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Comparative Study of Fear and Anxiety of COVID-19 on Families with and without Members in Foreign Lands

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ABSTRACT

Background: Pandemics initially produce overwhelming feelings of anxiety and uncertainty, which can escalate into stress, worry, and melancholy, potentially leading to societal unrest and mental illness. Families relying solely on remittances are particularly vulnerable to psychological stress. This study aims to assess the impact of COVID-19 related fear and anxiety in households with and without members living abroad.

Methods: A web-based cross-sectional survey was conducted among family heads aged 18 years and older who provided oral consent in Pokhara, Nepal. Anxiety was assessed using the Generalized Anxiety Assessment (GAD-7), and Fear was measured using the Fear of COVID-19 Scale (FC-19S).

Results: Age ($\chi 2$ = 7.587, p=0.023) and having family members abroad ($\chi 2$ = 19.743, p=<0.001) were significantly associated with fear of COVID-19. Similarly, age ($\chi 2$ = 7.431, p=0.024) and family members abroad ($\chi 2$= 15.780, p=<0.001) were significantly associated with anxiety. Younger individuals (<34 years) had 2.3 times higher odds of fear compared to older individuals (>55 years) (OR = 2.294, p = 0.015). Conversely, individuals older than 54 years were 2.1 times more likely to experience anxiety compared to the younger population (OR = 2.168, p = 0.023).

Conclusion: The findings highlighted age and family members living abroad as significant factors in fear and anxiety. The study underscores the need for mental health and psychosocial support services to be integrated into community healthcare, particularly during pandemics, to address these challenges effectively.

Keywords: Anxiety, COVID-19, Families, Fear, Mental Health

INTRODUCTION

As reported by the Department of Foreign Employment Nepal (2017), an average of 1,750 Nepalese individuals departed for foreign lands daily for employment in the fiscal year 2016/17, with a total of 639,167 people migrating abroad for better job opportunities that year.[1] Migration plays a significant role in improving the economic standard of families in Nepal. Many individuals, upon reaching a suitable working age, apply for job opportunities in foreign countries. Once employed, they send money back home, which supports their family's livelihood. Consequently, families with members working abroad are highly dependent on these remittances. Besides employment, many Nepalese also migrate to foreign countries in pursuit of quality education.[2]

Due to the COVID-19 pandemic, tens of thousands of Nepalese who had been abroad were stranded without jobs. This leads to a decrease in remittances by 15-20% and a drop in GDP below 2.5%.[3] Due to the fear of the spread of the virus, the Nepalese government has taken precautionary steps to allow the stranded migrant workers to return home, but this is not enough. Many Nepalese were stranded in foreign lands without medical security, no wages, and in such poor living conditions that they were highly vulnerable to catching the SARS-CoV-2 virus. This, therefore, can cause psychological stress among families whose members are outside the country during this pandemic. Families solely depending upon the money sent by their family members from abroad and have no other source of income are at greater risk of psychological stress. Apart from monetary issues, these families had the chances of constant worry and fear of their stranded members which deliberately led to stress. Although cases differ from family to family, chronic stress among individuals is the precursor of depression and anxiety.[4]

Once an individual gets depressed due to the inability to provide for the family, the created situation can create a path leading to more serious and harmful consequences. Domestic violence and abuse were found to be increased by April 2020, in Nepal.[5] This might directly or indirectly be linked to the COVID-19 lockdown due to which several individuals' sources of income had come to an abrupt halt. On the other hand, families without members abroad may be at comparatively lower risk of stress. This is because the government has since relaxed lockdown restrictions, allowing people to reopen businesses, resume driving vehicles, and revitalize the agricultural economy.[6] Since Nepal is an agricultural country, most of the people support their families by selling their products in the local market. The people have comparatively more freedom than at the start of the pandemic in Nepal. This has made a positive impact on the lives of people who buy and sell local products. On the contrary, the population in foreign lands was waiting for help from the government to return home. Due to the delayed government response, Nepalese migrant workers have to keep up their hopes and spirits to make it back.

Migration has a huge impact on several aspects of Nepal and to date, there have been no studies regarding its relationship with the mental health among the families of migrant individuals during this pandemic. With the increasing chances of stress, anxiety, and depression among Nepalese migrant population families due to the COVID-19 pandemic, it is necessary to assess from time to time their psychological status and take steps to prevent any negative outcomes shortly.

METHODS

Study Design and Population

A web-based, cross-sectional survey was conducted among the heads of the family members who are older than 18 years and willing to give oral consent. A convenient non-

probability sampling method was used to recruit the participant from Pokhara, Nepal. The collection was conducted for 12 days from August 24 to September 04, 2020.

Study Tool

The survey instrument comprised closed-ended questions and took approximately 10 minutes to complete which was developed in Google Forms.[7] The questions were divided into participant demographics, the Generalized Anxiety Assessment (GAD-7), and the Fear of COVID-19 Scale (FC-19S).

Anxiety was ascertained using the GAD-7 tool. GAD-7 consists of a 7-item questionnaire that asked participants how often, during the last 2 weeks, they were bothered by each symptom. Response options were "not at all," "several days," "more than half the days," and "nearly every day," scored as 0, 1, 2, and 3 respectively. The sum of all the items of GAD-7 was used to measure the level of anxiety. A score of up to 5 was considered mild; 6-10 was considered moderate; 11-15 was considered moderately severe anxiety and 15-21 was considered severe anxiety. The score was dichotomized for logistic regression as the sum of GAD-7 less than 10 was considered normal and a GAD-7 score greater than or equal to 10 was considered as participants with anxiety.[8]

The Fear of COVID-19 Scale (FC-19S) indicates their level of agreement with the statements using a five-item Likert-type scale. Answers included were "strongly disagree," "disagree," "neither agree nor disagree," "agree," and "strongly agree". The minimum score possible for each question was 1, and the maximum was 5. A total score was calculated by adding up each item score (ranging from 7 to 35). The higher the score, the greater the fear of coronavirus-19.[9]

Data Analysis

The obtained data were coded, validated, and analyzed using SPSS version 16 (IBM). Descriptive analysis was applied to calculate frequencies and proportions and statistical tools as appropriate were used. The p-values less than 0.05 were considered statistically significant.

Ethical Considerations

Ethical approval was taken from the Nepal Health Research Council (Ref no. 161) in the year 2020. Confidentiality of personal information was maintained throughout the study by making participants' information anonymous and asking participants to provide honest answers. Eligible participants in this survey were voluntary and were not compensated. The study was performed following the Declaration of Helsinki as revised in 2013.

RESULTS

The results are organized into three categories as Univariate analysis, bivariate analysis, and multivariate analysis. Under descriptive Univariate analysis, frequencies, percentages, mean, median, and standard deviations were calculated. In bivariate analysis, chi-square was run between dependent and independent variables. Multivariate analysis was done for those variables that were significant in bivariate analysis and the odds ratio was also calculated.

Univariate analysis

A total of 385 participants were included in the study. Table 1 presents the Socio-demographic characteristics of the respondents who participated in the study. In our study, 244 (63.4%) were males and 141 (36.6%) were females. The majority of the respondents were in the age group of 45-54 years (36.1%) and while studying their educational background most of them had education between grades

Table 1: Socio-demographic characteristics of the study participants

Variables (n=385)	Frequency	Percentage (%)
Age		
18-24 years	11	2.9
25-34 years	61	15.8
35-44 years	87	22.6
45-54 years	139	36.1
55-64 years	61	15.8
>65 years	26	6.8
Sex		
Male	244	63.4
Female	141	36.6
Educational status		
Grade 6-10	117	30.4
Higher Secondary	88	22.9
Bachelor's degree	61	15.8
Masters and above	51	13.2
Grade 1-5	36	9.4
Illiterate	32	8.3
Occupation		
Self-employed-business	124	32.21
Non-health professional	87	22.6
Unemployed	76	19.74
Health professionals	22	5.71
Health Students	5	1.3
Non-health Students	2	0.52
Others	69	17.92
Type of family		
Nuclear	247	64.2
Joint	120	31.2
Extended	18	4.6
Family in foreign		
No	205	53.2
Yes	180	46.8
Number of family members in foreign		
One member	111	61.7
Two members	38	21.1
Three members	17	9.4
>three members	14	7.8
Family members in foreign land		
Australia	33	18.3
Japan	18	10.0
Qatar	17	9.4
UK	16	8.9
India	10	5.6

UAE	10	5.6
South Korea	9	5.0
Canada	8	4.4
USA	8	4.4
Malaysia	7	3.9
Burma	1	0.6
Others	16	8.9
More than one country	27	15.0

6-10 (30.4%) followed by higher secondary level education (22.9%). Among the study participants, 32.21% were self-employed and only 5.71% were health workers. More than half (64.2%) of the participants had a nuclear family type. Nearly about half (46.8%) of the participants had family members abroad out of which, 15% of them had family members in more than one country.

Table 2 displays the result of the COVID-19 scale for fear among people during COVID-19. Among 385 participants, the majority (30.1%) agreed with the most afraid of COVID-19 and also the most afraid of losing their life due to the pandemic (35.1%). Nearly half of the participants (43.4%) agreed that social media broadcasting about the pandemic was found to be a solid reason for the increase in nervousness and anxiety. Yet disagreement was observed for symptoms related to palpitation of the heart. Table 3 depicts the result of the GAD-7 Scale for anxiety among people during COVID-19. Where the majority of the respondents were unsure about the stress and anxiety-related questionnaires and a minority of them were experiencing mental illness on an everyday basis.

The family members having fear of the COVID-19 pandemic was 45.2% as shown in Table 4. While giving a rating on the seven questionnaires on a four-point scale, results showed a majority (59%) were addressing their anxiety score on a moderate scale as shown in Table 4.

A chi-square test was done to observe the association between the dependent variable and the independent variable. Table 5 shows the association between socio-demographic variables with fear of COVID-19. Age (χ 2= 7.587, p=0.023) and family members in foreign (χ2= 19.743, p=<0.001) show a significant association with fear of COVID-19.

Table 6 demonstrates the association between socio-demographic variables with anxiety. Where age (χ2= 7.431, p=0.024) and family members in foreign (χ2= 15.780, p=<0.001) had also shown a significant association with anxiety. χ

Multivariate analysis

Table 7 illustrates the association of explanatory variables with fear of COVID-19. Age shows a significant association with the fear of COVID-19. Active population below 34 years have fear nearly 2.3 times that of people of age more than 55 years old (OR=2.294, p=0.015). Table 8 shows the association of explanatory variables with anxiety. People aged more than 54 years have anxiety 2.1 times more than active aged population (OR=2.168, p=0.023). Similarly, people having family member in foreign have anxiety 2.2 times more than family members in own country (OR=2.227, p= <0.001).

Table 2. Fear of COVID-19 among of the study participants in Likert-Scale

SN	Items	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	I am most afraid of COVID-19	25(6.5%)	65(16.9%)	96(24.9%)	116(30.1%)	83(21.6%)
2	Thinking about coronavirus disease-19 makes me feel uncomfortable.	27(7.0%)	108(30.6%)	67(17.4%)	135(35.1%)	38(9.9%)
3	My hands become clammy when I think about coronavirus disease-19.	77(20.0%)	147(38.2%)	66(14.1%)	69(17.9%)	26(6.8%)
4	I am afraid of losing my life because of coronavirus disease-19.	36(9.4%)	62(16.1%)	57(14.8%)	135(35.1%)	95(24.7%)
5	Watching news and stories about coronavirus disease-19 on social media makes me feel nervous or anxious.	19(4.9%)	56(14.5%)	76(19.7%)	167(43.4%)	67(17.4%)
6	I cannot sleep because I worry about getting coronavirus disease-19.	123(31.9%)	112(29.1%)	69(17.9%)	52(13.5%)	29(22.9%)
7	My heart races or palpitates when I think about coronavirus disease-19.	101(26.2%)	100(26.0%)	61(15.8%)	88(22.9%)	35(9.1%)

Table 3. Generalized Anxiety Assessment (GAD-7) scale

SN	Items	Not sure at all	Several days	Over half the day	Nearly everyday
1	Feeling nervous, anxious, or on edge.	194(50.4%)	128(33.2%)	33(8.6%)	30(7.8%)
2	Not being able to stop or control worrying	224(58.2%)	86(22.3%)	49(12.7%)	26(6.8%)
3	Worrying too much about different things	163(42.3%)	128(33.2%)	64(16.6%)	30(7.8%)
4	Trouble relaxing	218(56.6%)	102(26.5%)	41(10.6%)	24(6.2%)
5	Being so restless that it's hard to sit still	239(62.1%)	77(20.0%)	42(10.9%)	27(7.0%)
6	Becoming easily annoyed or irritable	204(53.0%)	104(27.0%)	47(12.2%)	30(7.8%)
7	Feeling afraid as if something awful might happen	138(35.8%)	134(34.8%)	53(13.8%)	60(15.6%)

Table 5. Association of socio-demographic variables with fear of COVID-19

Variables	Fear of COVID-19		Total	Chi-square	p-value
	Yes 174(45.2%)	No 211(54.8%)			
Age					
34	24(33.3%)	48(66.7%)	72		
35-54	102(45.1%)	124(54.9%)	226	7.587	0.023*
55	48(55.2%)	39(44.8%)	87		
Sex					
Male	114(46.7%)	130(53.3%)	244	0.627	0.458
Female	60(42.6%)	81(57.4%)	141		
Education status					
Secondary and below	128(46.9%)	145(53.1%)	273	1.084	0.312
Undergraduate and above	46(41.1%)	66(58.9%)	112		
Occupation					
Employed	137(45.4%)	165(54.6%)	302	0.016	0.889
Unemployed	37(44.6%)	46(55.4%)	83		
Type of family					
Nuclear	108(43.7%)	139(56.3%)	247	0.601	0.456
Others	66(47.8%)	72(52.2%)	138		

Table 6. Association of socio-demographic variable with anxiety

Variables	Anxiety		Total	Chi-square	p-value
	Mild 227(59%)	Moderate and above 158(41.0%)			
Age					
34	50(69.4%)	22(30.6%)	72		
35-54	135(59.7%)	91(40.3%)	226	7.431	0.024*
55	42(48.3%)	45(51.7%)	87		
Sex					
Male	139(57.0%)	105(43.0%)	244	1.095	0.333
Female	88(62.4%)	53(37.6%)	141		
Education status					
Secondary and below	157(57.5%)	116(42.5%)	273	0.818	0.366
Undergraduate and above	70(62.5%)	42(37.5%)	112		
Occupation					
Employed	174(57.6%)	128(42.4%)	302	1.048	0.317
Unemployed	53(63.9%)	30(36.1%)	83		
Type of family					
Nuclear	151(61.1%)	96(38.9%)	247	1.344	0.280
Others	76(55.1%)	62(44.9%)	138		
Family members in foreign					
Yes	87(48.3%)	93(51.7%)	180	15.780	<0.001*
No	140(68.3%)	65(31.7%)	205		

Table 7. Association of explanatory variables with fear of COVID-19

Explanatory variable	Unadjusted			Adjusted		
	OR	(95% CI)	P value	OR	(95% CI)	P value
Age						
≤34	2.462	1.289-4.710	0.006*	2.294	1.171-4.494	0.015*
35-54	1.496	0.910-2.460	0.112*	1.244	0.736-2.102	0.416
≥55			Ref			Ref
Family member in foreign						
Yes			Ref			Ref
No	2.525	1.672-3.813	<0.001*	1.557	0.880-2.752	0.128

Table 8. Association of explanatory variables with anxiety

Explanatory variable	Unadjusted			Adjusted		
	OR	(95% CI)	P value	OR	(95% CI)	P value
Age						
≤34			Ref			Ref
35-54	1.532	0.869-2.702	0.141	1.661	0.930-2.966	0.086
≥55	2.435	1.266-4.685	0.008*	2.168	1.112-4.227	0.023*
Family member in foreign						
Yes	2.302	1.521-3.486	<0.001*	2.227	1.454-3.411	<0.001*
No			Ref			

Table 4. Prevalence of Fear and Anxiety

Characteristics	Frequency	Percentage
Fear		
Yes	174	45.2
No	211	54.8
Anxiety		
Mild	227	59.0
Moderate	100	26.0
Moderately severe	39	10.1
Severe	19	4.9

DISCUSSION

The study's major findings reveal that both fear and anxiety related to COVID-19 were significantly influenced by age and having family members abroad. Younger individuals were 2.3 times more likely to experience fear, while those aged 55 and above had 2.1 times higher odds of experiencing anxiety. Additionally, families with members abroad demonstrated heightened levels of fear and anxiety compared to families without. These findings emphasize the need for targeted mental health interventions to support vulnerable groups during pandemics. The World Health Organization declared COVID-19 to be a pandemic on March 11, 2020. As the epidemic spreads, death and morbidity rates are changing globally, affecting research priorities.[10] Even though the costs associated with a disease epidemic are high, the impact on mental health is sometimes overlooked when managing a pandemic. Pandemics initially produce overwhelming feelings of anxiety and uncertainty, which gradually give way to unfavorable emotions like stress, worry, and melancholy that can lead to societal unrest and mental illness.[11] One of the Lower Middle-Income Countries in South Asia, Nepal has suffered greatly as a result of the COVID-19 pandemic, both in terms of its economy and healthcare system.[12]

Despite the abundance of research and literature on COVID-19 and its link to psychological disorders, the precise risk factors remain unknown. Nearly half of the participants in this study had family members living overseas. Every year, there are more and more Nepali migrants living abroad. The primary drivers of international migration include the pursuit of employment, education, and training, as well as familial and other reasons.[13, 14]

Our findings indicate a relationship between COVID-19 dread and sociodemographic traits. The fear and anxiety of COVID-19 had a substantial link with age. The fear of COVID-19 with age in this research was found similar to Yadav et. al., which was carried out in eastern Nepal. Older adults may have been more fearful due to the COVID-19's rapid spread, extensive media coverage of the virus's risk in older people, COVID-19 misinformation, and challenges in accessing healthcare.[15] The research's moderate-to-severe anxiety score of 41% is comparable to that of Dangal and Bajracharya (41%) in Nepal but lower than that of Devkota et al.'s study (61%).[16,17] The pandemic appears to have affected most people physically, psychologically, and socioeconomically, but some groups, including older persons who are more likely to experience severe sickness and death, may be more affected than others. Older persons are more likely to experience dread and anxiety as a result of the current, unprecedented pandemic situation given the elevated rates of infection and mortality. Because they might overthink the possibility of contracting COVID-19, dying, or being alone, older persons' anxiety and terror have increased as a result of the virus. A higher level of dread and psychological distress has also been linked to reported

factors such as increased smoking, limited physical activity, preexisting diseases, financial effects, loneliness, uneasiness, and uncertainty.[15,18,19]

In this research, there was a significant association between fear and anxiety of COVID-19 with family members in foreign lands. The family's mental health is greatly impacted by several factors, including the high cost of migration, debt repayment, dishonesty, disease, mortality, incarceration, and missing migrants in foreign nations.[20] Fear and anxiety of COVID-19 with family members in foreign land might be exacerbated by several factors, including the growing number of COVID-19 confirmed cases and deaths, the workload, media coverage, lack of specialized treatment, vulnerability to infection, having to stay in quarantine, negative effects on the economy, etc.[12,21]

In our study, the active population has fear nearly 2.3 times in comparison to the older one. The daily grind of working, the increased communicability of travel, the absence of specialized care, etc., are the causes of the increased fear among the populace in active employment. Older people have anxiety 2.1 times more than the active-aged population. Similarly, people having family members in foreign have anxiety 2.2 times more than family members in their own country. The likely causes include negative publicity, insufficient medical treatment, infection risk, isolation requirements, negative economic effects, etc.

This study has several limitations. The cross-sectional design limits causal inferences, and the use of a web-based survey with non-probability sampling may introduce selection bias, affecting generalizability. Self-reported measures for fear and anxiety, such as the GAD-7 and FC-19S scales, may be prone to response bias. Additionally, the study's focus on a single location (Pokhara, Nepal) and its specific timeframe during the pandemic may not fully capture broader or evolving psychological responses.

CONCLUSIONS

The study's findings indicate that family members living abroad and age are related factors in fear and anxiety. In a similar vein, families with an overseas member tend to feel more worry and anxiety. Mitigating the long-term psychological impacts requires identifying vulnerable groups, risk factors connected with the pandemic, and appropriate public health actions. In the event of a pandemic, it is advised that the government take steps to guarantee that mental health and psychosocial support services are widely available in the community.

REFERENCES

1. Mainali MP. Nexus of the Remittances and Entrepreneurship in Nepal: Critical Observations from Ilam District. Research Nepal Journal of Development Studies (RNJDS). 2019;2(1):71-86. https://doi.org/10.3126/rnjds.v2i1.25234 [Google Scholar] [Web Link]
2. University World News. 2019. As study Abroad Numbers Rise, Nepali Students Land in Trouble. [Web Link]
3. United Nations Development Programme. In Nepal, Multiple Sectors, Economic Growth Slammed by Pandemic and Lockdown, Study Finds. [Web Link]
4. Schönfeld P, Brailovskaia J, Bieda A, Zhang XC, Margraf J. The Effects of Daily Stress on Positive and Negative Mental Health: Mediation Through Self-Efficacy. International journal of clinical and health psychology. 2016;16(1):1-0. https://doi.org/10.1016/j.ijchp.2015.08.005 [Google Scholar] [PubMed] [PMC]
5. World Vision Briefing Paper – Rapid Need Assessment for Cohesive COVID-19 Response in Nepal. [Web Link]
6. Koirala J, Acharya S. Impact of Novel Corona Virus (COVID-19 or 2019-nCoV) on Nepalese Economy. Available at SSRN 3560638. 2020. https://dx.doi.org/10.2139/ssrn.3560638 [Google Scholar] [Web Link]
7. Google (2020) Google Forms: Online form. Retrieved September 06, 2020, from https://gsuite.google.com/products/forms/?utm_sourc
8. Spitzer RL, Kroenke K, Williams JB, Löwe B. A Brief Measure for Assessing Generalized Anxiety Disorder: the GAD-7. Archives of internal medicine. 2006;166(10):1092-7. https://doi.org/10.1001/archinte.166.10.1092 [Google Scholar] [PubMed]
9. Ahorsu DK, Lin CY, Imani V, Saffari M, Griffiths MD, Pakpour AH. The Fear of COVID-19 Scale: Development and Initial Validation. International journal of mental health and addiction. 2020:1-9. https://doi.org/10.1007/s11469-020-00270-8 [Google Scholar] [PubMed] [PMC]
10. Li J, Huang DQ, Zou B, Yang H, Hui WZ, et al. Epidemiology of COVID□19: A Systematic Review and Meta□Analysis of Clinical Characteristics, Risk Factors, and Outcomes. Journal of medical virology. 2021;93(3):1449-58. https://doi.org/10.1002/jmv.26424 [Google Scholar] [PubMed] [PMC]
11. Asim M, van Teijlingen E, Sathian B. Coronavirus Disease (COVID-19) and the Risk of Post-Traumatic Stress Disorder: A Mental Health Concern in Nepal. Nepal Journal of Epidemiology. 2020 Jun;10(2):841. https://doi.org/10.3126%2Fnje.v10i2.29761 [Google Scholar] [PubMed] [PMC]
12. Khanal P, Devkota N, Dahal M, Paudel K, Joshi D. Mental health Impacts among Health Workers during COVID-19 in a Low Resource Setting: A Cross-Sectional Survey from Nepal. Globalization and Health. 2020; 16:1-2. https://doi.org/10.1186/s12992-020-00621-z [Google Scholar]
13. Kunwar LS. Emigration of Nepalese People and Its Impact. Economic Journal of Development Issues. 2015:77-82. https://doi.org/10.3126/ejdi.v19i1-2.17705 [Google Scholar] [Web Link]
14. Bhattrai S, Upadhyaya B, Sharma S. State of Migration in Nepal. htpps://DOI: 10.13140/RG.2.2.15455.06569 [Google Scholar] [Web Link]
15. Yadav UN, Yadav OP, Singh DR, Ghimire S, et al. Perceived Fear of COVID-19 and Its Associated Factors Among Nepalese Older Adults in Eastern Nepal: A Cross-Sectional Study. Plos one. 2021;16(7): e0254825. https://doi.org/10.1371/journal.pone.0254825 [Google Scholar] [Web Link]
16. Devkota HR, Sijali TR, Bogati R, Ahmad M, Shakya KL, Adhikary P. The Impact of COVID-19 on Mental Health Outcomes Among Hospital Fever Clinic Attendants Across Nepal: A cross-sectional Study. Plos one. 2021;16(3): e0248684. https://doi.org/10.1371%2Fjournal.pone.0248684 [Google Scholar] [PubMed] [PMC]
17. Dangal MR, Bajracharya LS. Students' Anxiety Experiences During COVID-19 in Nepal. Kathmandu

University Medical Journal. 2020;18(2):53-7. [Google Scholar] [PubMed]

18. CDC Covid-19 Response Team, CDC COVID-19 Response Team, CDC COVID-19 Response Team, Bialek S, Boundy E, Bowen V, Chow N, Cohn A, Dowling N, Ellington S, Gierke R. Severe Outcomes Among Patients with Coronavirus Disease 2019 (COVID-19)—United States, February 12–March 16, 2020. Morbidity and mortality weekly report. 2020;69(12):343-6. https://doi.org/10.15585/mmwr.mm6912e2 [Google Scholar] [PubMed] [PMC]
19. Parlapani E, Holeva V, Nikopoulou VA, Sereslis K, et al. Intolerance of Uncertainty and Loneliness in Older Adults During the COVID-19 Pandemic. Frontiers in psychiatry. 2020; 11:842. https://doi.org/10.3389/fpsyt.2020.00842 [Google Scholar] [PubMed] [PMC]
20. Dhaubhadel RP, Kunwar K, Ghimire S, Mishra S. Study of Psychosocial Problems in The Families of Migrant Workers of Nepal. Poster presentation done in International Mental Health Conference Nepal 2018. Park Village Resort, Budhanilkantha [Web Link]
21. Neto ML, Almeida HG, Esmeraldo JD, Nobre CB, et al. When health Professionals Look Death in The Eye: The Mental Health of Professionals Who Deal Daily with The 2019 Coronavirus Outbreak. Psychiatry research. 2020; 288:112972. https://doi.org/10.1016/j.psychres.2020.112972 [Google Scholar] [PubMed] [PMC]

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The author was responsible for all aspects of the preparation of this commentary.

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