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*Abstract*— In this paper with the help of “Media Use Pattern with Respect to Mental Health in COVID-19: A Dataset from India” we have concluded some insights about effect on anxiety level of different people during covid outbreak in india. The Beck Anxiety Inventory (BAI) measures the frequency of anxiety symptoms throughout a week. The BAI is a valid and accurate tool for detecting anxiety in patients of all ages, including the elderly. One study reported severe and wide spectrum mental health impacts of the pandemic. Mental illnesses, such as anxiety and depression, have deteriorated. The coronavirus disease pandemic and associated lockdown measures taken by governments of many countries are expected to cause mental health problems. Long periods of social isolation, especially for adolescents who rely heavily on social interactions with peers, can be harmful to their mental health. Estimates of mental health issues are urgently needed for better planning and management of these issues on a worldwide scale. The coronavirus disease crisis of 2020 (COVID-19) has had a significant impact on human life all around the world. During the COVID-19 pandemic, the prevalence of all forms of depression, anxiety, stress, sleep disorders, and psychological discomfort was shown to be higher in the general population. Anxiety appears to be common among university students, indicating a greater mental health burden during this pandemic. A meta-analysis of anxiety prevalence estimates found a total prevalence of 41%.

Keywords—Beck Anxiety Inventory, COVID19, Mental health, Anxiety Level

# Introduction

## Beck Anxiety Inventory

The Beck Anxiety Inventory (BAI) is a questionnaire created by Aaron T. Beck used to assess anxiety (BAI). The BAI is a 21-question self-administered anxiety questionnaire. The BAI measures the frequency of anxiety symptoms throughout a week while reducing its connection to depression. There are 14 questions about physical symptoms and 7 questions about anxiety-related cognitive symptoms. On a 4-point Likert scale, patients score the severity of each of these things. The BAI is a valid and accurate tool for detecting anxiety in patients of all ages, including the elderly.

It takes 5 to 10 minutes to complete and is intended for those who are 17 years old or older. The Beck Anxiety Inventory has been demonstrated to be a valid assessment of anxiety symptoms in children and adults in several studies.

## Effects of Pandemic on mental health

The COVID-19 pandemic may have caused numerous changes in our life, including uncertainty, disrupted daily routines, financial strains, and social isolation. People may be concerned about becoming sick, the duration of the epidemic, if their employment will be affected, and what the future holds. Overabundance of information, rumors, and disinformation made them feel out of control and left them unsure of what to do.

They may have suffered tension, worry, fear, despair, and loneliness as a result of the COVID-19 epidemic. Mental illnesses, such as anxiety and depression, have deteriorated.

When compared to surveys conducted before to the pandemic, studies show a significant rise in the number of adults in the United States reporting symptoms of stress, anxiety, depression, and insomnia. Some people have increased their drink or drug consumption in the hopes of coping with their anxieties about the pandemic. In actuality, these drugs can exacerbate anxiety and despair.

If people with substance use problems develop COVID-19, their results are likely to be worse, especially if they are hooked to tobacco or opioids. This is because these addictions can impair lung function and weaken the immune system, leading to chronic diseases like heart disease and lung illness, which raise the chance of significant COVID-19 consequences.

"One study reported severe and wide spectrum mental health impacts of the pandemic (Goyal et al. 2020). The event can precipitate new mental disorders and exacerbate the previously present disorders (Goyal et al. 2020). The general population can experience fear and anxiety of being sick or dying, helplessness, blame the people who are already affected and precipitate the mental breakdown (Goyal et al. 2020). A wide range of psychiatric disorders can be found such as depressive disorders, anxiety disorders, panic disorder, somatic symptoms, self-blame, guilt, posttraumatic stress disorder (PTSD), delirium, psychosis and even suicide (Goyal et al. 2020; Yi et al. 2020)." [1]

# Literature survey

Next to physical health problems and economic damage, the coronavirus disease 2019 (COVID-19) pandemic and associated lockdown measures taken by governments of many countries are expected to cause mental health problems. Long periods of social isolation, especially for adolescents who rely heavily on social interactions with peers, can be harmful to their mental health. The current study analyses whether social media can help adolescents cope with emotions of fear and loneliness during the quarantine, based on the mood management theory. A survey of 2,165 (Belgian) adolescents aged 13 to 19 years old examined how anxiety and loneliness influenced their happiness levels, as well as whether distinct social media coping methods (active, social contacts, and humor) mediated these relationships. Emotions of loneliness had a greater detrimental impact on adolescents' happiness than feelings of worry, according to structural equation modelling. Anxious participants, on the other hand, stated that they used social media more frequently to actively seek a solution to adjust to their current position, and to a lesser extent to keep in touch with family and friends. Through active coping, anxiety has a considerable beneficial indirect effect on happiness. Participants who felt lonely were more likely to utilize social media to make up for the absence of social interaction. This coping strategy, however, had no bearing on their sense of contentment. Happiness was favorably associated with humorous coping, whereas loneliness and anxiety had no effect. To summarize, adolescents can use social media as a productive coping mechanism to deal with apprehensive sensations during the COVID-19 quarantine.[2]

The coronavirus disease crisis of 2019 (COVID-19) has had a significant impact on human life all around the world. People's mental health has been affected by uncertainty and quarantine. Estimates of mental health issues are urgently needed for better planning and management of these issues on a worldwide scale. During the first seven months of the COVID-19 epidemic, a fast scoping review was done to estimate the number of mental health concerns. From December 2019 to June 2020, the electronic databases PubMed, Medline, and Google Scholar were searched for peer-reviewed, data-based journal articles published in the English language. This review reviewed and discussed papers that met the inclusion criteria. There were 16 studies in total. There were eleven Chinese studies, two Indian studies, and one each from Spain, Italy, and Iran. In the combined study population of 113,285 people, the prevalence of all forms of depression was 20%, anxiety was 35%, and stress was 53%. During the COVID-19 pandemic, the prevalence of all forms of depression, anxiety, stress, sleep disorders, and psychological discomfort was shown to be higher in the general population.[3]

Even though the risk of psychiatric problems is extremely high among university students, there is a paucity of evidence synthesis on the prevalence of worry. During the COVID-19 epidemic, we conducted a quantitative systematic study to determine the global prevalence of anxiety among university students. From September 2020 to February 2021, a systematic search for cross-sectional studies on PubMed, Scopus, and PsycINFO was undertaken using PRISMA standards. A total of 36 studies were considered, with the pooled proportion of anxiety calculated using a random-effects model. A meta-analysis of anxiety prevalence estimates found a total prevalence of 41% (95 percent CI = 0.34–0.49), with statistically significant evidence of between-study heterogeneity (Q = 80801.97, I2 = 100%, p 0.0001). Anxiety prevalence was found to be 33 percent (95 percent CI:0.25–0.43) in Asia, 51 percent (95 percent CI: 0.44–0.59) in Europe, and 56 percent (95 percent CI: 0.44–0.67) in the United States, according to a subgroup study. Females had a 43 percent (95 percent CI:0.29–0.58) anxiety prevalence, whereas males had a 39 percent (95 percent CI:0.29–0.50) anxiety prevalence, according to a subgroup gender-based analysis. Anxiety appears to be common among university students, indicating a greater mental health burden during this pandemic.[4]

# Exploratory Data Analysis

Exploratory Data Analysis, or EDA for short, is one of the first data analyses performed on data. Data analysis utilising visual techniques is known as EDA. Trends, correlations, and theories are discovered using statistical summaries and visualisations. Making sense of data is a good idea before attempting to collect as many insights as feasible. EDA is all about understanding the significance of data before able to get their hands dirty with it. It might also help you figure out if the statistical procedures you're considering for analysis of data are appropriate. EDA approaches, first developed by American mathematician John Tukey in the 1970s, are still widely used in the data discovery phase today. The primary purpose of EDA is to aid with data analysis prior to forming assumptions. It can help with the detection of obvious errors, as well as a better comprehension of data trends, outlier detection, and the identification of interesting correlations between variables. EDA also helps clients by confirming that they're asking the right questions. EDA can answer questions about mean and standard deviation, categorical data, and confidence intervals. After EDA is completed and insights are extracted, its attributes can be applied to more advanced analytics or modelling, including machine learning.

# Types of Exploratory Data Analysis

EDA is divided into four categories:

## Univariate non-graphical

## Among the four types of data analysis, this is the most basic. The data being analysed in this sort of analysis is made up of only one variable. This analysis' major goal is to characterise the data and look for trends.

## Univariate graphical

The graphical method presents the facts in its entirety. The bar, stem and leaf plot, and box plots are the three basic methods of analysis in this category. The overall count of instances for a value range is represented by the histogram. The leaf and stem plot illustrates the distribution of the data as well as the data values. The box plots show the lowest, first quartile median, lower quartile, and highest values graphically.

The equations are an exception to the prescribed specifications of this template. You will need to determine whether or not your equation should be typed using either the Times New Roman or the Symbol font (please no other font). To create multileveled equations, it may be necessary to treat the equation as a graphic and insert it into the text after your paper is styled.

Number equations consecutively. Equation numbers, within parentheses, are to position flush right, as in (1), using a right tab stop. To make your equations more compact, you may use the solidus ( / ), the exp function, or appropriate exponents. Italicize Roman symbols for quantities and variables, but not Greek symbols. Use a long dash rather than a hyphen for a minus sign. Punctuate equations with commas or periods when they are part of a sentence, as in:

*a**b* 

Note that the equation is centered using a center tab stop. Be sure that the symbols in your equation have been defined before or immediately following the equation. Use “(1)”, not “Eq. (1)” or “equation (1)”, except at the beginning of a sentence: “Equation (1) is . . .”

## Some Common Mistakes

* The word “data” is plural, not singular.
* The subscript for the permeability of vacuum **0, and other common scientific constants, is zero with subscript formatting, not a lowercase letter “o”.
* In American English, commas, semicolons, periods, question and exclamation marks are located within quotation marks only when a complete thought or name is cited, such as a title or full quotation. When quotation marks are used, instead of a bold or italic typeface, to highlight a word or phrase, punctuation should appear outside of the quotation marks. A parenthetical phrase or statement at the end of a sentence is punctuated outside of the closing parenthesis (like this). (A parenthetical sentence is punctuated within the parentheses.)
* A graph within a graph is an “inset”, not an “insert”. The word alternatively is preferred to the word “alternately” (unless you really mean something that alternates).
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* In your paper title, if the words “that uses” can accurately replace the word “using”, capitalize the “u”; if not, keep using lower-cased.
* Be aware of the different meanings of the homophones “affect” and “effect”, “complement” and “compliment”, “discreet” and “discrete”, “principal” and “principle”.
* Do not confuse “imply” and “infer”.
* The prefix “non” is not a word; it should be joined to the word it modifies, usually without a hyphen.
* There is no period after the “et” in the Latin abbreviation “et al.”.
* The abbreviation “i.e.” means “that is”, and the abbreviation “e.g.” means “for example”.

An excellent style manual for science writers is [7].

# Using the Template

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Headings, or heads, are organizational devices that guide the reader through your paper. There are two types: component heads and text heads.

Component heads identify the different components of your paper and are not topically subordinate to each other. Examples include Acknowledgments and References and, for these, the correct style to use is “Heading 5”. Use “figure caption” for your Figure captions, and “table head” for your table title. Run-in heads, such as “Abstract”, will require you to apply a style (in this case, italic) in addition to the style provided by the drop down menu to differentiate the head from the text.

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#### Positioning Figures and Tables: Place figures and tables at the top and bottom of columns. Avoid placing them in the middle of columns. Large figures and tables may span across both columns. Figure captions should be below the figures; table heads should appear above the tables. Insert figures and tables after they are cited in the text. Use the abbreviation “Fig. 1”, even at the beginning of a sentence.

1. Table Type Styles

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1. Sample of a Table footnote. (*Table footnote*)
2. Example of a figure caption. (*figure caption*)

Figure Labels: Use 8 point Times New Roman for Figure labels. Use words rather than symbols or abbreviations when writing Figure axis labels to avoid confusing the reader. As an example, write the quantity “Magnetization”, or “Magnetization, M”, not just “M”. If including units in the label, present them within parentheses. Do not label axes only with units. In the example, write “Magnetization (A/m)” or “Magnetization {A[m(1)]}”, not just “A/m”. Do not label axes with a ratio of quantities and units. For example, write “Temperature (K)”, not “Temperature/K”.

##### Acknowledgment *(Heading 5)*

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##### References

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Number footnotes separately in superscripts. Place the actual footnote at the bottom of the column in which it was cited. Do not put footnotes in the abstract or reference list. Use letters for table footnotes.

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