ANXIETY EXPERIENCED AND PERCEIVED MENTAL HEALTH NEED DURING COVID-19 PANDEMIC AMONG COMMUNITY PEOPLE

BY:

Dipika Ghimire

P.U REGISTRATION No: 2016-1-42-0011

Research Report Submitted in Partial Fulfilment of the Requirement of BSc Nursing Programme from Pokhara University, Nobel College Sinamangal, Kathmandu Nepal

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THESIS APPROVAL SHEET

Thesis on **"Anxiety Experience and Perceived Mental Health Need during COVID-19 Pandemic among Community People"** my bona-fide work is being submitted for approval as a requirement for all degree of Bachelor of Science in Nursing from the Nobel College, Sinamangal, Pokhara University Nepal.

Student ……..

Ms. Dipika Ghimire

Thesis Approved By:

Thesis advisor ……

Ms. Sandhya Budhathoki

Lecturer, Nobel College

Head of Nursing Department ……..

Ms. Surya Devi Bajracharya

Nobel College

Principal ……

Prof. DR. Chanda Karki

Nobel College, Nobel Hospital

Internal Examiner …….

Puspa Deo

External Examiner …….

Prof. Chandra Kala Sharma

Maharajgung Nursing Campus

IOM

Date: 2078-04-

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This research study was entitled “Anxiety experience and perceived mental health need during COVID-19 pandemic” was conducted at Shankhamul province 3. The research study is prepared for the partial fulfillment of B.Sc. (Nursing) the curriculum of Pokhara University. This research study involves the contribution of various personnel of different levels who are directly involved in its accomplishment.

I am particularly grateful for the assistance given by everyone. Thus this is my first attempt to express vote of thanks and heartily appreciation to the effort of everyone who supported me entirely through this novel path and helped me gain what I could never gain through my solidity effort.

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Dipika Ghimire

TABLE OF CONTENTS **PAGE NO:**

LIST OF TABLES

LIST OF FIGURES

ABSTRACT

Background: Novel Corona Virus (COVID-19) as first detected in Wuhan, China in December 2019. On 30th January 2020 WHO declared COVID-19 to be Public Health Emergency and acknowledged as a pandemic by World Health Organization on 11th March, 2020 and is now a global concern.

General Objective: To assess the anxiety experience and perceived mental health care need among community people of middle age group.

Methods: A cross-sectional descriptive study was conducted among 206 middle-aged people aged in between 40-59 years. The study took place in Shankhamul, ward 10, New-Baneshwor Municipality located in Kathmandu, Bagmati Province no. 3 of Nepal. Non-Probability convenience sampling technique was adopted to select the sample. Self-administered with translated structured Nepali version questionnaire was used in this study. Statistical methods like mean, frequency, percentage, standard deviation, and Karl Pearson's correlational analysis was used to analyze data using SPSS version 20.

Result: The majority of the respondents (64.1%) experienced mild anxiety where as 0.5% had severe type. The majority of the respondents perceived mental health need as there is a need to intensify awareness and address mental health issues.

CHAPTER I

INTRODUCTION

1.1Background

Severe Acute Respiratory Syndrome (COVID-19) which was first detected in Wuhan, China on December 2019. On January 30 2020, WHO declared COVID-19 to be a Public Health Emergency and acknowledged as a pandemic by World Health Organization (WHO) on March 11, 2020.(1)

Until 30th July 2020, the total number of confirmed cases reached 17,201,686 and death toll reached 670,463 and total recovered cases reach 10,716,850 all over the world as per worldometer update. In Nepal first case was confirmed in 23rd January2020. Till 30th July, the totaol number of cases here reach to 19,273. Out of which 14,021 cases are recovered well and the total death due to COVID-19 in Nepal reached to 49 as per worldometer.(2)

Nepal took various steps to prevent the spread of COVID-19. The country is in state of lockdown since March 23, 2020. COVID-19 has created a lot of impact in different sector like health, tourism, trade, production linkage and supply etc. The situation is alarming. This has created a lots of burden to society as well as to country. Although, we are yet to experience full impact of the virus.

This pandemic is causing a heightened level of pressure and public concern. Quarantine and social distancing is frustrating for people. Many people over the world has experienced stress, pressure due to COVID-19 pandemic.

COVID-19 outbreak has caused a massive public reaction, and the health professionals involved in care has undergone various physical, social, and psychological distress. so, to fight the burden of COVID-19 various institution-, a medical association has conducted a psychological interventional plan to address the sign of distress and to guide health professional during this crisis.(3)

Psychological distress and anxiety is widespread when the contagious disease outburst occurs. Anxiety is defined as “an emotion characterized by feelings of tension, worried thoughts and physical changes like increased blood pressure”.

Psychological distress and anxiety may occur among the population which is at no risk of infection. Health care professionals experience fears, anxiety and worry due to insufficiency of

gown, gloves, facemask and other equipment due to case overload in Asian countries. On the other hand, community people experienced an intensified level of stress because they no know how long this situation would last.[4]

People during this pandemic are experiencing many burdens physically, mentally, emotionally, socially and financially. The effects of COVID-19 is not limited to physical health only but also to mental health. Pandemic is causing economic problems and livelihood is affected.[5]

During 2014-15 Ebola outbreak" there was an uttermost mental illness afterwards like depression, OCD, anxiety, phobia, insomnia and loss of appetite. Similarly health personnel experience more psychological manifestation like depression, OCD and paranoid features.[6]

A study during Ebola outbreak 2014-2015 as conducted with 276 participants showed that 3% participants did not seek any health care measures whereas 16% sought health care in government hospitals, 41% respondent in private hospitals and 20% accessed health care in pharmacies and drug store. Similarly, 10% asked health workers.[7]

Mental Health refers to cognitive, emotional and behavioral wellbeing. World Health Organization defines mental health as just more than absence of disorders. There are various factors that contribute in the disruption of mental health such as social and economic pressure, occupation, shortage and black marketing, misinformation but today challenges brought by COVID-19 has increased more mental health issues. Mental health crisis have been more prone worldwide during this pandemic. In context of Nepal, challenges are even more which ultimately affects mental health of Nepalese due to which loneliness, depression, alcoholism, suicidal behavior are expected to rise. Nepal is adopting different measures to deal with viruses, so people are forced to change their living styles and practices and put themselves within certain limits that bring massive mental health impact.[8]

To address mental health crisis and above problems here in Nepal, some actions need to be taken such as whole-of society approach which means to address individual needs by providing learning and supporting environment , being kind even to anonymous, communicating empathy, motivating people to be engaged in little things they like to which helps to build emotional wellbeing. Mental health services should be made available and accessible to community people, in the same way emergency services should be expanded widely. keeping in mind that mental health is a part of universal health coverage, mental health services should be built for future days.[9]

1.2Rationale for Study:

The threat of COVID-19 occupied so much of our thinking. On the one hand, every newspaper has stories about the coronavirus at its first page while on the other hand radio, television covered the infected, death and recovery cases. In addition, social media platforms are occupied with terrifying statistics. This has created elevated level of stress and fears to the people.

Studies conducted at various developed and developing countries show elevated stress and anxiety among people during COVID-19 pandemic. However no studies have been published to assess the anxiety and help-seeking behavior during COVID-19 pandemic in Nepal among community people. Keeping the facts under consideration I would like to perform a questionnaire based cross-sectional study in order to explore the anxiety and help-seeking behavior in people during COVID-19 pandemic.

A total sample of 662 population above 18 years of age answered web based study in India which shows that more than 80% population engaged with the idea of COVID-19, 72% were upset for themselves as well as for the people they are in contact with, 82% people practice social distancing, 90% avoid meets and gatherings and 75% felt the need of preventive measures like maintaining hand hygiene, sanitizing, wearing gloves.[(10)]

According to Police, suicidal attempt is increasing day by day. During lockdown, more than 1200 people committed suicide here in Nepal (The Jakarta Post: June 15, 2020).

A study on "Impact of Novel Corona Virus on Nepalese economy" showed that COVID-19 has wide ranging effect beyond the spread of virus. Nepal, being a small landlocked country that lies between India and China, has faced more economic impacts and will face in the future days to come because Nepal is entirely dependent on foreign countries for import. The supply scarcity due to panic buying of essential materials, more use of commodities, closure of industries, and shortage of medical supplies is the current problems faced by Nepalese. Although, Nepal had experienced and learned to tackle various natural disaster before, but COVID-19 is totally new for Nepal to deal with due to lack of preparedness, response, and recovery plan. The most affected sectors of Nepal are tourism, airlines, hotel and restaurants, and education sectors are highly affected. Impact on remittance and labor market is high. Although, Nepal's government is trying its best to control the pandemic, the followed measures are not enough.[(11)]

Public health emergencies like COVID-19 affect the individual's health and well-being and create a wide range of emotional reactions such as distress and other mental health problems. Many research shows that emotional stress may be present among people experiencing a disaster. After the disaster, most people learn to tackle with and have a typical life-style but some people undergoes posttraumatic stress disorder. Vulnerable groups such as old aged people are at high risk of acquiring effects of the pandemic which shows that mental health preservation is very paramount. So, to reduce the risk of mental health problems, mental health care needs are to be focused such as- monitoring the psychological needs of an individual and care should be provided accordingly by health care providers, friends and families. In the same way, open discussions regarding the concerned topic, identifying, referring, and treating the individual, delivering psychological support, needs to focused during this pandemic to address need for mental health.[12]

So, COVID-19 has become a pandemic raising concerns among the public and increasing stress and anxiety among individuals all over the world. Hence, in response to this problem, the researcher wants to conduct this study to identify the anxiety experience and perceived help seeking need during this pandemic by the community people. Also, this study intends to identify the correlation between anxiety experience and perceived mental health need which may help in further research as well as the findings may assist in planning and implementing different mental health promotional programs and outreach program for the community people.

1.3 Significance of study

This study will help the local authorities develop plans that will support both the physical and mental health of the people.

The research study will help make plans and development programs to response to the after effects of pandemic in future.

This research study will help to conduct supportive awareness program to uplift mental health of community people.

1.4 Statement of problem

COVID-19 is now global burden and Nepal, being a small country is highly affected. COVID-19 hits Nepalese people's psychological and socio-economic aspects directly and creates fear, worries, anxiety and loss of productivity among individuals. Mental health problems and suicidal rates is increasing day by day. Along with this, there are several problems due to COVID-19 such as problems faced by health personnel due to limited stock of personal protective equipment and no incentives, feeding problems due to state of lockdown,

unemployment because of work from home, poverty, online classes problem due to insufficient bandwidth and internet facilities which ultimately affect the psychological health of the individual.

1.5 Objectives of the study

General Objective

To assess the anxiety experience and perceived mental health care need among community people of middle age group.

Specific Objectives

To identify the level of anxiety experienced during COVID-19 pandemic.

To find out perceived health care needs during COVID-19 pandemic.

To correlate the level of anxiety experience and perceived health care need during the COVID-19 pandemic.

1.6 Variables

Study Variables

Anxiety and help seeking behavior

Socio-demographic data: It consists of age, sex, occupation, marital status, education level and family type.

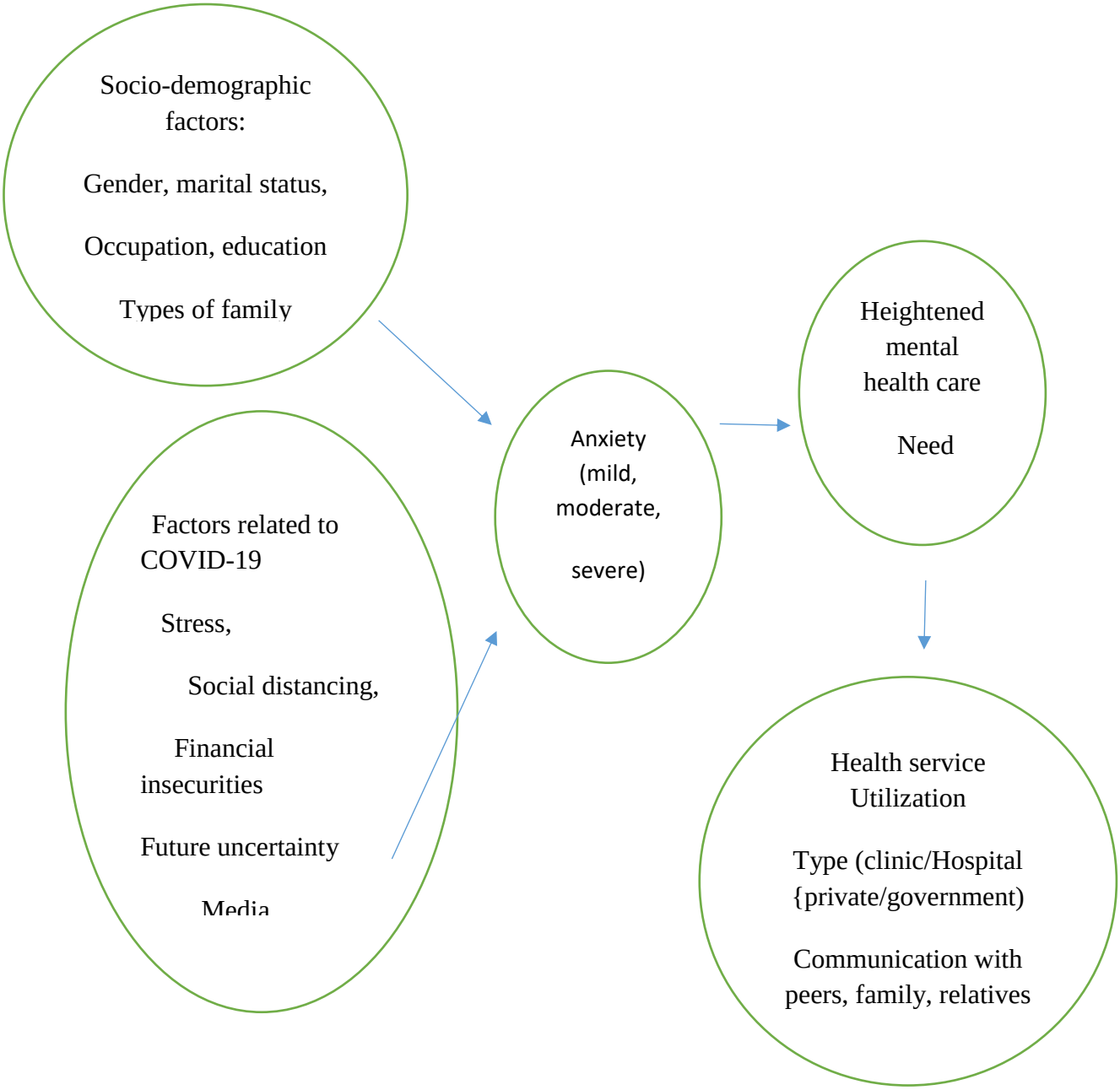
1.7 Research Question

What is the level of anxiety experienced by the community people during the COVID-19 pandemic?

What are mental health needs perceived by the community people?

What is the correlation between anxiety experience and perceived mental health need during COVID- 19 pandemic?

1.8 Conceptual Framework



1.9 Operational Definition

Anxiety Experience: In my study, it refers to an emotion characterized by feelings of tension, worried thoughts and physical changes like increased blood pressure, frequent micturition during the COVID-19 pandemic.

Mental health need: In my study**,** it refers to the care/services that people feel they need at every stage of life if any mental health problems are experienced.

Middle age: It refers to the age group of an individual between 40 to59.

CHAPTER II

LITERATURE REVIEW

2.1 Introduction of the literature Review

This chapter deals with the literature, which were reviewed throughout the program to support the problem under study. The literature were collected from electronic and non-electronic elements. The reviewed literature is organized according to the objectives of study.

2.2 Literature

A web-based study- titled " Psychological impact of ' Lockdown' due to COVID-19 Pandemic In Nepal " was done with 142 participants using patient health questionnaire, Generalized anxiety disorder (GAD-7) scale, and perceived stress scale which shows that 25.4% of participants has faced anxiety and 7% has faced depressive features during the period of lockdown in Nepal. The pervasiveness of anxiety and depression doubled during the period of lockdown in Nepal. This study suggested that the Nepal government should make a scheme to address and to ease this pandemic. Mental health is essential as physical health, so mental health services should be accessible to the general population.[13]

A web-based cross sectional study titled " Depression, Anxiety and depression-anxiety comorbidity amid COVID-19 pandemic" was done in Nepal during lockdown using snowball sampling technique with 349 participants using Generalized anxiety disorder scale (GAD-7), Patient Health questionnaire (PHQ) which proclaim that 34.1% participants has depression, 31.2% participants has anxiety and 23.2% has both and majority are females. The recommendation of this study were mental health care should be made available and accessible to all the population and particular focus to the people at risk like elderly, females, and pertinent information should be circulated through authentic media to avoid misinformation. [14]

A cross-sectional study titled " Prevalence and Measurement of Anxiety and Depression in Nurses during COVID-19 Pandemic in Nepal'' using non-probability judgmental sampling along with observational analysis was conducted to evaluate the anxiety and depression among nursing working in the frontline during COVID-19 pandemic in selected hospitals using Hamilton's Anxiety Scale (HAM-A) and Generalized Anxiety Disorder questionnaire with 64 respondent which shows that 9%, 25.6% and 16.7% have severe, moderate and mild anxiety respectively and the contributing factors for anxiety were low pay, more workload , not

establishing proper nurse-patient ratio and lack of personnel protective equipment. This study recommends that Nepal government should discover interim and perspective plans to provide positive motivation to health workers to fight in this situation.[15]

A web based cross sectional study titled "Immediate Psychological Responses and Associated Factors during the Initial Stage of 2019 Corona Virus Disease (COVID-19) Epidemic" using snowball sampling technique with online questionnaire was conducted in china during COVID-19 outbreak with 1210 participants. Impact of Event Scale – Revised (IES-R) and Depression Anxiety and stress scale (DASS-21) were the tools used to assess psychological responses and mental wellbeing which shows that 24.5%, 21.7% and 53.8% announced minimal, mild and moderate to severe psychological impact respectively. And also 16.5%, 28.8% and 8.1% participants had depressive, anxiety and stress manifestation respectively.[16]

A survey titled "Psychological Distress among Chinese people in the COVID-19 epidemic: Implications and policy recommendations" conducted in China with self-administered questionnaire using COVID-19 Peritraumatic Distress Index (CPDI) during COVID-19 epidemic with 52730 respondent which proclaim that 35% participant experienced psychological distress and majority of the participants were female. Stress level was high among elderly population as compared to adolescent and migrant workers compared to other occupation. The study's suggestion were risk groups such as migrant workers, females, old age people should be given additional concentration and in the same way health services should be made available and approachable for the people and Tele-health facility should be encouraged during calamities.[17]

A Journal titled, "2019- nCoV epidemic: address mental health care to empower society during epidemic of Nobel Corona Virus in China" suggested most of the Chinese population has faced pressure and worry. The outbreak of COVID-19 has caused psychological distress and fear among the Chinese population due to increment of victims day by day. Another cause for this distress is misleading information and misconception about Corona Virus by various news outlet and public misinterpretation of information has caused heightened level of pressure and worry. This study recommends the Chinese government address the medical and psychological implication for public and health personnel involved in mental health care should give some tips to deal with emotional stress via message and social network.[18]

A cross sectional study titled " The Effects of Social Support on sleep quality of Medical Staff Treating Patients with Corona Virus Disease (COVID-19) in January and February in China" conducted with 180 health personnel using Self – Rating Anxiety Scale (SAS), the Pittsburgh Sleep Quality Index (PSQI), Stanford Acute Stress Reaction Questionnaire (SASR) showed

low sleep quality among medical staff due to work pressure but strong social and psychological support by the people around them helps to decrease fears, anxiety and bad feelings.[19]

An online cross sectional study titled “Generalized anxiety disorder, depressive symptoms and sleep quality during COVID-19 outbreak in china” was conducted with 7236 respondent using Generalized anxiety disorder -7 (GAD-7) scale, Center for Epidemiology scale for Depression (CES-D) and the Pittsburgh Sleep Quality Index (PSQI) where the prevalence of General Anxiety Disorder, depressive manifestations and sleep interference was assessed which accounts 35.1%, 20.1% and 18.2% respectively. The study suggested that mental health strategy interventions should be given the first and foremost priority and to the people who are at risk, to maintain activity of daily living and to give less time in social networking to reduce stress. [20]

A web based cross sectional study titled “Mental Health Problems and Social media exposure during COVID-19 outbreak” was done in china with 4872 respondent using WHO- Five well-being index (WHO-5) for depression and generalized anxiety disorder scale (GAD-7) for anxiety, and self-made questionnaire was used to assess social media exposure where anxiety accounts for 22.6%, depression accounts for 48.3% and 19.4% population has experienced both. Social media exposure play a vital role in increasing mental health problems.[21]

A web-based cross-sectional study titled “Impact of COVID-19 on quality of sleep among Nepalese residents” was conducted in Nepal with 206 respondents using Insomnia Severity Index (ISI) to evaluate the sleep quality which shows remarkable disturbance in sleep quality due to COVID-19 pandemic. After pandemic, sub threshold insomnia has decreased from 33% to 29.6% among population where moderate insomnia has increased from 2.9% to 16.5% and severe insomnia remains same that is 1% during the period of lockdown in Nepal. This study emphasize conducting awareness campaigns through mass media to the general public regarding the consequence of sleep disturbance and the value of sleep in upgrading mental state. [22]

A web based cross sectional study titled “Anxiety among the general population during Coronavirus-19 disease in Saudi Arabia” conducted during COVID-19 epidemic using snowball sampling technique with 709 respondent using Social anxiety questionnaire (SAQ-A30) shows that 67.2% population experienced anxiety at heightened level. Out of which majority of the population who experienced more anxiety were married population. This study suggest to conduct aid program to uplift psychological wellbeing of the people. .[23]

A web-based study titled " Elevated Depression and Anxiety among pregnant individuals during COVID-19 Pandemic" which was done in Canada with 1987 pregnant women respondents using Edinburgh Depression scale (EPDS) which shows that 37% respondent has depressive manifestations, 46.3% and 10.3% were moderately and severely anxious and 67.6% were anxious related to pregnancy. Pregnant women falls under vulnerable populations so to provide emotional support during this period is crucial and is very important during this pandemic.[24]

A cross-sectional web based study on factors associated with perceived stress during initial stage of the COVID-19 outbreak in Nepal'' with 374 participants using Cohen perceived stress scale showed that 76.7%,17.9% ,5.3% has moderate, low and high stress respectively. The contributing factor for stress were age of respondent and status of employment. This study recommended to conduct awareness campaign through mass media to general public regarding the consequence of stress and tips to reduce stress which ultimately upgrading mental state.[25]

A web-based study titled, "Perceived stress associated with COVID-19 epidemic" was conducted in Columbia with 406 respondents using perceived stress scale (PSS-10) proclaim that 14.3% participants perceived high level of stress. This study suggested that emotional health is very important to individuals so that emotional needs of an individual should be fulfilled and family members, peer groups should provide strong psychological support to the people living in quarantine .[26]

Summary of Literature Review

Anxiety is defined as “an emotion characterized by feelings of tension, worried thoughts and physical changes like increased blood pressure”.

Different studies shows that there is heightened level of anxiety, pressure and worries during pandemic and also the suicidal rates are increasing day by day. Study suggest that mental health is as important as physical health so mental health services should be made accessible to general population.

According to different studies, people are more anxious because of misleading information, work pressure among health personnel, social media platform, economic letdown, and misconception about corona virus, due to which activities of daily living, sleep pattern is disturbed among people.

Mental Health refers to cognitive, emotional and behavioral wellbeing. World Health Organization defines mental health as just more than absence of disorders. So during this pandemic, mental health of an individual should be focused and various steps needs to be taken to uplift person’s mental health such as monitoring psychological need and caring people, identifying problems, referring and treating them accordingly, open discussions with privacy maintained on concerned topic is to be encouraged, family support peer supports should be provided for one another to deal with this emergency situation. Mental health strategy interventions should be given the first and foremost priority and to the people who are at risk, to maintain activity of daily living and to give less time in social networking.

However, no research has been published to assess the anxiety experience and perceived mental health care need among community people in Nepal.

CHAPTER III

RESEARCH METHODOLOGY

3.1 Research design of the study

The cross-sectional descriptive design was used in this study because the study was conducted at a single point of time and didn't not involve any manipulating variables.

3.2 Research setting of the study

Research was conducted in Shankhamul, New Baneshwor and Mid- Baneshwor community. It is located in Kathmandu district, Bagmati zone in the province 3 ward no.10 in which total middle aged population is 30,000- 35,000 (approximately since updated data was not available in ward office).

3.3 Population of the study

The study population was community people of middle age group (40-59).

3.4 Sample size

Sample size was 206 which is calculated using the following formula

$n = (Z/E)^2 * P*Q$

Where,

n is sample population

Z is value associated with degree of confidence selected (at 95% confidence)

E is permissible error

P is prevalence rate (16%[13])

Q is 1-P.

So, $n = (1.96/0.05)^2 * 0.16* (1 – 0.16)$

$= 206.52$

3.5 Sampling technique

Non-Probability convenience sampling technique was used because the subjects were elected according to their convenient accessibility and proximity to the researcher.

3.6 Inclusion criteria

Both male and female were included.

People who can read and write Nepali.

Living temporarily and permanently in Shankhamul.

3.7 Research instrumentation

Structured questionnaire was used.

The questionnaire was divided into three parts:

First part: Questions related to socio-demographic characteristics.

Second part: Questions related to anxiety experience.

Third part: Questions related to perceived mental health care need.

The technique for data collection was Self-administered structured questionnaire (Nepali version).

Scoring Instruction:

The second section is about anxiety experience with contains 18 statement and it is to be rated on a 5-point Likert Scale ranging from never (1), occasionally (2), sometimes (3), often (4) and always (5).

Anxiety Scoring:

No anxiety: ≤ 25%

Mild anxiety: 26-50%

Moderate Anxiety: 51- 75%

Severe Anxiety: 76% plus[27]

The third section is about perceived mental health need with contains 11 statement and it is to be rated on a 5-point Likert Scale ranging from strongly disagree(1), disagree (2), neutral (3), agree (4) and strongly agree (5).

Tools were translated in Nepali version and back translation will be done.

3.7.1 Validity

The questions were developed by studying and reviewing related literature. The validity of the questionnaire was maintained by consulting advisor, research teachers, experts and reviewing related literature.

3.7.2 Reliability

The reliability of the instrument was maintained by pretesting among 10% of the total

population with similar characteristics in Sinamangal, Kathmandu to assess its accuracy and understandability. On the basis of feedback of the respondent and experts, the instrument was modified. The reliability statistics Cronbach's alpha was 0.75 which means tool was reliable.

3.8 Data collection procedures

Administrative approval was obtained from Nobel College and authority of the places of data collection.

An informed written consent was obtained from ward office.

An informed written consent from the respondent.

Purpose of study was clearly explained to the respondents.

Self-administered structured questionnaire in Nepali version was used.

About 12-13 respondents were taken each day for data collection.

Time to fill up the questionnaire took approximately 15-20 minutes.

Social distancing, hand sanitizer, and face mask with face shield were used during data collection.

Privacy, confidentiality of the respondent and information was maintained.

Data was collected by researcher herself.

3.9 Ethical consideration

Ethical approval was taken from the Institutional Review Committee (IRC) of Nobel College. Written permission was obtained from municipality. Informed written consent was obtained from the respondents. Participant's privacy, confidentiality (data used only for academic purpose, name not be linked to data,), and anonymity (data was collected without using the name of respondent) was maintained. The principle of justice, human dignity and physical wellbeing of respondents were followed by the researcher. All the respondents was clearly explained about the purpose of the study. Respondents had the freedom to withdraw from the study at any time.

Respondents were included without any discrimination. Respondents were assured that the information given by them as confidential and used only for academic purposes.

Any identifying information was deleted after data analysis.

3.10 Data analysis and scoring procedure

All the data was reviewed, checked and rechecked daily for its competency, consistency and accuracy.

Coding and organization were done before data entering.

Statistical package for social science (SPSS) program version 20 was used to analyze data. The data was presented in tabular form.

Descriptive statistics (frequency, percentage) was used to identify level of anxiety.

Inferential Statistics (Bivariate analysis includes Karl Pearson's Correlational analysis) was used to assess the correlation between anxiety and mental health need.

3.11 Budgeting:

Self- Financed**.**

CHAPTER IV

4.1 Analysis and Findings

This chapter presents findings of the study obtained from the analysis and interpretation of raw data. The raw data had been collected from New Baneshwor-10, Shankhamul Kathmandu. Structured Self-administered questionnaire was distributed among 206 participants. Data was analyzed using descriptive statistics and reported to frequency, percentage, In order to facilitate the interpretation, the data has been organized and presented in tables.

Part I: Socio demographic variables

Table 1

Respondent's Socio-demographic Information

n =206

Variables	Frequency (f)	Percentage (%)
Age		
40-49	**192**	**93.20**
50-59	14	6.8
Mean ± SD		
43.94 ± 3.345		
Gender		
Male	98	47.6
Female	**108**	**52.4**
Occupation		
Agriculture	10	4.9
Service	52	25.2
Business	**88**	**42.7**
Others	56	27.2
Education		
Primary	15	7.3
Secondary	22	10.7
Undergraduate	56	27.2
Graduate	**113**	**54.8**
Religion		
Hindu	**199**	**96.6**

Buddhist	4	1.9
Muslim	0	0
Christian	2	1
Others	1	0.5
Marital status		
Married	**183**	**88.8**
Unmarried	23	11.2
Types of family		
Nuclear	**149**	**72.3**
Joint	53	25.7
Extended	4	2

Table 1 represent that, out of 206 respondents, Majority-52.4% were female, and similarly 42.7% relied in business. In the same way 54.9% of the respondents were graduate. 96.6% of the respondents were Hindu. 88.8% were married and 72.3% of the respondents belonged to nuclear family.

Part II: Analysis related to level of anxiety

TABLE 2

Respondent's level of anxiety

n=206

Anxiety	Frequency (f)	Percentage (%)
No	42	20.4
Mild	132	64.1
Moderate	31	15.0
Severe	1	0.5

This table represent that, 20.4% of the population had no anxiety at all Majority of the respondents 132(64.1%) had mild level of anxiety and 0.5% had severe anxiety.

Table 3

Respondent's Anxiety Experience **n = 206**

S. N	Statement	Never	Occasionally	Sometimes	Often	Always
1.	I feel worry about myself and close ones	21(10.9%)	43(20.9%)	35(17%)	27(13.1%)	80(38.8%)
2.	I feel tense by the post /talks on social media.	32(15.5%)	61(29.6%)	30(14.6%)	38(18.4%)	45(21.8%)
3.	I talk about COVID-19	11(5.3%)	29(14.1%)	50(24.3%)	48(23.3%)	68(33%)
4.	I feel difficulty sleeping	130(63.1%)	45(21.8%)	6(2.9%)	11(5.3%)	14(6.8%)
5.	I feel decrease concentration in work.	125(60.7%)	44(21.4%)	26(12.6%)	4(1.9%)	7(3.4%)
6.	I feel like no interest at work.	127(61.7%)	51(24.8%)	9(4.4%)	9(4.4%)	10(4.9%)
7.	I feel flushes, blurred vison.	156(75.7%)	38(18.4%)	5(2.4%)	5(2.4%)	2(1%)
8.	I feel chest tightness.	166(80.6%)	23(11.2%)	9(4.4%)	6(2.9%)	2(1%)
9.	I feel like urinating frequently.	177(56.8%)	53(25.7%)	23(11.2%)	11(5.3%)	2(1%)

10.	I avoid connecting	125(60.7%)	32(15.5%)	21(10.2%)	13(6.3%)	15(7.3%)
11.	I avoid social contact.	115(55.8%)	30(14.6%)	36(17.5%)	3(3.9%)	17(8.3%)
12.	I feel the need to buy and stock	36(17.5%)	40(19.4%)	40(19.4%)	41(19.9%)	49(23.8%)
13.	I get afraid if anyone around me report of being sick.	79(38.3%)	31(15%)	28(13.6%)	39(18.9%)	29(14.1%)
14.	I feel the need of sanitizer/ gloves.	25(12.1%)	33(16%)	27(13.1%)	28(13.6)	92(44.7%)
15.	I feel the need to constantly washing my hands.	14(6.8%)	22(10.7%)	21(10.2%)	27(13.1%)	122(59.2%)
16.	I use mask without apparent sign of COVID-19.	15(7.3%)	9(4.4%)	17(8.3%)	23(11.2%)	142(68.9%)
17.	The idea of COVID-19 freak me out leading to inappropriate behaviour.	129(62.6%)	30(14.6%)	26(12.6%)	7(3.4%)	14(6.8%)
18.	I post on social media	87(42.2%)	41(19.9%)	31(15%)	25(12.1%)	22(10.7%)

Analysis related to perceived mental health need

Table 4

Respondent's Perceived Mental Health need

n=206

Statement	SD	D	N	A	SA	Mean	Standard deviation
It would be nice to talk to someone.	8 (3.9%)	7 (3.4%)	51(24.8 %)	74(35.9 %)	66(32%)	3.89	1.023
It would be beneficial to get help from professional.	11(5.3%)	6 (2.9%)	32(15.5 %)	72(35%)	85(41.3 %)	4.04	1.081
It is necessary to get mental health help	3 (1.5%)	11(5.3%)	17(8.3 %)	74(35.9 %)	101(49 %)	4.26	0.925
I would like to seek help from government hospital.	19(9.2%)	43(20.9 %)	48(23.3 %)	48(23.3 %)	48(23.3 %)	3.31	1.287
I am worried to seek help	87(42.2 %)	46(22.3 %)	22(10.7 %)	27(13.1 %)	24(11.7 %)	2.30	1.423
I feel comfortable talking to my partner.	7 (3.4%)	8 (3.9%)	22 (10.7%)	69 (33.5%)	100 (48.5%)	4.20	1.009

I feel comfortable seeking help.	2 (1%)	2 (1%)	20(9.7 %)	82(39.8 %)	100(48. 5%)	4.34	0.772
It would be easy to seek help from phone help line	10(4.9%)	18(8.7%)	40(19.4 %)	63(30.6 %)	75(36.4 %)	3.85	1.153
I suggest people to receive mental health care help.	6 (2.9%)	2 (1%)	17(8.3 %)	66(32%)	115(55. 8%)	4.37	0.900

Here, SD means strongly disagree, D means disagree, N means Neutral, A means agree and SA means strongly agree. This table shows that, 35.9% agreed to talk to someone about their worries during COVID-19 Pandemic, 45.3% strongly agreed that it would be beneficial for them to get help from professional psychologist, 49% of the respondents strongly agreed that it is necessary to get help if one panic during this situation. Similarly, 23.3% of the respondent were neutral in choosing type of hospital for seeking help, 20.9% of the respondent preferred private hospital to government ones whereas 23.3% showed strong preference of government hospital. Majority of the respondents 42.2% did not worry at all about what other might think if they seek help, 48.5% strongly agreed to feel comfortable talking to their partners about concerns and also felt comfortable taking to their closed ones. 36.4% strongly agreed that help seeking from phone calls is easy then visiting though 2.9% strongly were against seeking mental help, and 55.8% of the respondent strongly suggested to receive mental health help if one is affected by COVID-19 pandemic.

TABLE 4:

Correlation between level of anxiety and perceived mental health need

n = 206

Anxiety Level Mean (SD)	Perceived Mental Health need Mean (SD)	Co-relation Coefficient (r)	P – value
2.511 (0.579)	3.994 (0.544)	0.229	0.001

The above table shows that there is a significant statistical correlation (p-value < 0.005) at 95% confidence level between the level of anxiety and perceived mental health need.

The correlation (r = 0.229) shows a weak positive correlation which means that when anxiety score increases, perception score will increase by 22.9%.

CHAPTER V

DISCUSSION, CONCLUSION AND RECOMMENDATION

5.1 Discussion

This chapter incorporate findings, conclusion of the study, and recommendation provided to improve the existing situation and further study. This study aims to assess the level of anxiety experience and perceived mental health need during the COVID-19 pandemic at Shankhamul, Kathmandu.

The socio-demographic findings of the present study revealed that among 206 respondents, majority of the respondents were 52.4% female. 42.7% of the respondent relied in business 54.8% of the respondents were graduated and 7.3% had primary level education. Majority 96.9% of the respondent were Hindu. 88.8% were married and 72.3 % of the participants belonged to nuclear family.

The findings revealed that 132 (64.1%) subjects had mild anxiety, 31 (15%) reported moderate anxiety, 1 (0.5%) had severe anxiety and 42 (20.4%) of the respondent had no anxiety. This study is supported by the web-based cross-sectional study done on a topic," Mental health impacts among health care workers during COVID-19 in a low resource setting in Nepal" using a 14-item Hospital Anxiety and Depression scale (HADS:0-21) and a 7-item Insomnia Severity Index (ISI:0-28) with 475 respondents revealed that more than one-third of the respondent had anxiety manifestations and 33.9% had insomnia which concludes that there was significant difference (p-value= 0.0001) in anxiety and depression across the profession.[28]

This study is supported by the published article "Impact of COVID-19 pandemic and mental health aspect in Nepal". COVID-19 has colossal impact on trade and tourism, agriculture, education, media sectors, and health. The pandemic related measures such as quarantine, social distancing, and isolation have a huge impact on economy and psychological well-being. Many people during this phase experience sadness, fear, helpless and loneliness. Some had experienced suicidal provoking thought as well.[29]

A study showed that quarantine children is likely to develop post- traumatic stress disorder (four times higher) than non-quarantined children. The reason behind all these were duration of quarantine, fear of infection, inadequate information, frustration, boredom, financial crisis, it is concluded that the quarantine and isolation is associated with poorer psychological outcomes which affect mental health.[30]

This study also revealed that most respondents perceived the need of mental health care. There is need for mental health counselling in the community poor mental health and illness has intense socioeconomic and public health consequences. However, people during covid-19 pandemic expressed perceived need for having someone so that they can share their feelings and emotion with, consultation with psychologist during this time can be extremely beneficial, help seeking during panic situation can sought many problems, people tend to seek help from both private as well as government hospitals, taking about ones concerns to partner and close ones provide a kind of relief to individual, as the disease is contagious help seeking via phone is comparatively easier and many people suggested to receive mental help who are affected .

There is a need to create awareness on mental health as people ignore most of the times when it comes to mental health. This study highlights the importance of perceived mental health need so it suggests to intensify the awareness among the population and address mental health issues. As mental health influences quality of life, it needs to be taken care of and maintained.

The study showed that there was statistical significance between the level of anxiety and perceived mental health need. When anxiety score increases, perception score will increase by 22.9% which is (p-value < 0.005) statistically significant at 95% confidence level.

5.2 Conclusion

The research was done in order to identify anxiety experience and perceived mental health need during COVID-19 pandemic. The study findings concluded that there is mild level of anxiety among community people and there is significant co-relation between level of anxiety and perceived mental health need of the respondents. And there is increased trouble and disturbance among community people by COVID-19.So, to cast down the level of anxiety and to address mental health related issues, awareness programs related to preventive measures and mental health uplifting program can be implemented.

5.3 Strength and Limitation

Strength of the study

The researcher had to collect and complete data by one self, which minimize the risk of misleading the findings.

The investigator got proper guidance, adequate support, advice and help from the research advisor.

Limitation of study

Research setting was only among the community people residing in Shankhamul community

The population size was only 206.

Duration of study was limited.

The study represents only educated population.

The findings may be different if carried out with uneducated population.

5.4 Implication of the study

The findings of the study will have following implications:

The study will provide a source of reference or baseline to other future researchers related to this title and other related studies in future.

This study will be helpful to conduct research on further large scale.

5.5 Recommendation

Mental health services should be a vital component in addressing the pandemic at all levels (preventive, curative and rehabilitative).

Mental health services should be made available and accessible to all.

Frequent health education to uplift mental health status and to cope with emergency situation can be conducted.

Mental health interventions should be integrated into primary health care level as a community mental health package.

Partnering with different self-help organization to address mental health related issues.

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Appendices A: Informed Consent

NOBEL COLLEGE

AFFILATED TO POKHARA UNIVERSITY

SINAMANGAL, KATHMANDU

INFORMED CONSENT

Topic: Anxiety experience and perceived mental health need among people during COVID-19 pandemic

Dear respondents! A very good day to you.

I am Dipika Ghimire, a student of B.Sc. nursing fourth year from Nobel College, Sinamangal, Kathmandu. I am here to collect data for my research study. The study is being conducted as a partial fulfilment of bachelor's in BSC. Nursing 4th year. The title of the study "anxiety experience and perceived mental health need during COVID-19 pandemic".

The findings of this study will be used for research purpose only. I will strictly assure the confidentiality of the information you will provide. Your name will not be disclosed in the data, its analysis or any part of the report. Your participation is highly appreciated. The data collection will take approximately 10-15 minutes. You are not forced to answer the question if unwilling to reply. You have right to withdraw from this study at any time.

I hope you will help me by participating in this study and provide correct answers.

This questionnaire includes 3 sections in which first section includes socio-demographic information, second deals with the anxiety experience question and third with the perceived mental health care need questions.

Please read the questions carefully before answering.

Would you be willing to participate?

1. Yes
2. No

Signature of the respondent …….

Date: ……

Code no: …….

Appendices B: Written Consent

Consent form

I have been informed about the purpose and rational of the study, about the role. I have in the study, risks and potential benefits of my participation. The researcher has explained to me clearly and I found the study is contextual, appropriate and useful. I agree voluntarily without any external force and with full understandings to take part in as a respondent in the study.

Signature of participants…….

Date ……

Part I

Instruction: The following questions are about socio-demographic information.

Please mark tick (√) in the box given below. Please also write in the blank space where provided.

Socio demographic Information

1. Age

……

2. Gender

a. Male

b. Female

3. Occupation

a. Agriculture

b. Service

c. Business

d. Others

4. Education

a. Literate

- Primary
- Secondary
- Undergraduate
- Graduate

5. Religion

a. Hindu

b. Buddhist

c. Muslim

d. Christian
e. Others

6. Marital status
a. Married
b. Unmarried

7. Types of family
a. Nuclear
b. Joint
c. Extended

Part II

This section includes Anxiety related Questions:

Scoring Instruction: contains 18 statement and it is rated on a 5-point ranging from never (1), occasionally (2), sometimes (3), often (4) and always (5).

Instruction: Please mark tick (√) in the box given below.

Code no.	Statement	never	occasionally	sometimes	often	always
	I feel worry about myself and close ones regarding the spread of COVID-19 infection.					
	I feel tense by the post /talks on social media (news/channels) by COVID-19 infection.					
	I talk about COVID-19 with my family and friends.					
	I feel difficulty sleeping by being worried about COVID-19.					
	I feel decrease concentration in work.					

	I feel like i have no interest at work.					
	I feel flushes, blurred vision.					
	I feel chest tightness, difficulty swallowing, Loss of appetite.					
	I feel like urinating frequently.					
	I avoid connecting with friends/family via message, social media.					
	I avoid social contact.					
	I feel the need to buy and stock all the essentials at home.					
	I get afraid if anyone around me (social circle) report of being sick.					
	I feel the need of sanitizer/ gloves.					
	I feel the need to constantly washing my hands.					
	I use mask without apparent sign and					

	symptoms of COVID-19.					
	The idea of COVID-19 freak me out leading to inappropriate behaviour with anyone.					
	I post on social media because idea of COVID-19 hits me more					

Part III

This section deals with perceived Mental Health Need Questions.

Scoring Instruction: It contains 11 statement and it is rated on a 5-point ranging from strongly disagree(1), disagree (2), neutral (3), agree (4) and strongly agree (5).

Instruction: Please mark tick (√) in the box given below.

Code no	Statement	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
	It would be nice to talk to someone about my worries about COVID-19 pandemic.					
	It would be beneficial to get help from professional like psychologist to dealing with current pandemic situation.					
	It is necessary to get mental health help if one panics during pandemic situation.					
	It would be nice if any hospital or clinic nearby me provide service.					
	I would like to seek help from government hospital rather than private ones.					
	I don't like to seek help because I am worried about what other think.					
	I feel comfortable talking to my partner about my concerns.					

	I feel comfortable seeking help from my family members or relatives.					
	I feel comfortable seeking help from my close friends.					
	It would be easy to seek help from phone help line rather than visiting.					
	I suggest people to receive mental health care help affected by COVID-19 pandemic.					

Ref No: BSCIRC0911/2020

Ms. Dipika Ghimire

Ref: "Anxiety experience and perceived mental health need among middle age group during COVID-19 pandemic."

It is my pleasure to inform you that the above mentioned proposal submitted on 31st May, 2020 (Reg.IRC0911/2020, please use this register no. during future correspondence), has been approved by IRC Nobel College.

As per the rules and regulations of IRC Nobel College, the investigator has to strictly follow the protocol stipulated in the proposal. Any change in the objective(s), problem statement, research question or hypothesis, methodology, implementation procedure, data management and budget that may be necessary in course of implementation of the research proposal can only be made so and implemented after prior approval from this committee.

Thus, it is compulsory to submit the detail of such changes intended or desired with justification prior to actual change in the protocol.

Future, the researchers are directed to strictly abide by the national ethical guidelines published by NHRC during the implementation of their research proposal and submit progress report or summary report upon completion.

As per your research proposal, the total research amount is self-funded.

If you have any questions, please feel free to contact the Institutional Review Committee Nobel College, Sinamangal, Kathmandu, Nepal.

Thanking you,

.....

Mr. Anil Khadka
Member Secretary
Institutional Review Committee
Nobel College

काठमाडौं महानगरपालिका

१० नं. वडा कार्यालय,

बानेश्वर, काठमाडौं

३ नं. प्रदेश, नेपाल

प.स.०७७/०७८

चलानी नं. :

मिति: २०७८/०४/०१

श्री Nobel College

काठमाडौ ।

विषय : प्रमाणित गरिएको सम्बन्धमा ।

उपरोक्त विषयका सम्बन्धमा त्यस कलेजको च.नं.०७७/७८/२०८ मिति २०७७।०९।०९ को प्रात पत्र अनुसार वि.एस.सी नर्सिङ चौथो वर्षमा अध्ययानरत छात्रा दिपिका घिमिरेले विश्व विद्यालयको पाठ्यक्रम अनुसार .का.म.पा. १० वडामा रिर्सच, Anxiety experience and Perceived Mental Health Need during Covid-19 Pandemic सम्वन्धी अध्ययान गरेको व्यहोर प्रमाणित गरिएको छ ।

(राम कुमार के सी)

वडा अध्यक्ष

का.म.पा. १० वडा कार्यालय

राम कुमार के.सी.

वडा अध्यक्ष

APPENDIX E: WORK PLAN

S. N	Work Abilities	1st week	2nd week	3rd week	4th week	5th week	7th week	8th week	9th week	10th week
1	Literature review									
2	Topic selection and presentation									
3	Research Proposal writing and tool development									
4	Proposal presentation and submission									
5	Tool developing and pretesting									
6	Data collection									
7	Data analysis and interpretation									
8	Report writing									
9	Report presentation and submission									