MENTAL HEALTH AND SOCIAL ACTIVITY PARTICIPATION DURING THE COVID 19 PANDEMIC IN DUHOK CITY

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ABSTRACT

Background: Stay-at-home orders in response to the COVID-19 pandemic have forced abrupt changes to daily routines and lifestyles. This study assessed changes in mental health and social activity during the confinement period, in response to the global pandemic.

Methods: This study was a face-to-face interview survey targeting adults in Duhok city, Kurdistan Region of Iraq. The questionnaire was distributed from October 2021 to February 2022, and collected information on mental well-being, mood, and social activity participation. All questions were presented as "before" and "during" the COVID-19 pandemic.

Results: In total, 407 adult participants have included: 207 females and 200 males. Overall, during the pandemic, mental well-being score was reduced by 13.4% (particularly for the employed), and social participation by 11.1% (particularly for the older age group). Around the same time, the bad mood and feelings score increased by 51.3%. These changes are expected and have been reporworldwidewide.

Conclusion: The COVID-19 pandemic produced significant negative lifestyle effects well beyond the virus itself, and confining people has led to a decline in mental health and social activities. People need support to counteract the effects of confinement on mental well-being, e.g., by providing basic life needs and enhancing at-home communication and physical activity.

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T he Coronavirus Disease-19 (COVID-19) pandemic, caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), first appeared in China in December 2019 and is now a serious global health concern. Many governments have put strict controls to prevent the virus from spreading. Such restrictions vary by country, ranging from strict lockdown to greater surveillance and targeted interventions[1].

To minimize high population concentrations, many countries have implemented various rules such as social separation, working from home and administrative measures to limit gatherings[2].

The lockdown measures have had a significant impact on daily living and are frequently linked to negative effect on psychological well-being. These situations have exacerbated emotional weariness, impatience, and anxiety, and increased anger, depressive symptoms, and post-

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traumatic stress disorder. Psychological theories like the behavioral Immune System (BIS) claim that these emotional and cognitive reactions help the immune system fight pathogens more effectively[3].

The aim of this study was to assess the influence of the COVID-19 outbreak on mental health and social activities of the adult population in Duhok city. The specific objectives were to determine change in mental wellbeing, mood, and social participation, before and during the home confinement period, and to examine the relationship between the socio-demographic characteristics and change in the above three life style domains.

METHODS

A cross-sectional study was conducted to achieve the study's objectives.

The study protocol was approved by the Scientific Committee of Duhok Polytechnic University/Shekhan Technical College and the Ethical Committee of the General Directorate of Health in Duhok. The data were collected anonymously. All participants were adequately informed about the rationale, the objectives and the requirements of the study and then informed verbal consent was obtained from them.

The study was carried out Dohuk city, which is the center of Dohuk Governorate, located in the northern part of Kurdistan Region of Iraq. The researcher collected data for this study during the period from October 1, 2021 to February 30, 2022.

Sample: Multistage sampling was used to select a convenience sample of 420 people, 18 to 60 years old. There are 44 quarters in Dohuk city. First of all, twenty-one quarters were selected by simple random sampling. In each of the selected quarters, the aim was to select twenty individuals for interview. The way to select individuals was to go to the center of the quarter and throw a pin, and then to go in the direction of the pen, selecting every other home, and in each selected home, one adult individual was selected for interview, and when there was more than one adult at home, simple random selection was used using random numbers from a hand calculator.

Data collection: The data were obtained through face-to-face interview with people to obtain information on their socio-demographic characteristics (sex, age, occupation, education, and marital status), and mental health, mood and social activity participation, before and during the confinement period. The height and weight were also measured using standardized scales.

Tools of data collection:

The following data collection tools were instantaneously translated into Kurdish or Arabic (depending the respondents' mother tongue) by the first author while doing the interview face-to-face. The tools have been validated and tested previously 4-7 and in the current research, the answers later on displayed acceptable Cronbach' Alpha (a measures of reliability) of more than 0.7.

1- Mental health: The Short Warwick-Edinburgh Mental Well-being Scale (SWEMWBS) is a short version of the Warwick–Edinburgh Mental Wellbeing Scale (WEMWBS). The WEMWBS was developed to enable the monitoring of mental wellbeing in the general population and the evaluation of

projects, programs and policies which aim to improve mental wellbeing. The SWEMWBS uses seven statements about thoughts and feelings. The statements are positively worded with five response categories from 'never' to 'all times'4.

2- Mood and feelings: Depression was measured using the Center for Epidemiological Studies-Depression Scale (CES-D) 5, which is one of the most widely used tools for evaluating depression in the general population 6. It consists of 8 items related to depressive symptoms. Each item is rated on a three-point scale, ranging from 0 to 2, wherein 0, 1, and 2 stand for "not true," "sometimes", and "true", respectively. Higher scores indicate more symptoms of depression.

3- Social participation: Seven items for social activity participation were assessed using a five-point Likert scale to measure the frequencies and satisfaction with diversity of social activities, such as activities of daily living, leisure, social training, work and education during the week before, and during COVID-19. A higher score indicated more frequent participation and higher satisfaction with involvement in activities 7.

Data analysis: Mean and standard deviation of indicators, before and after the confinement period for the pandemic in 2020, were calculated. Paired and unpaired t-tests and one-way analysis of variance, were used for data analysis. The confidence interval was set at 95%. The level of significance (p-value) was set at $\leq$ 0.05. All statistical analyses were performed using SPSS software version 25.

RESULTS

This study was an interview of adult citizens in 21 randomly selected quarters of Duhok city, regarding change in three life domains, during the Covid 19 confinement period, compared to life situations before that. The number of people agreed to participate was 20 in each quarter, except in one quarter (Shindoxa), it was only seven. Thus, the number of respondents was 407, making a response rate of 96.9%.

The socio-demographic distribution of the study sample is shown in Table 1 Females constituted 50.9% (n = 207), and males 49.1% (n = 200). Forty-one percent of the studied sample were in the 18-24 years age group, while those aged 55 years and above constituted only 6.1%.

Table 1: Socio-demographic characteristics of study sample

Characteristic		No.	(%)
Sex	Male	200	(49.1)
	Female	207	(50.9)
Age (years)	18-24	167	(41.0)
	25-34	113	(27.8)
	35-44	62	(15.2)
	45-54	40	(9.8)
	55-60	25	(6.1)
Body Mass Index (kg/m2)	Underweight (<18.5)	26	(6.4)
	Normal (18.5-24.9)	220	(54.1)

Characteristic		No.	(%)
	Overweight (25-29.9)	112	(27.5)
	Obese (30-39.9)	45	(11.1)
	Morbid obesity (≥ 40)	4	(1.0)
Marital status	Married	171	(42.0)
	Single	233	(57.2)
	Widowed	3	(0.7)
Educational level	Illiterate or can just read and write	7	(1.7)
	Primary school	39	(9.6)
	Secondary school	104	(25.6)
	Institution/ college/ high education	257	(63.1)
Occupation	Student	123	(30.2)
	Employed	148	(36.4)
	Unemployed	83	(20.4)
	Retired or unable to work	53	(13.0)
Total		**407**	**(100.0)**

Regarding mental wellbeing, Table 2 shows significant decline ($p < 0.001$) in the various aspects of mental health during the confinement period, compared to their level before it. In particular, feeling close to other people was clearly reduced (decrease of 24.1%). The ability to deal with problems was the least to be reduced, with reduction of 8.5%. Overall, the reduction in mental wellbeing score was 13.4%.

Table 2: Comparison of mental wellbeing score, before and during the Covid 19 confinement period (n=407)

Mental wellbeing	Before confinement		During confinement		% Score change*	95% CI of change	P value**
	Mean	SD	Mean	SD			
1- I've been feeling optimistic about the future	3.38	1.18	2.93	1.17	-0.45 (-13.3%)	-0.57- (-0.33)	<0.001
2- I've been feeling useful	3.48	1.22	3.15	1.31	-0.32 (-9.2%)	-0.44- (-0.21)	<0.001
3- I've been feeling relaxed	3.43	1.10	2.80	1.20	-0.63 (-18.4%)	-0.76- (-0.50)	<0.001
4- I've been dealing with problems well	3.53	1.05	3.22	1.16	-0.30 (-8.5%)	-0.41-(-0.19)	<0.001
5- I've been thinking clearly	3.54	1.10	3.16	1.12	-0.38 (-10.7%)	-0.50- (-0.25)	<0.001
6- I've been feeling close to other people	3.61	1.12	2.74	1.22	-0.87 (-24.1%)	-1.03- (-0.71)	<0.001
7- I've been able to make up my own mind about things	3.48	1.08	3.16	1.14	-0.31 (-8.9%)	-0.43- (-0.20)	<0.001
Total mental wellbeing sore	**24.43**	**5.08**	**21.17**	**5.22**	**-3.27 (-13.4%)**	**-3.81- (-2.72)**	**<0.001**

SD: Standard deviation; CI: Confidence interval.

* % Score change = ((Mean score during confinement – Mean score before confinement)/ Mean score before confinement) * 100

** Based on paired t-test.

Table 3 shows comparison of scores of bad mood and feelings before the Covid 19 confinement, to their score during it. All the questions were scored higher during the confinement period, in particular feeling lonely (increase of 87.3%) and

feeling tired (increase of 62.3%). The least increased bad feeling was not to enjoy anything at all (increase of 28.6%). The total increase in bad mood and feelings was 51.3%, with p value < 0.001.

Table 3: Comparison of (bad) mood and feelings score, before and during the Covid 19 confinement period (n = 407)

Mood and feelings	Before confinement		During confinement		% Score change*	95% CI of change	P value**
	Mean	SD	Mean	SD			
1- I felt miserable or unhappy	0.70	0.61	1.05	0.70	0.35 (50%)	0.43- 0.27	<0.001
2- I didn't enjoy anything at all	0.70	0.67	0.90	0.73	0.20 (28.6%)	0.28- 0.11	<0.001
3- I felt so tired I just sat around and did nothing	0.69	0.65	1.13	0.73	0.43 (62.3%)	0.52- 0.35	<0.001
4- I was very restless	0.72	0.68	1.25	0.73	0.53 (38.2%)	0.61- 0.45	<0.001
5- I cried a lot	0.49	0.63	0.64	0.71	0.15 (30.6%)	0.22- 0.09	<0.001
6- I found it hard to think properly or concentrate	0.68	0.61	0.89	0.68	0.21 (30.9%)	0.28- 0.14	<0.001
7- I felt lonely	0.55	0.64	1.03	0.74	0.48 (87.3%)	0.56- 0.39	<0.001
8- I did everything wrong	0.39	0.54	0.58	0.64	0.19 (48.7%)	0.24- 0.13	<0.001
Total mood and feeling score	**4.93**	**3.29**	**7.46**	**3.29**	**2.53 (51.3%)**	**2.87- 2.20**	**<0.001**

Abbreviations and notes as for Table 2.

Table 4 displays comparison of social activity participation scores, before and during the Covid 19 confinement. All the questions scored negatively during the confinement period, in particular visits between families (-32.3%). The least affected activity was social contact through other activities (-10.9%). The overall decrease in social activity participation score was 11.1%, with p value < 0.001.

Table 4: Comparison of social activity participation score, before and during the Covid 19 confinement period (n = 407)

Social participation	Before confinement		During confinement		% Score change*	95% CI of change	P value**
	Mean	SD	Mean	SD			
1- Visited family/family visit	3.56	1.15	2.41	1.34	-1.15 (-32.3%)	-1.31- (-0.99)	<0.001
2- Visited friends or neighbors /friends or neighbors visit	3.05	1.12	2.09	1.17	-0.96 (-31.5%)	-1.10- (-0.81)	<0.001
3- Attended Mosque or a religious activity/group	2.90	1.43	2.18	1.41	-0.73 (-25.2%)	-0.87- (-0.58)	<0.001
4- Phone call for social communication	3.23	1.12	3.59	1.16	0.36 (11.2%)	0.26- 0.45	<0.001
5- Used the internet/social media for communication	3.53	1.14	3.92	1.14	0.39 (11.1)	0.30- 0.48	<0.001
6- Had social contact through other activities	2.57	1.15	2.29	1.25	-0.28 (-10.9%)	-0.40- (-0.16)	<0.001
7- Volunteer (at organization or group)	1.68	0.47	1.77	0.42	0.09 (5.4%)	0.05- 0.14	<0.001
Total activity participation score	**20.53**	**3.79**	**18.25**	**3.92**	**-2.28 (-11.1%)**	**-2.69- (-1.87)**	**<0.001**

Abbreviations and notes as for Table 2.

Table 5 displays the relationship between the socio-demographic characteristics and change in mental wellbeing, (bad) mood and social participation, before/during the Covid 19 confinement period. It reveals decrease in mental wellbeing score across all characteristics with no statistically significant relation, except for occupation, where the employed had significant decrease in mental wellbeing, compared to students, with p value of 0.003. The table also reveals comparatively high score for bad mood in relation to those aged 35- 44 years, the underweight and overweight, the married, and the employed group, but with no particular statistically significant relation. Regarding social participation, the table generally reveals decrease across categories in all characteristics, with no significant relation, except in regard to age, where the older age group (55+ years) showed significantly higher reduction in social participation activities, compared to the youth (18- 24 years).

Table 5: Relationship between socio-demographic characteristics and change in mental wellbeing, (bad) mood and social participation, before/during the Covid 19 confinement

	Characteristic	No.	Mental wellbeing % score change		P value*	Mood % score change		P value*	Social Participation % score change		P value*
			Mean	SD		Mean	SD		Mean	SD	
Sex	Male	200	-10.32	20.63	0.452	101.23	171.87	0.602	-8.10	19.88	0.171
	Female	207	-12.04	25.27		92.22	159.17		-10.79	19.76	
Age (years)	18-24	167	-8.40	25.17		93.06	170.36		-6.42	22.12	
	25-34	113	-10.94	21.77		92.10	136.30	0.656	-8.23	16.90	0.007
	35-44	62	-17.44	23.40	0.116	127.63	214.31		-13.93	16.77	
	45-54	40	-13.39	19.18		96.89	175.78		-13.18	20.32	
	55 and above	25	-12.03	16.61		72.00	103.69		-18.46	17.97	
BMI (kg/m2)	Underweight (<18.5)	26	-6.34	33.17		105.36	153.52		-14.18	25.90	
	Normal (18.5-24.9)	220	-10.02	24.24	0.286	95.50	160.63	0.779	-8.30	19.92	0.414
	Overweight (25-29.9)	112	-12.86	19.63		105.97	173.25		-10.91	18.75	
	Obese (30 and more)	49	-15.22	17.95		76.85	178.62		-8.93	18.23	
Marital status	Married	171	-12.94	19.62		105.39	167.58		-11.74	18.69	
	Single	233	-10.14	25.35	0.196	91.60	164.79	0.498	-7.95	20.61	0.096
	Widowed	3	6.67	11.55		12.50	21.65		2.38	4.12	
level of education	Illiterate/just read and write	7	-13.74	13.91		36.11	74.17		-7.85	12.22	
	Primary school	39	-9.81	19.04	0.825	104.28	173.47	0.859	-7.62	17.69	0.735
	Secondary school	104	-12.81	21.62		98.80	172.40		-11.21	20.16	
	Institution/ college/ high education	257	-10.68	24.45		95.92	163.18		-9.09	20.22	
Occupation	Student	123	-5.46	25.34		89.85	164.83		-6.72	20.24	
	Employed	148	-15.27	19.52	0.003	116.56	180.11	0.269	-11.46	17.69	0.056
	Unemployed	83	-13.72	22.60		71.16	148.57		-12.38	20.58	
	Retired or unable to work	53	-9.17	25.20		101.93	148.75		-5.73	22.42	

SD: Standard deviation.

* Based on unpaired t-test with two categories, and on one-way analysis of variance with more than two categories.

NB. Significantly different categories are shown in bold.

DISCUSSION

This study assessed the influence of the COVID-19 outbreak on lifestyle behaviors of the adult population in Duhok city. In general, the results showed that home confinement was associated with significant reduction in mental well-being and social participation and significant increase in bad mood/feelings. Both Taha and Karim et al., have reported overall significant mental health burden among Iraqis during the quarantine period[8,9]. Ammar et al., suggested that social isolation, sedentary lifestyle, unhealthy diet behavior and poor sleep quality are the underlying causes of such low mental wellbeing and high levels of depressive symptoms[10].

This study showed clear reduction in mental wellbeing during the confinement period, with negative change throughout all the questionnaire items. Home confinement is usually associated with work interruption, reduced physical activity, increased sitting time and deprivation from direct social contact, all contribute to reduction in mental wellbeing. Hamer et al., found COVID-19 home confinement had a negative effect on mental wellbeing in 1047 participants[11]. Physical activity is known to decrease stress[12]. Senaratne et al., found moderate to vigorous physical activity was associated with higher mental well-being, whilst extended sitting time was associated with reduced mental well-being[13].

In the current study, only occupation was significantly associated with change (decrease) in mental wellbeing, with greatest reduction in the employed who probably suffered from work/social deprivation, followed by the unemployed.

On the other hand, students showed the least reduction in mental wellbeing during the confinement period, may be because some found online teaching and examinations easier and more attractive[14]. Karim et al., found being female, of younger age, holding an academic degree and (contrary to the current study) being a college student were associated with more prominent degrees of anxiety 9. Taha et al., also reported type of employment as an important sociodemographic factor influencing knowledge, attitude and behaviors toward COVID-19 amongst the northern Iraqi population[15].

Participants in this study reported important and statistically significant increase in bad mood and feelings during the confinement period. This is similar to Znazen et al.[16]. There were discrepancies between different socio-demographic groups in the level of increase in bad mood and feelings, but these were statistically not significant.

The present study showed clear reduction in social activity participation during the confinement period, with negative change in all the questionnaire items, indicating that home confinement has a negative effect on social activity participation. Similarly, Ammar et al., reported that the total score in social participation was reduced by 42% "during" compared to "before" the confinement period[17]. In this study, only age was significantly associated with change in social activity participation, with greatest reduction in the 55 years-and-above age group, who might have suffered more from social deprivation in the confinement period, as they are normally more socially active than other age groups. In particular, closure of place

of worship (e.g., mosques) might have affected this age group. On the other hand, young respondents (18-24 years-old) showed the least reduction in social activity during the confinement period, may be because they found online social relations better and funnier and more relaxing and attractive. Mood management theory argues that media use is driven by a need to self-regulate one's (negative) emotions, to feel better[18].

Survey studies are prone to the inherent limitations of self-reported data. Participants were asked to recall pre- and during- pandemic behaviors, retrospectively, which was no more than two years prior than their current responses in most instances. Because many of the responses to pre-pandemic behaviors significantly differed from behaviors during COVID-19, we can assume that individuals recognize changes to their own behavior and emotions.

In conclusion, people scored less in mental wellbeing and social activity participation, and higher in bad mood/feelings, during the confinement period than before it. Occupation was related to change in mental wellbeing (the employed most affected), while age was related to change in social activity participation (the older people most affected).

The workforce needs special support to counteract the effects of confinement on metal wellbeing, e.g., by providing online training courses and enhancing at-home physical activity. The older age group needs measures to avert low social participation, e.g., supporting them to use modern communication technology. The authorities should make confinement as bearable as possible by providing basic life needs to people, and as soon as the epidemic declines or effective vaccination coverage achieved, onsite work and social activities have to be resumed.

CONFLICT OF INTEREST

The authors declare that they have no conflict of interest.

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پوختە

ساخلەميا هزرى و چالاكيا جڤاكى دماوێ پەتايا كورونايێ دا لباژێرێ دهوكێ

پێشەكى و ئارمانج: فەرمانا مانامە دناڤ مالدا وەك بەرسڤەك بو پەتايا كوڤید 19 نەچاركرین گورانكاریا دروتین و شێوازێ ژياناخو یا روژانەدا بكەین. دڤێ ڤەكولینێ دا گورانكاریێن تەندروستى و دەروونى وچالاكیێن جڤاكى دماوێ بوریدا(سنوردارکرنێ) دا . هاتینە هەڵسەنگاندن دماوێ پەتایا كورونا دا .

رێكێن ڤەكولینێ: دڤێ ڤەكولینێ دا چاڤپێكەڤتنا روى بروى هاتە ئەنجامدان بو كەسێن پێگەهشتى لسنورى باژێرێ دهۆکێ، هەرێما كوردستانا عێراقێ. پرسیارنامە دماوێ مەها تشرینا ئێكێ 2021 تا مەها شوباتێ 2022 هاتبو دابەشکرن .بو كومكرنا پێزانینا لسەر تەندروستیا دەروونى و بارێ دەروونى و بەشداریكرن د چالاكیێن كومەلايەتى دا . گەلەك پرسیار بەرى و دماوێ پەتایا كورونا دا گورانكارى بسەر دا هاتینە.

ئەنجام: 407 كەسێن پێگەهشتى بەشدارى دڤێ ڤەكولینێ دا كریە ژوان 207 ژرەگەزێ مێ و200 ژ رەگەزێ نێر دماوێ پەتایا كورونادا، رێژا 13.4% بارێ تەندروستیا دەروونى هاتییە خوارێ بتایبەت دنا فەرمانبەرادا. رێژا 11.1% چالاكى و بەشداریێن كومەلايەتى هاتینە كیمكرن بتایبەت دناڤ تەخا ب تەمەن دا. دەهەما دەمدا برێژا 51.3% تێكچوونا دەروونى و هەستێن نەباش زێدەبوويینە و ئەڤ گورانكارى یە لسەر ئاستێ هەمى جیهانێ دچاڤەرێکریبون و دهێنە راپورتكرن.

دەرئەنجام: پەتایا كوڤید 19 كاریگەریا نەرێنى لسەر شێوازێ ژيانامروڤى هەببویە.سەرەراى هەببونا ڤایروسى. سنورکرنا خەلكى بویە ئەگەرێ تێكچوونا تەندروستیا دەروونى و چالاكیێن جڤاكى.

الخلاصة

الصحة الذهنية والنشاط الاجتماعي أثناء وباء كورونا في مديـنة دهوك

الخلفية والأهداف: فرضت أوامر البقاء في المنزل استجابةً لوباء COVID-19 تغييرات مفاجئة في الروتين اليومي وأسلوب الحياة. قيمت هذه الدراسة التغيرات في الصحة الذهنية والأنشطة الاجتماعية خلال فترة العزل (التقييد) استجابة للوباء العالمي.

طرق البحث: كانت هذه الدراسة عبارة عن مقابلة وجهاً لوجه استهدفت السكان البالغين في مدينة دهوك بإقليم كردستان العراق. تم توزيع الاستبيان خلال الفترة من أكتوبر 2021 إلى فبراير 2022، لجمع معلومات عن الصحة الذهنية والمزاج والمشاركة في الأنشطة الاجتماعية. تمت صياغة جميع الأسئلة كـ "قبل" و"أثناء" جائحة COVID-19.

النتائج: اشترك 407 أشخاص بالغين في هذا المسح: 207 إناث و200 ذكور. بشكل عام، خلال الجائحة، انخفضت درجة الصحة الذهنية بنسبة 13.4٪ (خاصة للموظفين)، والمشاركة الاجتماعية بنسبة 11.1٪ (خاصة بالنسبة للفئة العمرية الأكبر سنًا)، وحول نفس الوقت، زادت الحالة المزاجية والمشاعر السيئة بنسبة 51.3٪. هذه التغييرات متوقعة وتم الإبلاغ عنها في جميع أنحاء العالم.

الاستنتاجات: كانت لجائحة COVID-19 تأثيرات سلبية مهمة على نمط الحياة، تتجاوز الفيروس نفسه، وقد أدى تقييد الناس إلى تدهور الصحة الذهنية والأنشطة الاجتماعية. يحتاج الناس إلى الدعم لمواجهة آثار الحبس على الصحة العقلية، على سبيل المثال ، من خلال توفير احتياجات الحياة الأساسية وتعزيز التواصل في المنزل والنشاط البدني.