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COVID-19: A Threat to Human Existence

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Abstract:
Background: COVID-19 is a global pandemic. Almost all of the countries of the world are facing this challenge. The uncertainty of the COVID-19 has affected both the people's physical and mental health. The present study was conducted to explore the level of fear of COVID-19 among the people of Bangladesh and West Bengal, India.
Materials and Methods: Through an online survey, following Purposive Random Sampling Technique, 920 respondents (566 from Bangladesh and 354 from West Bengal, India) participated in this study. Among them 444 were male and 476 were female. The age range of the respondents was 18-60 and above. The Fear of COVID-19 Scale developed by Ahorsu et al[8] along with the Bengali translation was used to assess the fear of COVID-19 among the participants.
Results: The level of fear was significantly higher ($p<.001$) among the people of Bangladesh than that of West Bengal, India. Again the female had showed higher ($p<.001$) level of fear than the male.
Conclusion: As it is suggested that the reason behind the higher level of fear of Bangladeshi people is due to the lack of proper health services, the government should ensure the adequate medical facilities so that people can trust on it and feel secure in case of future uncertain and unavoidable health crisis like COVID-19 pandemic. The results also points to a necessity of adequate policy building on the part of the government to successfully insulate the community from the myriad mental health issues like anxiety, fear and the like, and make provisions for proper counselling of the mass in the face of existential threats of such global proportions.
Key Words: COVID-19, Fear, Bangladesh, India, Threat, Gender difference

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I. INTRODUCTION

"Death is not the opposite of life, but a part of it" - Haruki Murakami.

Indeed death anxiety, being one of the four major concerns of existence, acts as the single most driving force behind the will to live. Once activated, it pushes one to reorganize their coping resources in different ways, with the hope of being able to either ward it off or face it in a better manner. The possibility of death hangs over everyone, especially when it appears as a 'cataclysmic' event like COVID-19 which is sudden, unique, unknown, and unpredictable to mankind. It is acting like an unknown enemy and seems to be an insult for the human civilization.

During the COVID-19 pandemic, the fear is mainly arising due to its uncertain nature and consequences[1]. This uncertainty is affecting people's physical and mental health[2]. Although feeling anxiety in response to such a dreadful pandemic is a normal human reaction, but sustained high level of anxiety can also undermine constructive responses to the crisis by affecting their immune system negatively. O'Donovan et al.[3] reported that exaggerated neurobiological sensitivity to threat in anxious individuals leads to sustained threat perception, thus increasing the likelihood of anxiety related and other diseases and disorders. Moreover people having previous history of anxiety and related disorders are especially likely to have a very hard time during this corona crisis. Francis et al.[4] reported that having history of anxiety disorders put the individuals more at risk of relapse of generalized anxiety disorder under influence of stressful life events. Some cases of suicide in this connection has already been reported [5, 6, 7]. The Disaster Distress Helpline in the USA reported a 338 percent increase in call volume in March 2020 from what was the volume of calls in February 2020 thus pointing to a potential increase in feelings of isolation and suicide risk.

According to the present group of researchers, the following psychosocial issues are most significant for causing public panic in relation to COVID-19. Firstly, the official confirmation of human to human

transmission of COVID-19 on 20th January 2020[2]. Secondly, Implementation of strict lockdown. Thirdly, social stigma associated with quarantine along with rumors and misinformation circulated via social media. Finally, WHO's announcement of COVID-19 as a pandemic on 11 March 2020.

So at the present juncture of this global threat of COVID-19, as psychologists, our main aim is to explore the impact of COVID-19 on people's mental health. So the major implication of this present research would be to assist the policy makers to develop actionable policies and help the clinical practitioners (e.g. Social workers, clinical psychologists, and psychiatrists) provide timely intervention/services to the affected population.

The objective of the present study was to assess the level of fear related to COVID-19 amongst the community people from Bangladesh and India (West Bengal) during the outbreak of COVID-19 pandemic. Moreover, the study also aimed to identify whether there is any difference between the two said countries in terms of their feeling of fear related to COVID-19. The final objective of this study was to verify whether the list of different demographic variables employed, have any special relevance to the fear of COVID-19 in case of both the countries.

II. MATERIAL AND METHODS

Respondents: Totally 920 respondents (566 from Bangladesh and 354 from West Bengal, India) were employed, following Purposive Random Sampling Technique. Among them 444 were male and 476 were female. The age range of the respondents was 18-60 and above. As it was an online survey so in the schedule it was clearly mentioned that those who are genuinely interested for participation will participate. There is no compulsion in this regard.

It deserves a special mention that due to the physical proximity and cultural similarity the two neighboring countries Bangladesh and India decided to conduct this joint research.

Instrument: The original Fear of COVID-19 Scale[8] along with the Bengali translation was used to assess the fear of COVID-19 among the participants. In case of Bengali translation, each member of the research team had translated the items of the scale into Bengali. Then, all the five copies were compiled, analyzed and revised carefully to prepare the final draft. Finally, two expert professors one from the department of English and another from the department of Bengali, Rajshahi University, Bangladesh had gone through the final draft. Considering their opinion and suggestions the research team then finalized the Bengali translation. It is a seven-item Likert type scale, has robust psychometric properties. It is reliable and valid in assessing fear of COVID-19 among the general population and will also be useful in allaying COVID-19 fears among individuals [8]. The responses of the participants were rated on a 5-point scale. For scoring 7 items, numerical value of 1, 2, 3, 4, and 5 are assigned for 'strongly disagree', 'disagree', 'neither agree nor disagree', 'agree', and 'strongly agree' respectively. The possible highest and lowest value of the scale is 35 and 7 respectively. The higher the score, the greater the fear of cororonavirus-19. The reliability of The Fear of COVID-19 Scale was determined by Ahorsu et al[8] through administering it on 717 Iranian participants. The internal consistency (α = .82) and test-retest reliability (ICC = .72) were found acceptable.

Procedure: Online data was collected as the people of both the countries were in lockdown condition for a couple of weeks. After preparing the questionnaire, the research team shared a link on social media on 21st April, 2020 and data were collected up to 25th April, 2020. Clear instructions in both English and Bengali languages were provided for the respondents. In order to fill up the total schedule each respondent had to fill up some demographic information at first. After that they were able to fill up the seven items questionnaire and then to go for the submit option.

Statistical Analysis: Following the specific objectives of the present research Mean, SD and ANOVA were analyzed using SPSS version 25.

III. RESULT

As shown in first row of **Table no 1** the mean score of fear of COVID-19 for total participants was 18.7 and the mean scores for respondents of Bangladesh and West Bengal, India were 19.06 and 18.12 respectively. The demographic variables of the respondents are discussed below as shown in **Table no 1** and only the mean scores of total participants for different variables are given here. The participants were divided in four age groups as 18-25, 26-40, 41-60 and above 60 and their mean scores were 18.55, 18.23, 19.16 and 19.59; thus the highest level of fear was found in above 60 age group. Results showed a higher level of fear among the female participants ($\overline{X}$= 19.6) than the male participants ($\overline{X}$= 17.8). According to residential background,

Table no 1: Shows Participant's demographic variables and fear of COVID-19

Variables	Bangladesh				India				Total			
	Mean	SD	N	%	Mean	SD	N	%	Mean	SD	N	%
Fear	19.06	6.06	566	61.5	18.12	5.59	354	38.5	18.7	5.90	920	100
Age												
18-25	19.2	5.57	254	44.9	17.63	5.33	179	50.6	18.55	5.52	433	47.1
26-40	18.4	6.21	124	21.9	17.97	5.65	78	22.0	18.23	5.99	202	22.0
41-60	19.22	6.49	154	27.2	19.03	6.08	75	21.2	19.16	6.34	229	24.9
Above 60	19.65	7.07	34	6.0	19.5	5.49	22	6.2	19.59	6.44	56	6.1
Gender												
Male	18.27	5.96	312	55.1	16.56	5.83	132	37.3	17.76	5.96	444	48.3
Female	20.03	6.07	254	44.9	19.05	5.24	222	62.7	19.57	5.71	476	51.7
Residence												
Rural	19.11	5.96	296	52.3	18.08	7.35	26	7.3	19.03	6.08	322	35.0
Urban	18.99	6.19	270	47.7	18.12	5.44	328	92.7	18.52	5.80	598	65.0
Education												
Primary	20.65	6.83	43	7.6	22.5	2.12	2	0.6	20.73	6.69	45	4.9
High School	17.59	6.33	27	4.8	23.86	6.91	7	2.0	18.88	6.84	34	3.7
Intermediate	18.71	6.62	35	6.2	20	1.66	9	2.5	18.98	5.95	44	4.8
Graduate	18.73	5.55	248	43.8	17.88	5.29	123	34.7	18.45	5.47	371	40.3
Post-graduate	19.33	6.59	171	30.2	17.85	5.69	189	53.4	18.55	6.17	360	39.1
Others	19.45	5.11	42	7.4	18.71	6.20	24	6.8	19.18	5.50	66	7.2
Occupation												
Government Job	19.78	6.53	51	9.0	18.33	6.04	36	10.2	19.18	6.34	87	9.5
Semi-govt. Job	18.85	6.46	41	7.2	15.97	5.00	29	8.2	17.66	6.03	70	7.6
Corporate Job	19.47	5.53	34	6.0	18.1	4.75	39	11.0	18.74	5.14	73	7.9
Business	16.9	6.13	42	7.4	21	7.50	21	5.9	18.27	6.84	63	6.8
Student	19.14	5.58	258	45.6	17.67	5.38	161	45.5	18.58	5.54	419	45.5
Others	19.24	6.68	140	24.7	19.1	5.51	68	19.2	19.2	6.31	208	22.6
Marital Status												
Single	19.21	5.64	276	48.8	17.95	5.46	222	62.7	18.65	5.59	498	54.1
Married	18.92	6.48	285	50.4	18.73	5.71	122	34.5	18.86	6.25	407	44.2
Others	18.2	4.82	5	0.9	14.4	5.78	10	2.8	15.67	5.62	15	1.6
Illness												
Yes	18.46	6.32	99	17.5	18.86	6.39	59	16.7	18.61	6.33	158	17.2
No	19.18	6.01	467	82.5	17.97	5.42	295	83.3	18.71	5.81	762	82.8
Illness type												
Physical Illness	17.86	5.72	77	13.6	18.76	6.51	50	14.1	18.21	6.04	127	13.8
Mental Illness	20.59	7.85	22	3.9	19.44	5.98	9	2.5	20.26	7.28	31	3.4

a higher level of fear was found among the rural people ($\overline{X}$= 19.0) than the urban people ($\overline{X}$= 18.5). The fear level was also related to education of the participants where participants with the lowest education (primary) showed highest fear ($\overline{X}$= 20.73) compared with other education groups. Among different occupation the participants from other occupation group showed highest level of fear ($\overline{X}$= 19.2). The married participants had higher level of fear ($\overline{X}$= 18.9) than that of single participants ($\overline{X}$= 18.7). Participants with history of illness and with no history of illness had almost same level of fear (Yes= 18.61, No= 18.71). And finally, the participants with mental illness showed higher level of fear ($\overline{X}$= 20.26) than the participants with physical illness ($\overline{X}$= 18.2).

Univariate analyses showed significant difference of fear of COVID-19 only on country and gender and remaining other variables were not differ significantly. So, the results of univariate analysis of fear on the basis of country and gender are shown in **Table no 2.**

Table no 2: Shows results of univariate analysis of fear of COVID-19 on the basis of country and gender

Variables		Mean	SD	N	df	M S	F	Sig.
Country	Bangladesh	19.06	6.064	566	1	375.863	11.16	0.001
	India	18.12	5.59	354				
Gender	Male	18.27	5.962	444	1	375.863	27.84	0.001
	Female	20.03	5.712	476				

From **table no 2** it is found that the fear of COVID-19 was significantly higher among the participants of Bangladesh ($F= 11.16$, $P<0.001$) than that of the West Bengal, India. Moreover, the female participants had significantly higher fear ($F= 27.84$, $P<0.001$) than that of the male.

IV. DISCUSSION

The present study was conducted to investigate the fear of COVID-19 among the people of Bangladesh and West Bengal, India. To measure this fear, the original Fear of COVID-19 Scale[8] along with its Bengali translation was used. To conduct an online survey, this instrument was uploaded on social media and 920 participants voluntarily participated. The descriptive and univariate analyses of data were analyzed using SPSS version 25.

The fear of COVID-19 was significantly higher among the participants of Bangladesh than that of West Bengal, India (**table no 2**). The authors argued the possible reason behind this result to be a felt lack of proper treatment facilities in Bangladesh to deal with the major illnesses and diseases. Indeed every year a large number of patients from Bangladesh come to different regions of India for the diagnosis and proper treatment of different forms of medical illnesses. So the present lockdown condition prevailing everywhere due to the COVID-19 outbreak may be a potential stressor to trigger the higher level of fear among the people from Bangladesh in comparison to India as they would not be able to travel for treatment purposes for the time being. Apart from that the researchers from India has also noted a profound lackadaisical attitude on part of the community dwellers in Kolkata regarding the lockdown. Indeed a number of people have been reported in the media everyday as ignoring the lockdown and going out of their house. One of the potent reason that has been identified has been a sense of denial in the face of the global pandemic. An initial media circulation on only the elderly getting affected has put the younger generation more at risk of denying the true urgency of the situation and refute the lockdown protocols. Recalling Kubler-Ross'[9] concept of initial denial at the face of a terrifying situation would be apt. A potent result of this apparent lack of fear in face of global pandemic has indeed put the community at grave risk as in West Bengal, three most prominent districts comprising Kolkata, Howrah, and North 24 Parganas has been identified as hotspots for COVID-19 and the West Bengal Government notified an increase of confirmed cases from 572 to 1,394 and an increase of death from 33 to 143 in the past fifteen days (from 30 April 2020 to 14 May 2020)[10]. There were 18,863 confirmed cases and 283 deaths in Bangladesh as on 15 May, 2020[11].

The female participants had a significantly higher level of fear of COVID-19 than the male. In this regard, it can be generally argued that the women in Bengali culture are more concerned about the health and safety of their family members than the men. Consequently, female are afraid about their family members and own selves of being affected by coronavirus and this might be the possible reason for their higher level of fear. Also previous epidemiological literature in the context of anxiety and fear have documented that prevalence and incidence of anxiety and fear are more in women than men. A study by Bahrami and Yousefi[12] concluded that anxiety thoughts affect females more than males, mainly due to a tendency in the females to overly control the worrying thoughts. A study by McLean et al[13] also concluded that women have higher rates of lifetime diagnosis of anxiety disorder. The present study has also brought out consistent findings. Also globally it has been a trend that females generally have higher stress sensitivity than males[14, 15]. This might be due to the specific socialization process for women brought up in a patriarchal social structure. It also applies for the females of the South Asian countries like India and Bangladesh where females are trained from the very beginning to take over the major responsibilities of maintaining health and safety issues of their families. From this perspective, in the face of such a dreadful pandemic such gender differences in terms of fear related to COVID-19 is not unnatural.

Remaining other demographic variables of this study did not show any significant differences among their levels. But from the data, it was found that the participants from both the countries had mean scores mostly near the scale midvalue (20.5). These results meant that the participants' level of fear related to COVID-19 was not too high. It can be inferred that as the people were in lockdown situation and maintaining social distancing they expected that they would not be affected by the coronavirus-19. Moreover, for being online survey it was not possible to include people from all strata of the society. Comparatively the conscious member of the upper socioeconomic status mostly participated in the present study as they are generally exposed to social media and modern communication facilities than others. For this reason, the overall fear level of the respondents might belong near to neutral point. The authors suggest that if the authority could make the lockdown and social distancing more effective and at the same time if the people could be made more conscious about health risk of corona attack, the fear level would be less than the present condition.

V. CONCLUSION

From the current study it can be concluded that Bangladesh is experiencing a greater level of fear in the face of this global pandemic called COVID-19 due to a felt lack of adequate medical and treatment facilities. And women have reported more fear of the COVID-19 infection than men. The data further points to a necessity

of adequate policy building on the part of the government to successfully insulate the community from the myriad mental health issues like anxiety and fear and the like, and make provisions for proper counseling of the mass in the face of existential threats of such global proportions.

Limitations

The current study suffers from a few limitations. Because of online data collection not every strata of the community could be adequately reached and as such adequately represented in the sample. And also due to the online nature of data collection personal variables like mental state, motivation, random responding could not be adequately controlled.

REFERENCES

[1]. Asmundson G J G, Taylor S. Coronaphobia: Fear and the 2019-nCoV outbreak. Journal of Anxiety Disorder. 2020, 70, https://doi.org/10.1016/j.janxdis.2020.102196

[2]. Li S, Wang Y, Xue J, Zhao N., Zhu T. The Impact of COVID-19 Epidemic Declaration on Psychological Consequences: A Study on Active Weibo Users, International Journal of Environmental Research and Public Health. 2020, 17, 2032

[3]. O'Donovan A, Slavich, G M, Epel E S, Neylan T C. Exaggerated neurobiological sensitivity to threat as a mechanism linking anxiety with increased risks for diseases of aging. Neuroscience and Behavioral Revolution. 2013, 37, 1, 96-108.

[4]. Francis J L, Moitra E, Dyck I, Keller M B. The impact of Stressful life events on relapse of generalized anxiety disorder. Depression and Anxiety. 2012, 29, 5, 386-391.

[5]. Mamun M A, Griffiths M D. First COVID-19 suicide case in Bangladesh due to fear of COVID-19 and xenophobia: Possible suicide prevention strategies, Asian Journal Psychiatry. 2020, 51, doi.org/10.1016/j.ajp.2020.102073

[6]. Goyal K, Chauhan P, Chhikara K, Gupta P, Singh M P. Fear of COVID 2019: first suicidal case in India. Asian Journal Psychiatry. 2020, 49, e101989.

[7]. Montemurro N. The emotional impact of COVID-19: From medical staff to common people, Brain, Behavior and Immunity. 2020 (in press). https://doi.org/10.1016/j.bbi.2020.03.032

[8]. Ahorsu D K, Lin C-Y, Imani V, Saffari M, Griffiths M D, Pakpour A H. The fear of COVID-19 scale: Development and initial validation. International Journal of Mental Health and Addiction. 2020. doi:10.1007/s11469-020-00270-8

[9]. Kübler-Ross E. On Death and Dying. Routledge. 1969.

[10]. Bulletin, https://www.wbhealth.gov.in/uploaded_files/corona/WB_DHFW_Bulletin_14th_MAY_REPORT_FINAL.pdf (accessed on 15 May 2020)

[11]. COVID-19 CORONAVIRUS PANDEMIC, https://www.worldometers.info/coronavirus/country/bangladesh/ (accessed on 15 May, 2020)

[12]. Bahrami F, Yousefi N. Females are more anxious than males: a Metacognitive perspective. Iranian Journal of Psychiatry and Behavioral Science. 2011, 5, 2, 83-90.

[13]. McLean C P, Asnaani A, Litz B T, Hofmann S G. Gender Differences in Anxiety Disorder: Prevalence, Course of illness, Comorbidity, and Burden of illness. Journal of Psychiatric Research. 2011, 45, 8, 1027-1035. doi: 10.1016/j.jpsychires.2011.03.006

[14]. Dalla C, Antoniou K, Drossopoulou G, Xagoraris M, Kokras N, Sfikakis A, Papadopoulou-Daifoti Z. Chronic mild stress impact: are females more vulnerable? Neuroscience. 2005, 135, 3, 703-714.

[15]. Hazra S, Gupta S D. Does student's Emotional Intelligence play role in their suicidal ideation? Indian Journal of Community Psychology. 2011, 7, 1, 190-197.

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