AFFILIATION:

[1] Student of PGDCMH, Department of Social Work, Karve Institute of Social Service, Karvenagar, Pune 400052, Maharashtra, India.

[2] Professor Emeritus, Department of Psychiatry, Dr. D.Y. Patil Medical College, Dr. D.Y. Patil Vidyapeeth, Pimpri, Pune, Maharashtra, India.

[3] Student of PGDCMH, Department of Social Work, Karve Institute of Social Service, Karvenagar, Pune 400052, Maharashtra, India.

[4] Assistant Professor, Department of Social Work, Karve Institute of Social Service, Karvenagar, Pune 400052, Maharashtra, India.

[5] Department of Psychiatric Social Work, Institute of Psychiatry and Human Behaviour, Bambolom, Goa, India.

CORRESPONDING AUTHOR:

Suprakash Chaudhury, Professor Emeritus, Department of Psychiatry, Dr. D.Y. Patil Medical College, Dr D.Y. Patil Vidyapeeth, Pimpri, Pune, Maharashtra, India.

E-mail: suprakashch@gmail.com

Results: A total of 229 persons were included in the study. COVID-related psychological distress and fear in the study population were similar to the levels in the general population during the COVID-19 pandemic. Answers revealed that 37.1% of the subjects suffered from COVID-19, 25.7% had lost their close relative due to COVID-19, and 52.8% of candidates harmed their functionality. Most participants (94.3%) had taken preventive measures during the COVID-19 pandemic.

Conclusion: The level of psychological distress predicted fear of COVID-19, Coronavirus reassurance seeking, age, adverse effects of the pandemic on functioning, and whether appropriate preventive measures were taken.

Fear of Coronavirus persisted even after the pandemic was over.

KEYWORDS

• COVID-19 pandemic • Fear of COVID-19 • Psychological distress • Reassurance seeking

INTRODUCTION

An individual's routine can be disrupted, and their mental health can be affected by stress, despair, and anxiety. The COVID-19 pandemic inevitably posed a mental health risk to communities across the globe, particularly in India, by being a low-and-middle-income country (LMIC) with sub-optimal socioeconomic determinants. As seen in the aftermath of the Ebola and HIV pandemics, the mental health consequences of the affected communities were significantly poorer. They were accountable for a significant proportion of Disability Adjusted Life-Years (DALYs) as a result of functional impairment, which is one of the cardinal features accompanying mental illnesses.[1,2] Mass fear of COVID-19, termed "corona phobia," generated a plethora of psychiatric manifestations across the different strata of society. The entire world plummeted into chaos and disorderliness, and governmental bodies were grappling to figure out ways to curb the spread. One of the most important steps taken worldwide was the implementation of strict quarantine measures and complete or partial lockdowns. India was under a complete lockdown from March 25, 2020, to May 3, 2020, after which the lockdown was phased and specific to area-specific case density.[3] While the lockdown was mandatory to curb the spread of the pandemic, it was not without imminent adverse corollaries that it did so. The psychosocial environment was completely altered, and people were struggling to carry on with their basic routine activities. Families and support could not be present for each other in such a crisis. The fear of losing family members and friends who were in vulnerable locations or at high risk for the illness was mixed with a component of helplessness, which only made matters worse. Individuals did not even have the liberty to grieve the loss of their loved ones. Deteriorating economic conditions were also a major contributor to poor mental health, affecting especially the migrant workers and the daily-wage laborers. The lockdown also ignited interpersonal friction between family members, and the rates of intimate partner violence and domestic abuse increased manifolds. Children were deprived of their chances to learn in an educative environment that a school could provide, and they had to resort to online modes of education, which were detrimental to their holistic development. The geriatric population also suffered, especially those stranded without support. The lockdown also led to the migrant worker crisis, which shook the country to its core.[3,4,5]

The psychological impact was prominent but poorly understood at the same time. The significant psychiatric symptoms of concern were fear, stress, anxiety, depression, and insomnia. Studies suggested that the risk of suicide increased manifolds during the pandemic. People may turn to these drastic methods as a result of financial hardship, fear, and terror over an unclear future, and sadness and depression following the loss of a loved one. Suicides linked to COVID-19 are becoming more frequently reported in international news. India is not exempt from this phenomenon either.[2] The negative impacts of this pandemic go far beyond the immediate

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or acute consequences of the infection or disease symptoms. Specifically, the psychological effect has been significant, albeit poorly researched and understood. Significant, detrimental effects on mental health could result from COVID-19 in developing nations like India for several reasons. These include the disease's generalized fear and stigma, the disruption of healthcare access during lockdowns, the economic impact, the overworked and disparate healthcare systems, the country's already high prevalence of mental health disorders, and the weak primary healthcare infrastructure.[6,7,8] Seeking out knowledge that has already been provided to us to reduce our fear is known as reassuring ourselves. Reassurance reduces anxiety in the short term, which is the problem. Long-term, though, it creates a vicious loop that makes one more anxious and demands more assurance. It also emphasizes that one cannot bear the discomfort of uncertainty and lowers one's faith in one's ability to find answers. It is frequent and can make a variety of anxiety and mood issues worse. Often, the goal is to lessen damage, stress, and discomfort. It lessens the feeling of worry. A paucity of literature explaining the psychological impact of the COVID-19 pandemic on the various sociodemographic sections of society encouraged us to undertake the present study for a better understanding of the Coronavirus fear, distress, and reassurance-seeking behavior exhibited by the Indian population during these testing times.

MATERIALS AND METHODS

This cross-sectional, observational study was undertaken after getting permission from the institutional ethical committee. Subjects who were willing to join the study were explained about the aims and objectives of the study and included after obtaining their written informed consent.

Sample

A non-probability sampling method was used. Consenting individuals were selected by convenience sampling and included in the study based on the inclusion and exclusion criteria.

Inclusion Criteria

1. Healthy adults, either working or studying, or retired, will be chosen for the study.
2. Subjects should be 18 years or older.

Exclusion Criteria

1. Individuals not giving consent.
2. Medical or psychiatric conditions preventing the subject from cooperating or participating in the study.

Tools

An online Google questionnaire containing questions about sociodemographic variables and questions related to Coronavirus, along with the following scales, was used.

COVID-19 related psychological distress in healthy public (CORPD): a reliable item pool of scale comprising 14 questions.[9]

Fear of COVID-19 Scale (FCV-19S): Anxiety and fear caused by Coronavirus were assessed using Lee's (2020) 5-item scale where participants rated 0 to 4 on how frequently they experienced anxiety.[10]

Coronavirus Reassurance-Seeking Behaviors Scale (CRSBS): The participants indicate their level of agreement with the seven statements using a five-item Likert-type scale.[11]

Procedure

The subjects were informed about the aims and objectives of the study and were then requested to fill out the consent form. After that, a link to Google Form was sent, and their sociodemographic variables and answers to a few additional questions about COVID-19 were recorded. Following this, they were required to fill in the CORPD scale, the FCV-19S, and the CRSBS.

Statistical Analysis

Their responses were recorded and tabulated in Microsoft Excel. Data was analyzed using SPSS 20 (IBM, Armonk, USA), utilizing descriptive and inferential statistics.

RESULTS

The study included 229 persons. The subjects' mean (±SD) age was 22.55 (± 5.296) years. Their ages ranged from 10 years to 83 years. There were 78 (34%) males and 151 (66%) Females in the study population. Among the total subjects, 215(93%) were unmarried, 12 (5.2%) were married, 1 (0.4%) was separated, and 1 (0.4%) was widowed. The occupations of

the participants included 119 (51.9%) students, 96 (41.95%) who were doing jobs, 8 (3.4%) who were housewives, and 6 (2.6%) who were retired people. Among the participants, 172 (75.5 %) were from the nuclear family type and 57 (25%) from the Joint family. The majority of the participants, 196 (85.5%), came from urban areas and 33 (14.5%) candidates from rural areas (Table 1). The answers to the questions about the COVID-19 pandemic (Fig. 1) revealed that 85 (37.1%) people suffered from COVID-19. The family members of 145 (63.3%) candidates suffered from COVID-19. Among the participants, 59 (25.7%) had lost their close relatives due to COVID-19, and 121 (52.8%) candidates had an adverse-effect on their functionality. Most participants, 216 (94.3%), had taken preventive measures during the COVID-19 pandemic (Table 2). The scores obtained by the subjects on the psychological rating scales are shown in Table 3.

Table 1: Sociodemographic characteristics of the subjects

Characteristics		Number	Percentage
Sex	Male	78	34%
	Female	151	66%
Marital status	Unmarried	215	93%
	Married	12	5.2%
	Separated	1	0.4%
	Widowed	1	0.4%
Occupation	Students	119	51.9%
	Housewife	8	3.4%
	Job	96	41.9%
	Retired	6	2.6%
Family type	Nuclear	172	75%
	Joint	57	25%
Domicile	Urban	196	85.5%
	Rural	33	14.5%

Table 2. Answers to the COVID-19-related questions

Questions	Answer	Number	Percentage
Have you suffered from COVID-19?	Yes	85	37.1
	No	144	62.9
Has anyone in your family suffered from COVID-19?	Yes	145	63.3
	No	84	36.6
Have you lost any close relation due to COVID-19?	Yes	59	25.7
	No	170	74.3
Did the pandemic have any adverse effects on your functioning?	Yes	121	52.8
	No	108	47.2
Did you take appropriate preventive measures during the COVID-19 pandemic?	Yes	216	94.3
	No	13	5.7
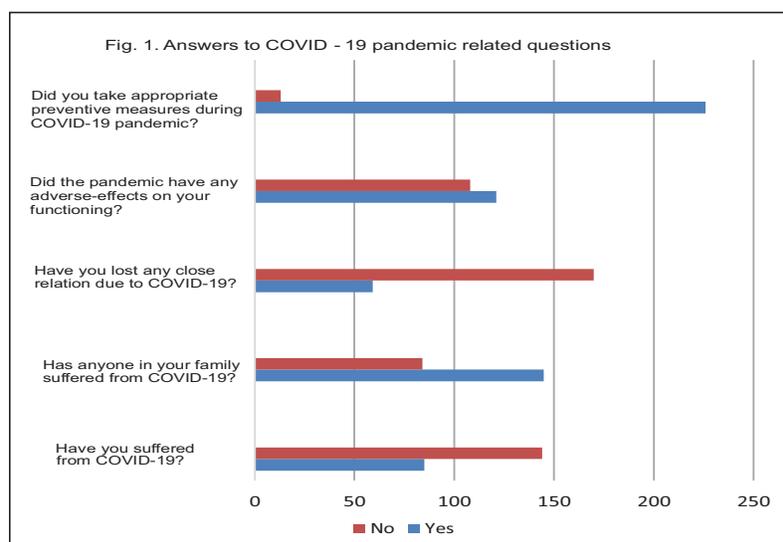
Fig. 1: Answers to COVID - 19 and pandemic related questions

Table 3. Scores on the Corona Virus Psychological Distress scale, Fear of COVID-19 scale, and Coronavirus reassurance seeking scale

Psychological scales		Mean	S.D.	Minimum	Maximum
Coronavirus Psychological Distress scale	Total	37.2445	11.426	14.00	70.00
	Fear Anxiety	19.3188	5.935	7.00	35.00
	Suspicious	17.9258	6.062	7.00	35.00
Fear of COVID-19 scale		15.8384	7.218	7.00	35.00
Coronavirus reassurance seeking scale		10.1616	5.325	.00	20.00

Spearman's correlation coefficients were calculated to examine the associations among demographic variables, COVID-19-related psychological distress, fear-anxiety, suspiciousness, and behaviors related to COVID-19. Results indicated that sex was significantly correlated with age (r = .172, p = .009), indicating that in this sample, age varied modestly by gender. Marital status significantly correlated with age (r = .311, p < .001), likely reflecting normative developmental trends. Family type significantly correlated with domicile (r = .195, p = .003), suggesting rural vs urban variation in family structure. Fear-anxiety was highly correlated with COVID-19-related psychological distress (r = .936, p < .001). Suspiciousness also showed strong correlations with psychological distress (r = .934, p < .001) and with fear-anxiety (r = .766, p < .001). The Fear of COVID-19 Scale correlated significantly with age (r = .141, p = .033), psychological distress (r = .616, p < .001), fear-anxiety (r = .603, p < .001), and suspiciousness (r = .598, p < .001). Reassurance-seeking behavior was significantly associated with psychological distress (r = .451, p < .001), fear-anxiety (r = .413, p < .001), suspiciousness (r = .439, p < .001), and fear of COVID-19 (r = .419, p < .001). (Table 4).

Table 4. Correlations

Variables		Age	Sex	Marital status	Domicile	Family type	Covid 19 Related Psychological distress	Fear Anxiety	Suspicious	Fear of Covid 19 scale
Sex	CC	.172**								
	Sig	.009								
Marital status	CC	.311**	.050							
	Sig.	.000	.451							
Domicile	CC	.057	.046	.101						
	Sig	.389	.487	.127						
Family type	CC	-.041	.055	.104	.195**					
	Sig.	.537	.407	.117	.003					
Covid-19 Related Psychological distress	CC	.084	-.068	-.005	-.080	.049				
	Sig.	.203	.306	.942	.229	.457				
Fear Anxiety	CC	.056	-.060	.024	-.050	.052	.936**			
	Sig	.399	.365	.714	.448	.434	.000			
Suspicious	CC	.097	-.075	-.024	-.114	.021	.934**	.766**		
	Sig.	.144	.257	.714	.086	.751	.000	.000		
Fear of Covid 19 scale	CC	.141*	-.046	.017	-.040	.065	.616**	.603**	.598**	
	Sig	.033	.485	.798	.542	.324	.000	.000	.000	
Coronavirus Reassurance Seeking behavior scale	CC	-.099	.013	-.036	.012	.050	.451**	.413**	.439**	.419**
	Sig	.136	.847	.591	.854	.451	.000	.000	.000	.000

**. Correlation is significant at the 0.01 level (2-tailed); *. Correlation is significant at the 0.05 level (2-tailed); CC - Correlation Coefficient; Sig - Sig. (2-tailed).

In Table 5, the R-value (0.715) indicates a good level of prediction. R-square value > 0.5 suggests that the model efficiently establishes the relationship. The R-square value of 0.511 implies that the independent variables explain 51.1% of the variability in the fear of COVID-19. Adjusted R-square (0.500) suggests a well-fitted model after adjustment for the number of predictors. The **Durbin-Watson statistic 1.746** suggests that residuals are not strongly autocorrelated, indicating a reasonable independence assumption. The ANOVA (Table 6) shows that the regression model was statistically significant, **$F(5, 223) = 46.561$, $p < .001$**, confirming that the predictors collectively explain a significant amount of variance in fear of COVID-19. The level of psychological distress predicted fear of COVID-19, Coronavirus reassurance seeking, age, adverse effects of the pandemic on functioning, and whether appropriate preventive measures were taken. Table 7, "Sig." column shows that all independent variable coefficients are statistically significant. Lastly, the histogram indicates that the residuals approximate a normal distribution (Fig. 2). From Figure 3, it is evident that the points generally follow the diagonal, implying a normal distribution of the residuals.

Table 5: Multiple regression analysis for predictors of Fear of COVID-19 scale: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin- Watson
5	.715[e]	.511	.500	5.10464	1.746

e. Predictors: (Constant), Covid-19 Psychological distress, Coronavirus Reassurance seeking, Age, Did the pandemic adversely affect your functioning? Did the pandemic have any adverse effects on your functioning?

f. Dependent Variable: Fear of COVID-19

Table 6: Multiple regression analysis for predictors of Fear of COVID-19 scale: ANOVA

Model	Some of Squares	Df	Mean Square	F	Sig.
Regression	6066.233	5	1213.247		
Residual	5810.789	223	26.057	46.561	.000[f]
Total	11877.022	228			

a. Dependent Variable: Fear of COVID-19

f. Predictors: COVID-19 Psychological distress, Coronavirus Reassurance seeking, Age, Did the pandemic adversely affect your functioning? Did the pandemic have any adverse effects on your functioning?

Table 7. Multiple regression analysis for predictors of Fear of COVID-19 scale: Coefficients

Predictors	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B		Collinearity Statistics	
	B	Std. Error	Beta			Lower Bound	Upper Bound	Tole- and e	Variance Inflation Factor
COVID19 Psychological distress	.367	.034	.581	10.872	.000	.301	.434	.768	1.302
Coronavirus Reassurance seeking	.231	.072	.170	3.190	.002	.088	.373	.770	1.299
Age	.211	.064	.155	3.287	.001	.084	.338	.988	1.012
Did you take appropriate preventive measures during the COVID-19 pandemic?	-3.404	1.476	-.109	-2.306	.022	-6.314	-.495	.975	1.026
Did the pandemic have any adverse effects on your functioning?	1.506	.692	.104	2.177	.031	.143	2.870	.954	1.049

a Dependent Variable: Fear of C19

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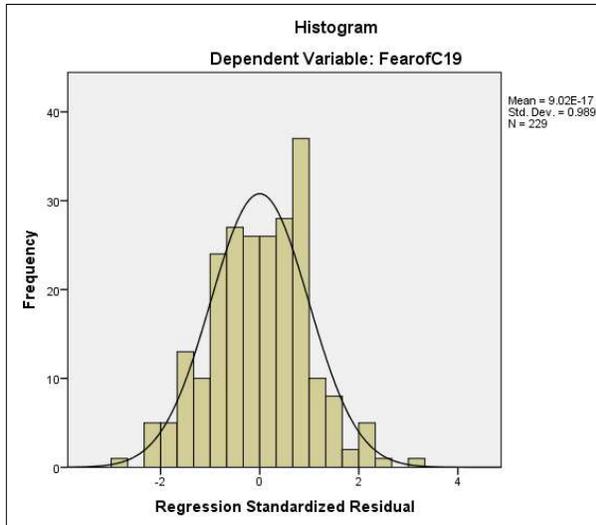Aftermath of Two Waves of COVID-19*

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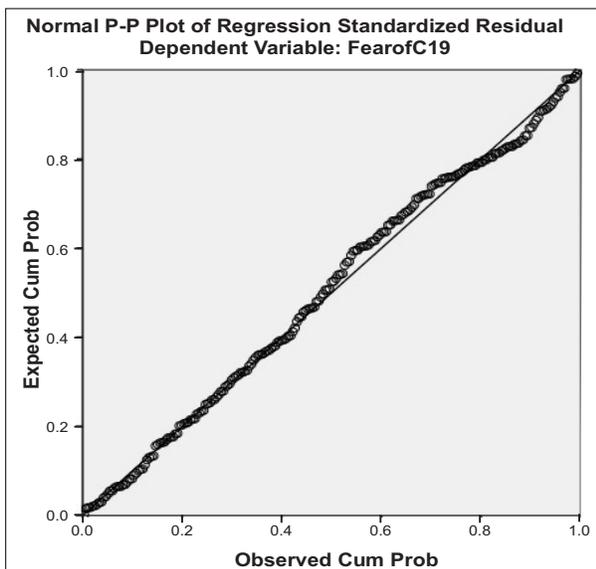**Figure 2:** Histogram

Figure 3: Normal P-P Plot of Regression Standardized Residual

DISCUSSION

The Coronavirus affected everyone regardless of race, age, gender, and occupation, although older people and those with comorbidities were more vulnerable. Therefore, the pandemic produced widespread fear, panic, and even despair in all segments of society. Apart from the clinical effects, other indirect effects also created severe distress. Foremost among these was the socioeconomic impact on India. About 90% of our country's workforce was threatened, especially after the implementation of the sudden lockdown commencing on March 25, 2020. This catapulted a staggeringly high number of 4.33

crore already vulnerable migrant laborers to a desperate and tragic state as they were forced into a mass exodus where they had to walk back to their "homes ."[12] As much as 92% of laborers and daily-wage workers lost their work, and 42% had no food or supplies. The essential workers were plagued with doubts and worries about their health and that of their family members and loved ones. Many chose to quarantine themselves voluntarily despite not showing overt symptoms. The non-essential workers faced mass lay-offs and a radical shift in workplace cultures, going from onsite to offsite. As if the pandemic was not puzzling enough, people were also left to grapple with such stark socioeconomic changes with no certainty of what would come next.[5,12]

The focus of the current study was to know how people's mental health was affected by COVID-19 and to evaluate the prevalence of fear of COVID-19, COVID-19-related distress, and reassurance-seeking behavior in the subjects. The study included 229 volunteers who were assessed by standardized scales. The mean score on the CORPD in the present study was 37.35, which agrees with previous studies. [13,14]

In a study, 530 subjects from all parts of the country were evaluated using Kessler's Psychological Distress Scale (K10) and the Fear of COVID-19 Scale. Psychological distress was reported by 38% of the subjects. Psychological distress was statistically significantly associated with students, females, unmarried, lower socioeconomic status, caretakers of COVID-19 patients, poor perceived physical health, and higher scores on the Fear of FCV-19 Scale. The emergence of an "infodemic" that spread via various social media platforms was fueling the mass hysteria.[15] A meta-analysis of 21 studies from the Indian subcontinent published in 2020 and 2023 estimated that the general population's psychological distress during the COVID-19 pandemic was 33.3% according to the random effects model (95% confidence interval: 23.8%-42.8%).[14]

Using a cutoff of 17.5, it was found that 92 (40.18%) subjects had extreme fear of COVID-19. This finding is in agreement with earlier studies both in India and abroad.[16,17]

A study was conducted on 521 university students in India's 16 states and union territories. 17% of students reported severe

fear of COVID-19, while moderate or mild fear was reported by 17% and 11% of respondents. None of the respondents were without fear. Watching news/social media posts about COVID-19 made 42% of respondents feel nervous.[18]

Two thousand four subjects from 31 states and union territories of India participated in an online study in June-July 2020. Psychological disorders due to COVID-19 were seen in 53.3% of subjects, including anxiety (3.29%), obsession (13.47%), and fear (46.9%). Around 2.8% of the subjects suffered from all three psychological disorders. There was a significant positive correlation between all three psychological morbidities.[19]

A total score of ≥12 on the Coronavirus Reassurance-seeking behavior scale (CRBS) was considered "above average reassurance-seeking activity." 74 (32.31%) of the population desperately needed reassurance. This finding aligns with the findings of an earlier Indian study.[20]

The findings of Spearman's correlation align with previous research demonstrating the psychological impact of the COVID-19 pandemic, particularly the interrelated roles of anxiety, fear, and maladaptive coping behaviors such as reassurance-seeking.

The significant associations between COVID-19-related psychological distress, fear-anxiety, suspiciousness, and fear of the COVID-19 scale are in line with recent studies showing that pandemic-related stress exacerbates general anxiety and health anxiety symptoms.[21,22] The robust correlations ($r > .6$) among these variables suggest a possible shared underlying factor, potentially a generalized COVID-19 anxiety syndrome.[23] The association between reassurance-seeking and other psychological variables supports the conceptualization of reassurance-seeking as a behavioral expression of health anxiety.[24] This behavior, while initially anxiety-reducing, may reinforce anxious beliefs, thus perpetuating distress.

Interestingly, age showed a modest but significant correlation with fear of COVID-19, possibly reflecting heightened risk awareness among older individuals, consistent with findings from previous epidemiological data.[25] The lack of significant associations between domicile and family type with most psychological variables suggests that sociodemographic factors may play a lesser role than individual psychological responses during the pandemic. However, the significant correlation between family type and domicile reflects India's existing cultural and societal structures.[26]

The regression analysis reveals multiple significant predictors of **fear of COVID-19**, aligning with existing global research during the pandemic. The strongest predictor was **COVID-19-related psychological distress**, which supports the view that heightened emotional responses are a core feature of COVID-related fear.[21,22] Psychological distress likely amplifies perceived vulnerability and threat, fueling fear. **Reassurance-seeking behavior** also emerged as a significant predictor. This supports theories of health anxiety, where repeated reassurance-seeking can perpetuate worry rather than alleviate it.[24] This behavior is now recognized as part of the **COVID Stress Syndrome**[27], which combines worry about infection, checking behavior, and compulsive information seeking.

Older age was associated with higher fear, likely due to the well-publicized higher risk of severe illness and mortality among older adults.[25] This finding has been consistent in multiple cross-national surveys. Interestingly, those who **engaged more in preventive behaviors** reported **less fear**, suggesting that proactive coping reduces perceived helplessness and fear. This contrasts with findings in some cultures where higher fear drove more preventive action[28] and aligns more with adaptive coping theory. Finally, individuals who experienced greater **adverse effects on daily functioning** due to the pandemic reported more fear. This could reflect both the emotional toll of disrupted routines and a heightened sense of threat.[23]

LIMITATIONS

The study has certain limitations. Due to the fear of COVID-19 infection, the data was collected through Google Forms online. This may result in responder bias since only particular types of people are likely to complete the questionnaire. Moreover, these may be response bias since answers may be biased due to social desirability bias. The non-probability sampling technique for data

collection may limit its generalizability to the entire population. The study was cross-sectional, so the cause-effect relationship among the variables could not be inferred.

CONCLUSION

Due to the fear of COVID-19, there was psychological distress among people. Those who routinely used preventive measures had lower levels of fear. Seeking reassurance is regarded as a coping strategy that offers momentary solace from anxiety brought on by potential threats. Anxiety has been linked to it. Individuals extremely disturbed by their worry that they have thevirus will likely seek confirmation that they are not afflicted. Assurance eliminates any doubt or anxiety. In India, psychological anguish has been linked to both waves of the COVID-19 pandemic.

There is a substantial correlation between COVID-19 psychological distress and worry, fear, and suspiciousness of the virus, as well as reassurance-seeking behavior. Fear of COVID-19 is also connected with age. It has been said that seeking comfort from others is a crucial coping strategy for psychological discomfort. In order to overcome different issues and create efficient coping strategies during times of crisis, psychological assistance is essential. This support can come from various places, such as self-help techniques, the encouragement of family and friends, and advice from medical professionals. Anxiety and fear are associated with psychological suffering related to COVID-19, fear of COVID-19, and needing reassurance. According to the study, people who experienced high levels of pandemic dread also experienced higher levels of stress and anxiety. There is a strong relationship between psychological distress, anxiety, and dread of COVID-19 and reassurance-seeking.

Psychological interventions during pandemics should target fear-anxiety and reassurance-seeking behaviors, particularly in vulnerable groups. Future research should explore causal pathways and the efficacy of cognitive-behavioral strategies tailored to COVID-19 anxiety syndrome.

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