Psychosocial Effects of Covid-19 on Mental Health: A Case of Hillside Residents, Harare.

Ashley Nyakonda

Intern Psychologist, Counselling Services Unit, 1 Raleigh Street Kopje, Harare, Zimbabwe

Abstract: **The main purpose of the study was to investigate the psychosocial effects of COVID-19 on mental health of residents in Hillside in Harare. The specific objectives were finding out about the psychosocial effects of COVID-19 on Hillside residents, determining the awareness level of the psychosocial effects of COVID-19 on mental health amongst Hillside residents, finding out mechanisms employed by Hillside residents to cope with the psychosocial effects on mental health arising from COVID-19 and soliciting solutions on how best the COVID-19 mental health challenges can be alleviated. The research adopted a survey research strategy focusing on Hillside residents and data was collected using self-administered questionnaires from 102 respondents in Hillside in Harare. The data was then analyzed using percentages and findings from the research indicated that job insecurity, financial loss, stigmatization, infobesity and alienation due to social distancing were the main psychosocial effects of COVID-19 on Hillside residents. The research thus recommended that government should extend social support to vulnerable groups and increase awareness about psychosocial effects of COVID-19 on mental health and appropriate coping mechanisms. Similarly, individuals were urged to seek information about COVID-19 from reputable sources and adopt positive coping mechanisms to fight against mental health effects of the pandemic.**

Key Word: **coping mechanisms, COVID-19, mental health, psychosocial effects**

I. INTRODUCTION

Background:

The emergence of COVID-19 gripped the world population with shock, exposing people to stressful levels, even depression in extreme cases, as every individual was either infected or affected. COVID-19 also popularly known as coronavirus imposed a large health threat on the world population as humanity has been hit hard by the scourge. At the same time government policies to contain the spread of the pandemic such as lockdowns and social distancing policies have exposed people to various psychosocial challenges leading to mental health problems. Therefore, this scenario has called for an in-depth study into the psychosocial effects of COVID-19 on mental health in Zimbabwe where the country went under lockdown in March 2020.

Mental health constitutes a major component of an individual's overall health. According to US National Prevention Council (2014), mental health involves an individual's ability to live to their full potential effectively, manage stress, be productive, contribute significantly and integrate perfectly into the society. Laskowska (2017) asserts that mental health influences the general quality of life lived by an individual. In addition to that, mental health endows one's ability to manage stress effectively thereby helping them prevent stress-related illnesses such as cardiovascular diseases, depression and hypertension to mention a few, life-threatening diseases (Christensen & Reynolds, 2017). Andrade, Alonso, Mneimneh, Wells, Al-Hamzawi and Borges (2018) concur with this view, further adding that mental health paves way for vitality and consciousness leading to higher productivity, income and standard of living among human beings. For these and other reasons it is very crucial that human beings enjoy higher levels of wellbeing to protect and expand the potential of human civilization.

The COVID-19 global pandemic threatened to wreak havoc on the mental health of the world populace. COVID-19 is a respiratory disease caused by a type of coronavirus known as SARS-Cov-2 (Manalo, Smith, Cheeley, & Jacobs, 2020). Its main symptoms include fever, pneumonia, dry cough and other flu-like symptoms. John Hopkins University (2020) reports that world statistics indicate that the COVID-19 cases have risen to an alarming total of 6 063 588 cases, whereas 369 244 have been killed. Ignite Media Zimbabwe (2020) also states that in South Africa there are 34 357 COVID-19 cases, whereas 705 people have succumbed to death. In Zimbabwe the latest statistics indicate that of the 49 603 COVID-19 tests carried out, the number of people who have tested positive to COVID-19 has made a sharp rise to 222, with the highest record of 16 posted on the 3rd of June 2020.

There are 29 recoveries and 4 deaths and this shows how widely the COVID-19 pandemic has affected the world. Of serious concern is how the psychosocial effects of COVID-19 pandemic have affected the mental health of people across the world. For example, a study by Dozois (2020) in Canada indicated that 83% of the respondents agreed that COVID-19 has worsened pre-existing mental health issues. In China where the pandemic started Wang, Xia, Xiong, Xiang, Yuan and Liu (2020) reported that 53.8% of the people they surveyed showed signs of depression and anxiety due to the pandemic. In Japan Li, Yang, Dou and Cheung (2020) reported the suicide of a 37- year-old person who was responsible for looking after quarantined people from China's Wuhan province. In Africa too, Uwizeyimana, Adebisi, Odhiambo and Tuyishime (2020) reported higher levels of emotional distress and anxiety due to COVID-19 stressors such as loss of income and social distancing measures. This is seconded by Holshue, DeBolt, Lindquist, Lofy, Wiesman,

Bruce and Pillai (2020) revealing that in the South African suburb of Soweto 14.5% of the people are at risk of mental health issues due to containment and social distancing policies instituted by government in the country.

This is also likely the case in Zimbabwe which has instituted the same lockdown policies in trying to contain the spread of the COVID-19 pandemic. People are gripped with fear of contacting the novel and deadly virus. Others are afraid of losing their jobs as most businesses have scaled-down their operations. This is seconded by Orendain and Djalante (2020) who go on to lament the loss of income to informal traders due to stringent social distancing and movement restrictions policies instituted as part of containing the spread of COVID-19. Given that 85% of Zimbabweans survive on the informal sector this scenario has affected the majority of people (Dziva, 2020). Many are starving and many have lost a sense of control in their lives due to such economic hardships.

In this regard, most scholars postulate that COVID-19 is detrimental to the mental health of people. Among these, Hamouche (2020) states that the COVID-19 pandemic has resulted in anxiety and distress as people are trying to adapt to the dynamic environment. This is concurred by Rubin and Wessely (2020), pointing out that the lockdown policies rolled out by various governments to contain the virus are also causing despondence among the general populace.

Brooks et al. (2020) goes on to affirm this pointing out to high levels of mass hysteria and panic among individuals. At the same time Peng, Mo, Liu, Fan, Xu, Song and Zhang (2020) state that poor perception of safety and containment, risk of contagion and loss of income are among the main mediating variables leading to poor mental health during such crises like the COVID-19 pandemic. This suggests that government measures to contain the pandemic such as nationwide lockdowns characterised by social distancing and containment have instigated psychosocial crises including a sense of seclusion and being cornered, as well as loss of control which have devastating effects on mental health.

On the other hand, few studies have been undertaken to investigate the psychosocial effects of COVID-19 on mental health around the globe. For instance, Martikainen, Bartley and Lahelma (2020) used document analysis to investigate the research phenomenon. Findings from the study indicated that a lot of individuals and households has been exposed to various mental health problems such as depression, anxiety, acute panic and paranoia as a result of COVID-19 and its mitigation measures. Chatterjee, Malatheshand Mukherjee (2020) surveyed the psychological, economic and social life of the Kashmir population during COVID-19 lockdown periods. The results showed that a lot of people have become depressed, anxious and stressed as a result of the COVID-19 pandemic. Another study by Zhang and Ma (2020) in China revealed athat most of the survey people felt horrified by the pandemic. Hamouche (2020) in the United Arab Emirates also used a historical literature review design and found COVID-19 to have a negative impact on the mental health of people in the country. These researches have paved way for a better understanding of the mental implications of COVID-19 to human beings. However, there is a shortage of studies and a gap in literature focusing on Sub-Saharan Africa and surrounding countries and this scenario is especially the case with Zimbabwe where no such study has been undertaken. Thus, the above has inspired the researcher to carry out a study on the psychosocial effects of COVID-19 on Mental health in Zimbabwe.

Mental health is among the most important facets of an individual's overall wellbeing. It ensures that individuals are productive, are able to manage stress and other psychological challenges (Martikainen et al., 2020). However, the emergence of COVID-19 has threatened the mental health of various groups of people in Zimbabwe, the infected and equally the affected. COVID-19 with its accompanying lockdown policies has bought with it, confinement and social distancing policies therefore, giving rise to fear of contagion, containment, loss of income and loneliness. Literature on the subject postulates that such stressors result in social distress, anxiety and a sense of insecurity among many other undesirable mental issues (Rubin& Wessely, 2020). Yet no studies in Zimbabwe have been carried out to find out whether these postulations are true for Zimbabwe or not. Consequently, the main question arising from this scenario is; what psychosocial effects does COVID-19 have on the mental health of people in Zimbabwe. Answering this question would enable policies to be modelled to effectively protect the mental wellbeing of people in Zimbabwe.

II. METHODS

Therefore, this study adopted the positivist philosophy in choosing the research methods used in undertaking the study. This study used a descriptive survey research design in selecting the appropriate research methods. The target population of this study was composed of all the 1200 residents that have been living in the Hillside suburb in Harare over the past three years. In drawing out the sample for the study the research used cluster sampling, a probability sampling technique. In this case the different households were regarded as clusters from which respondents were drawn from. In terms of arriving at the sample size, the study used an online tool known as Raosoft sample size calculator. The software has a platform in which one has to fill in information for the population size, margin of error, confidence interval and estimated response rate. The research used primary as well as secondary data sources in collecting the research data. The research employed self-administered questionnaires in collecting primary data. Thus, the data was first scanned for errors and entered into SPSS, statistical software for analyzing quantitative data. The researcher then obtained tables describing the research findings from the computations of the software. In terms of analysis the research used percentages regression and correlation analysis. The percentages were very instrumental in testing the significance of the mean score thus enabling the researcher to decide whether or not to use the findings in drawing out conclusions.

III. RESULTS

Demography Of Participants

The research mainly used self-administered questionnaires to collect data from the respondents. A total of 150 questionnaires were distributed to the sampled research subjects. Table 4.1 below indicates the questionnaire response rate.

Table 4.1: Response rate

Respondents	Questionnaires Administered	Questionnaires answered	Response rate (%)
Hillside residents	150	102	68%

Demographic characteristics of the respondents

The questionnaire for Hillside residents, started by asking respondents about their demographic information. Questions asked included age, gender, how long the respondents had been living in Hillside, whether or not the respondents had been quarantined before and whether or not the respondents had ever tested positive for COVID-19. First the respondents were asked about their Gender.

Out of the 102 people who participated in the study, 46.1% were male while 53.9% were female. Hence the results of the study indicated that the majority of the people who took part in the study were female. The respondents were then asked about the age. The findings are shown in Table 4.2 below.

Table 4.2

Age Range	Frequency	Males	Females	Percentages
18-30	39	17	22	**38.2%**
31-40	33	15	18	**32.4%**
41-50	19	9	10	**18.6%**
51- above	11	6	5	**10.8%**
Totals	**102**	**47**	**55**	**100%**

The findings in Table 4.2 above show that 38.2% of the respondents were aged 18-30 years, 32.4% were aged 30-40 years, 18.6% were aged 40-50 years and 10.8% were aged 50 years and above. These findings indicated that the majority of the respondents were aged between 18 and 40 years old.

One of the selection criteria that was followed to choose respondents was asking the respondent's time frame staying or living in Hillside.

Table 4.3: Percentages of responses on whether they had been quarantined

Responses	Frequency	%	Covid-19 +/ve	%	Covid – 19 -/ve	%
Yes	25	24.5%	16	15.68%	9	8.82%
No	77	75.5%	30	29.42%	47	46.08%
Total	**102**	**100%**	**46**	**45.1%**	**56**	**54.9%**

Table 4.3 above show that 24.5% of the respondents answered yes to the question of whether they had ever been quarantined while 75.5% answered no. This shows that the majority of the respondents had never been quarantined for COVID-19. The diagram above further shows that 15.68% of people who were once quarantined tested positive and 8.82% never tested. However, it is interesting to note as well that, on the 75.5% of respondents whom never received quarantine, 29.42% tested positive of covid against 46.08% which did not. Furthermore, 54.9% of the respondents of this research never tested positive to Covid-19 up to the time of research and a total of 45.1% tested positive.

Psychosocial effects of COVID-19 on mental health

The first objective was to find out about the psychosocial effects of COVID-19 among the Hillside residents. Therefore, the questionnaire respondents were asked a number of questions pertaining to their psychological health as well as the psychosocial effects of COVID-19 they are experiencing.

Psychological problems being encountered by Hillside residents during the pandemic

A psychometric test was dispensed to determine the level of psychological problems being experienced in Hillside. The psychometric test was administered using the Depression Anxiety Stress Scale (DASS-21) with seven questions for each of the three categories which include depression, anxiety and stress. The questions were based on a 5-point scale to compute the concluding score of each of the psychological problems. The results, in Table 4.4 below, show the descriptive statistics for depression, anxiety and depression among the Hillside residents.

Depression

Depression is one of the variables that were measured on finding out how Covid-19 was affecting mental health of Hillside residents. The following score chat was used to interpret results obtained from respondents 0-4 =normal or minimal, 5-9 = mild depression, 10-14 =moderate depression 15-19 severe depression and 20 and above more severe depression. Table 4.4 below shows how the respondents answered the questionnaire as to the number of people responded to a specific scale.

Table 4.4: Depression levels among respondents

Age			Depression Scale					Total
			0-4	5-9	10-14	15-19	20-	
18-30	Gender	Male	2	2	2	5	6	
		Female	6	4	1	3	2	
	Total		**8**	**6**	**3**	**8**	**8**	**33**
31-40	Gender	Male	6	3	1	3	2	
		Female	5	1	4	6	2	
	Total		**11**	**4**	**5**	**9**	**4**	**33**
41-50	Gender	Male	4	1	2	2	0	
		Female	0	0	3	2	5	
	Total		**4**	**1**	**5**	**4**	**5**	**19**
50-	Gender	Male	1	0	2	2	2	
		Female	3	2	0	1	4	
	Total		**4**	**2**	**2**	**3**	**6**	**17**
Total			27	13	15	24	23	102

The above diagram shows that a total of 23 (22.54%) respondents had more severe depression during the time of research. And this figure includes 10 (9.80%) males and 13 (12.75%) females. In addition, 24 (23.53%) respondents had severe depression split equally between male and female respondents. Those who had moderate depression were 15 (14.71%), with 7 (6.86%) being male and 8 (7.84%) being female. It is notable that quite a big figure totaling 27 (26.5%) of respondents had normal or minimal depression on the time of research. This figure can further be broken down to show that 14 (13.72%) females against 13 (12.75%) male respondents had normal or minimal depressions.

Anxiety results

Upon collection of results, the following guidelines were recommended for interpretation of the anxiety results. 0-9 represented normal or no anxiety, 10- 18 mild to moderate anxiety, 19-29 moderate to severe anxiety and 30-63 severe anxiety.

Given the above guidelines of interpretations, Table 4.5 below recorded the distribution of respondents across the anxiety scales. The results in Table 4.5 below show that a total 21 (20.59%) of respondents were found to have normal to no anxiety. These included 9 (8.82%) who were male and 12 (11.74%) who were female. Similarly, a figure of 9 (8.82%) reflects male respondents with mild to moderate anxiety against a figure of 17 (16.67%) females. This means that in overall terms, 26 (25.49%) of the respondents had mild to moderate anxiety. A total of 24 (23.53%) responses from both males and females reflected people with moderate to severe anxiety. This can be broken down into 13 (12.75%) male respondents with mild to moderate anxiety against 11 (10.78%) female respondents. The results also indicate that a total of 31 (30.39%) of the respondents shows signs of severe anxiety, with 17 (16.67%) males against 14 (13.72) females.

Table 4.5: Anxiety levels among the respondents

Age			Anxiety Scale				Total
			0-9	10-18	19-29	30-63	
18-30	Gender	Male	4	3	4	6	
		Female	6	7	4	5	
	Total		**10**	**10**	**8**	**11**	**39**
31-40	Gender	Male	4	5	3	3	
		Female	3	7	5	3	
	Total		**7**	**12**	**8**	**6**	**33**
41-50	Gender	Male	1	1	3	4	
		Female	3	3	2	2	
	Total		**4**	**4**	**5**	**6**	**19**
50-	Gender	Male	0	0	3	3	
		Female	0	0	0	5	
	Total		0	0	3	8	11
Total			**21**	**26**	**24**	**31**	**102**

Stress results

One of the research objectives was to find out the psychosocial effects of covid 19 and stress is one of the variables that was measured. The answers of stress variable were to be interpreted as follows 0 -14 normal, 15-18 mild stress, 19-25 moderate, 26-33 severe, 34 and above very severe. Table 4.6 shows number of people who were rated on each scale.

Table 4.6: Stress levels of respondents

Age			Stress Scale					**Total**
			0-14	15-18	19-25	26-33	34-	
18-30	Gender	Male	2	2	3	4	6	
		Female	5	2	3	5	7	
	Total		**7**	**4**	**6**	**9**	**13**	**39**
31-40	Gender	Male	3	6	2	3	1	
		Female	2	1	4	5	6	
	Total		**5**	**7**	**6**	**8**	**7**	**33**
41-50	Gender	Male	2	2	1	2	0	
		Female	3	1	2	0	5	
	Total		**5**	**3**	**3**	**2**	**5**	**18**
50-	Gender	Male	1	1	1	2	1	
		Female	0	1	0	1	4	
	Total		**1**	**2**	**1**	**3**	**5**	**12**
Total			**18**	**16**	**16**	**22**	**30**	

Table 4.6 above shows that a total of 30 (29.41%) respondents displayed that they had very severe stress according to the scale that was used as they scored 34 and above. On this number 12 (11.76%) were females and only 8 (7.24%) of males. This was further followed by a total of 22 (21.57%) respondents showing that they had severe stress as well. From the severe stress figure 11 (10.78%) part was from male respondents as while females also recorded 11 (10.78%). A total of 18 (17.65%) was recorded for those people with normal stress levels with 8 (7.84%) of them being males and 10 (9.81%) being females.

The awareness levels of the psychosocial effects of Covid-19

The second objective of the research was to determine the level of awareness of the psychosocial effects of covid 19 and the research dedicated some questions in the questionnaire that specifically sort to answer this part. Questionnaire respondents about the awareness concerning psychosocial effects of COVID-19 are shown in Fig 4.7 below.

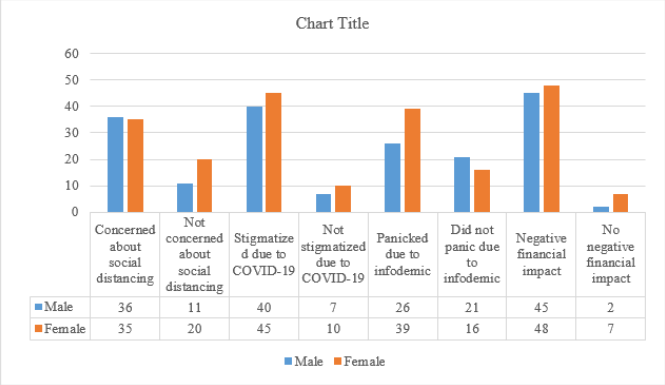

Fig 4.7: Awareness concerning psychosocial effects of COVID-19

According to Fig 4.7 above, the responses gathered showed that out of 102 respondents, 71 showed concerns to social distancing as they were being affected by this measure being forced to separate and always maintain distance from their loved ones and these figures amounts to 69.61% responses. Of the people whom showed concern, 36 responses were or males and 35 females. This means that only a number amounting to 11 males did not show concern to social distancing compared to 20 Females. Given the above figures, a total of 31 respondents including 20 females and 11 males did not show a concern of social distancing.

The researcher also sorts to find out the level of Covid-19 stigmatization from the residents. A total of 85 respondents out of 102 which constitutes 83.33% responded to have received stigma from the community. This figure constitutes 40 males against 45 females' respondents to have received stigma. This however shows or leaves only 7 males to never complain of stigma against 10 females. The number of those to never complain of stigma amounts to 17 out which is 16.67% of responses.

Again, the researcher wanted to find out about the social media infodemic as to how much has it spread panic and affected the mental health of social media users. The respondents showed that, 63.73% which is 65 out of 102 of respondents have panicked through the unverified information that was being circulated against a 36.28% whom did not panic. Of the 63.73% whom panicked about 21 male responses and 16 females did not panic.

Negative financial impact to the respondents was also assessed as the results pointed that 93 out of 102 respondents were affected. That's 91.18% respondents that were affected negatively financially. This number can further be simplified by saying 45 male respondents were affected leaving on 2 males against 48 females respondents affected. A total of 8.82% were not affected with 7 of these respondents to be females.

Strategies employed to cope with the psychosocial effects of COVID-19

The table below helps to answer objective number three of the research which seeks to find out about the copying skills used during this COVID-19. The tables represent how people responded to different copying strategies. Table 4.8 shows that 62 (60.78%) of the respondents showed that they use getting enough sleep as a coping measure against the psychosocial effects of COVID-19. Table 4.9 shows that 83 (81.37%) agreed to staying connected with the family as part of coping with COVID-19. The results in Table 4.9 indicates that 74 (72.55%) said yes to the statement that they eat healthy in coping with COVID-19 while 57 (55.88%) agreed that they take a break from the news as part of coping with the psychosocial effects of COVID-19. In addition, 93 (91.18%) said yes to the notion that they focus on positive thoughts in order to cope with the psychosocial effects of COVID-19.

The first observation is that respondents have responded to using copying skills to the greater extend however there are areas such as when they were asked to take break from news a big number of 44.15% could not agree to that. Another big number is also noticed on respondents not getting enough sleep with a 39.22% response.

Coping mechanisms

Table 4.8: Getting enough sleep

Gender		Getting enough sleep		Total
		Yes	No	
	Male	31	31	62
	Female	16	24	40
Total		47	55	102

Table 4.9: Staying connected with family

Gender		Staying connected with family		Total
		Yes	No	
	Male	43	4	47
	Female	50	5	55
Total		93	9	102

Table 4,10: Eating healthy

Gender		Eating healthy		Total
		Yes	No	
	Male	35	12	47
	Female	29	16	55
Total		64	18	102

Table 4.11: Taking breaks from the news

Gender		Taking breaks from the news		Total
		Yes	No	
	Male	16	31	47
	Female	41	14	55
Total		57	45	102

Table 4.12: Focusing on positive thoughts

Gender		Focusing on positive thoughts		Total
		Yes	No	
	Male	42	5	47
	Female	51	4	55
Total		93	9	102

IV. DISCUSSION

The purpose of the study was to investigate the psychosocial effects of COVID-19 on the mental health of Hillside residents. The objectives of the study included finding out about the psychosocial effects of COVID-19 on Hillside residents, determining the awareness level of the psychosocial effects of COVID-19 on mental health amongst Hillside residents and finding out mechanisms employed by Hillside residents to cope with the psychosocial effects on mental health arising from COVID-19. The last objective which included soliciting solutions on how best the COVID-19 mental health challenges can be alleviated was to be dealt with in the recommendations section.

On the psychosocial effects of COVID-19, The results of the study indicated that 22.54% had more severe depression, 23.53 had severe depression, 14.71% had moderate depression and 26.5% had normal to no depression. This indicates that depression was identified among the major psychological problems faced by the respondents. These findings are in agreement with Zhang et al. (2020) who stated that depression levels were increasing in most societies as a result of the COVID-19 pandemic. In addition, the results indicated that 20.59% had normal to no anxiety, 25.49% had mild to moderate anxiety, 23.53% had moderate to severe anxiety and 31.39% had severe anxiety. Thus, the majority of the respondents were experiencing anxiety due to COVID-19. The results of the study concur with Hamouche (2020) who indicated that there were increased levels of anxiety among the populace due to COVID-19. Similarly, 29.42% displayed very severe stress, 21.57% severe stress and only 17.65% had normal to no stress, thus showing high levels of stress among the respondents. The rise in higher levels of stress during the COVID-19 pandemic were consistent with several scholars including the UNOCHA (2020). At the same time, women exhibited higher depression and stress levels as compared to men, a scenario that has also been postulated by a number of scholars. This is probability due to increased levels of violence against women as reported by Allen-Ebrahimian (2020), among many others.

Findings from the research also indicated that the majority of the respondents agreed that they were concerned about social distancing (69.61%) and that they had been subjected to stigmatization (83.33%). They also agreed that they had panicked due to listening to unverified information on social media (63.73%) and that they had experienced financial loss due to COVID-19 (91.18%). These are in support of Hamouche (2020) who found stress due financial loss, confinement and social media infodemic among the major psychological challenges being faced by employees in the United Arab Emirates during the hype of the COVID-19 pandemic. The results are also in agreement with Gao et al. (2020) who cited stigmatization among the major psychosocial effects of COVID-19. In the same vein, the results indicated that women were disproportionately affected by COVID-19 as noted by the UNICEF (2020). The vulnerability of women to disasters has been a subject of a lot of deliberation among scholars. In this regard, the possible reasons include exposure to violence, lack of access to health facilities and disruptions of their sources of finance, most of which tend to be informal in developing countries.

The research further revealed that the majority of the respondents were adopting coping mechanisms to cope with the COVID-19. Most of them agreed to getting enough sleep (60.78%), eating healthy (72.55%), taking a break from news (55.88%) and focusing on positive thoughts (91.18%) in order to cope with the psychosocial effects of COVID-19. Hence the findings of the study support Man et al. (2020)'s study on doctors in Romania which indicated that using electronic ways to stay in touch with family and friends was one of the most popular coping mechanisms in the COVID-19 pandemic. The results of the study are also in line with Alwani (2020) who cited eating nutritious and health food among the main strategies being used by people to cope with the psychological challenges of COVID-19. The results further support the transactional stress theory first introduced by Lazarus (1964) which indicates that people adopt a number of strategies to cope with stressful situations.

V. LIMITATIONS

The research went a long way in exposing the main psychosocial effects of COVID-19, awareness of and coping mechanisms against these psychosocial effects and implicated communities, policymakers and other stakeholders. However, because the research was a case study of a single residential suburb the findings of the study could not be effectively generalized across the entire city of Harare as it would have yielded much to compare with other less/more affluent suburbs. However, the research was limited in collecting more data from other suburbs due to COVID-19 lockdown restriction.

VI. CONCLUSION

The research arrived to a number of conclusions pertaining to the main questions of the research. The research concluded that the main psychosocial effects of COVID-19 among Hillside residents were; job insecurity, loss of income, fear of contagion, infobesity, stigma and social distancing and confinement. These caused a number of psychological challenges including stress, fear and anxiety. This conclusion supported both the biopsychosocial theory and the transactional stress theory which postulate the interaction of diseases, emergences and mental health. The conclusion was also in line with several studies which found similar psychosocial effects of COVID-19 in other countries

including Hamouche (2020) in the United Arab Emirates. The research also concluded that the Hillside residents had low levels of awareness of the psychosocial effects of COVID-19. This was based on the low awareness levels indicated by the respondents based on mean score results obtained from their responses on a 5-point awareness level Likert scale. It was also indicated by their lack of awareness of different psychological challenges associated with COVID-19, as well as their lack of belief about the efficacy of medical and psychological help to treat psychological challenges. This was in line with many studies such that carried out by Zhang and Ma (2020). It also concluded that the main strategies used by the Hillside residents to cope with the psychosocial effects of COVID- 19 included; assuring themselves things would be okay, eating nutritious and healthy food, using electronic ways to stay in touch with family and friends, praying and seeking spiritual support to stay safe during the pandemic. This was line with the transactional stress theory which indicated that people adopt both emotion-focused and problem-focused strategies to cope with stressful situations. The results were also in tandem with a number of studies including Man et al. (2020) in Romania.

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