The Psychological Impact of COVID-19 on a Sample of Young People in Arab Society

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ABSTRACT

Objective: The present study aimed to (1) determine the effect of COVID-19 on the psychological status of a sample of Arab population that might be presented in terms of fear, anxiety, depression, and loneliness; (2) examine disease association with demographic variables; and (3) to explore the contribution of fear of COVID-19 for prediction of the depression and anxiety among the study sample.

Methodology: The study included a sample of 303 individuals, 115(38%) of them were males and 188 (62%) were females. The researchers developed a questionnaire to explore the various types of psychological problems experienced by those individuals, included 15 psychological problems (α=0.92).

Results and Statistical Analysis: Data were analyzed using Descriptive statistics and bootstrap T, r, and simple regression. In total,72% of respondents reported moderate to high fear of COVID-19, 52.2% reported moderate to high psychological stresses, 54.1% reported moderate to high boredom and distress, 39.6% moderate to high frustration, and 49.6% moderate to high loneliness, 83.5% reported moderate to high family anxiety. Study revealed that there was significant differences between males and females on the majority of psychological problems. In females, the majority of problems; were negative correlations between age and fear of COVID-19, which contributed to the prediction of depression and anxiety.

Conclusion: The findings would be verified in large and different populations in Arab society.

Keywords: COVID-19 pandemic; Psychological impacts; Depression; Psychological stresses; Fear of COVID-19- Child and adolescent mental health nursing

INTRODUCTION

Corona virus epidemic has been identified before the end of 2019 in Yohan city, China. This epidemic has killed about 900 thousand individuals and about 27 million persons has been infected all over the world (at the time of writing the present article) in September 2020. COVID-19 became life threatening for all rich and poor communities. Some of its negative and serious impacts are the psychological problems experienced by young people and its associated poor quality of life.

Among the consequences of the Corona pandemic are the emergence of many symptoms and mental disorders, such as fear of contracting the virus and fear of family infections, and this in turn leads to more increased psychological pressure, distress and boredom, anxiety, anger, nervousness, and frustration, thus an increase in the emergence of depressive symptoms, sleep disorders and negative symptoms of mental and general health [1-4]. Home isolation measures and non-contact with others have caused many psychological problems such as loneliness, nervousness, anxiety about the family, anxiety about the future, frustration, and sadness as a result of hearing news of deaths among friends and community members, and in turn, causing moderate to severe depressive symptoms that could lead to suicide in some cases.

The spread of negative news about the epidemic exacerbated the psychological burden on people, and successive news in different media created a great degree of Psychological pressure in societies, where [5] dealt with the effect of communication and media during the time of seasonal influenza on society in Britain and concluded that the high exposure to high means M linked to an increase in fear and terror, and repay others.

Studies have indicated that the Corona pandemic has negative effects on the mental health of individuals and societies, such as fear and terror [6-9] Indicates that staying at home leads to negative

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psychological effects such as fear, frustration, anger, and these effects extend for a long time. This is what [10] reached in the Chinese society where individuals suffered from distress, psychological loneliness, anger, anxiety, psychological pressure, and depression. Moreover, Xu K, et al [11] Noted that COVID 19 patients suffer a great degree of anxiety, fear, and therefore the investigators recommend giving them a psychological rehabilitation program to overcome these symptoms. After reviewing many studies, the emerging corona virus causes more psychological problems than death, including an increase in the level of fear of contracting the virus, and depression due to lack of communication with friends and family [12].

Studies have examined the negative psychological effects of pandemics before the Corona pandemic (COVID-19) [13]. During their study to examine the psychological effects of SARS of a sample of the Canadian community and the presence of high levels of stress 28.9%, and 31.2% were admitted to hospitals due to their suffering from depression [14]. While studying the temporal effects of infectious diseases on medical personnel as they showed high levels of depression, anxiety as well as chronic stress [15]. In Jeddah, Saudi Arabia, indicated that the Middle East Syndrome of COVID-19 caused that 57.7% of the interviewed individuals, were admitted to hospitals due to having moderate levels of anxiety, 53.8% were admitted as presented with moderate to severe psychological effects, and 13.8% were admitted due to having Weak depressive symptoms, 4.3% severe depressive symptoms.

Van Bortel et al. [16] studied the psychological effects of the spread of the Ebola virus, where 28 thousand people were infected with it during the period of 2013 to 2016 and led to the death of 11 thousand people. The results indicated that individuals in the community suffered from severe psychological trauma as a result of watching the death of individuals and due to the fear of death.

With regard to the psychological effects of the (COVID-19), [17] found a sample in the Chinese society in which the prevalence of depression and anxiety was 47.1% and 31.9%, respectively, and among this percentage, 18.2% showed moderate to moderately severe depressive symptoms, and 8.8% have moderate to severe symptoms of anxiety. Moreover in 194 cities in China, [7] found that 53.8% experienced difficulties and negative psychological effects of the pandemic, ranging from moderate to severe depression, and 16.5% of respondents admitted to having depressive symptoms classified as Moderate to severe cases, Twenty eight plus (28.8%) admitted to moderate to severe levels of anxiety symptoms, and 8.1% confessed to have moderate to severe levels of stress. In Lianoning County, China, [3] found that 52.1% felt panic and fear [11]. That the Corona pandemic caused terror and anxiety among Corona patients, and they recommended the implementation of rehabilitation programs to deal with the psychological crisis resulting from this pandemic.

In the United States, [18] found that nearly one third of adults (32%) feel anxiety and stress associated with Corona and it has a negative impact on their mental health. In a Spanish study revealed the psychological effects of the Corona pandemic in March, [19]. Indicated that 36% of the participants admitted their suffering from moderate to severe psychological effects, 25% showed mild to severe levels of anxiety, 41% showed depressive symptoms and 41% felt pressured. In the university student community in Pakistan, [20] COVID-19 had a negative psychological effects that ranged from moderate to severe, as 34% of students admitted that they suffer from anxiety, 45% have suffered from depression, and that males are less depressed and anxious than females.

As for the level of relationship of psychological problems with demographic variables, females showed higher levels of coronavirus fear compared to males [3, 11] found no differences between males and females in the pressures resulting from Corona and that any of the demographic variables such as gender, educational status and age are not predictors of increased pressures from work or home or financial pressures during the Corona pandemic, while finding statistically significant differences in terror and panic.

Coronavirus impact happens among different age groups and is not a function of gender and educational level [19]. found differences in psychological symptoms, anxiety, stress and depression according to age and educational level variables (individuals with a PhD qualification are less in psychological symptoms compared to university and secondary students) and marital status (in favor of Married couples), while [22] the Middle East Coronavirus Syndrome has brought about psychological stress among medical students in Saudi Arabia, and females are more stressed than males [20] concluded that males are less depressed and anxious about the Corona pandemic than females [23]. Concluded that women and adults suffer more from the psychological effects of the Corona pandemic than men.

The fear of the Corona pandemic is the main cause of all bad psychological symptoms such as anxiety, depression, psychological loneliness, and stress [2] [24-26]. Found that fear predicted depression B=0.292 and predicted depression B=0.396, and in China at university student population [6] Indicated that fear of infection is a predictor of anxiety and depression ([]=0.111).

In light of the above mentioned research studies, it is now clear that there are many studies in different environments and cultures and the existence of a scarcity in the Arab environment that dealt with the psychological effects of the Corona pandemic, and then comes the importance of the current study to try to fill the void in this area.

The objectives of the study

The study aimed to (1) reveal the psychological impact and the associated problems with the spread of COVID-19 on a sample of young people in Arab society, and; (2) to explore the relationship between these psychological effects and some demographic variables such as gender and academic qualification, as well as; (3) to identify the extent to which fear of COVID-19 contributes to predicting depression and psychological stress.

The value of the study

The importance of the study stems from the most important negative psychological effects of COVID-19 on a sample of young people in the Arab community, and this in turn can help governmental institutions and health care services organizations to pay attention to these effects and try to address them because of their serious impact on reality, community security and to prepare psychological programs to mitigate these serious psychological effects.

METHODOLOGY

Approach

The descriptive cross-sectional survey design was used to identify the prevalence of psychological symptoms or mental health manifestations associated with the spread of the emerging corona

virus (COVID-19) in a sample of young people within the Arab society.

The causal-comparative approach was used to study the differences in psychological problems in light of some demographic variables; To study the relationship between psychological problems, and pandemic fear, depression, and psychological stress.

Study participants/sample

A snowball sample was used where the list was sent to individuals on Facebook and WhatsApp young people groups, and in turn they sent it to other individuals via smartphones through the Link on Google Form. Sample size reached 303 participants and their ages ranged from 13 to 20 years, with an average of 16.5 yrs and a standard deviation of 4.5 years. By gender, to 115 (38%) male and 188 (62%) female; By nationality: 212 participants (70.4%) Egyptian, 47 Algerian participants (15.5%), while (93%) Yemeni, 8 (2.7%) Palestinian, 8 (2.7%) Jordanian, and (7) (2.3%) Saudi, and the rest of the nationalities varied from Syria, Iraq, Libya and others. according to educational level : Four of them (1.3%) had preparatory school qualification and 16 participants (5.3%) secondary level, 175 participants (57.8%) had university level.

Developing the study instrument/questionnaire

It included a list of psychological problems associated with the COVID-19. A list of the most important psychological problems associated with the spread of the Coronavirus has been prepared, through: Discussion with community members including students, employees, workers and others to seek their views on the most important psychological and social effects of the spread of COVID-19, and most of the participants' responses were presented in terms of (boredom, distress, fear, and nervousness. Pressure, anxiety about the future, fear for the family, fear of death) and social problems such as lack of communication with family and friends, and economic such as economic pressures, financial hardship, and many life requirements.

Second approach followed by study investigators

Looking at previous studies such as Coa W, et al [26] and others that included manifestations of fear, anxiety, depression, frustration, psychological loneliness, and sadness.

Third approach

Consultation with Faculty academic staff who are specialized in mental health , about the most important disorders and psychological problems that individuals might suffer from at the time of such epidemics. Manifestations such as fear, frustration, depression, psychological loneliness, boredom and distress, fear of the future, fear of death as a result of hearing news of deaths and injuries worldwide, as well as due to the social isolation of individuals and the lack of direct contact with family and friends, were emphasized.

Accordingly, the list included fifteen psychological disorders or problems, and they were responded to in light of Likert's quadruple scale, with a large degree (3), medium (2) and a small degree (1), and I do not suffer (0).

Research Instrument Reliability:

The reliability of the concept was estimated using the exploratory factor analysis using the basic components method and Varimax orthogonal rotation of psychological disorders or problems, and by conducting the analysis it became clear that the Kaiser-Mayer-Olkin criterion to test the suitability of the correlation coefficients for the analysis is 0.93, which is excellent for the analysis. The analysis separated two factors before and after recycling as follows:

It is clear from Table 1 that the factor analysis produced two factors, saturating with the first factor four symptoms or psychological problems representing the manifestations of fear and anxiety, and they explained 11.69 of the variance of the correlations matrix, while the second factor saturated with the rest of the psychological disorders or problems such as depression, nervousness, anger, and depression, Boredom, distress, psychological loneliness, and others explained 50.87% of the variance of the correlation matrix, and thus the psychological problems included in the list as a whole explained 62.15% of the variance of the correlation matrix, and this indicates that these problems extracted a large amount of the

Table 1: Results of the exploratory factor analysis: the saturations, the underlying root, and the explanatory variance of psychological problems vocabulary (N=303).

Manifestations	First Factor (Anxiety and Fear)	Second Factor (Rest of manifestations)
Fear and horror of catching Corona	0.79	
Worry for my family	0.77	
Fear of death	0.73	
Anxiety about the future	0.71	
Unhappiness in my life		0.76
Indifference and lack of interest in doing anything		0.71
Rapid anger and excitement		0.73
Psychological loneliness		0.73
Depression		0.87
Boredom and distress		0.81
Frustration		0.80
Nightmares and terrifying dreams during sleep		0.54
Excess nervous		0.80
Persistent psychological stress		0.76
Sadness		0.82
Latent Root	**1.69**	**7.63**
Explained variance	**11.69**	**50.87**

variance of the matrix, and as the table shows that the value The saturation in its entirety exceeded 0.70, which indicates a high validity coefficient of psychological manifestations. It is noticed that the highest manifestations are saturated with depression, and the least of them are nightmares and terrifying dreams.

Reliability

The reliability coefficient of the internal consistency of the list was estimated with a value of 0.93, and the reliability coefficient of the scale ranged from 0.919 to 0.926 after excluding the item, and the corrected correlation coefficient ranged from 0.409 to 0.81, indicating a good degree of internal consistency between the vocabulary of the list and its relevance to assessing the associated psychological problems with Corona pandemic.

Procedure Steps

The list containing the psychological effects of the Corona pandemic was applied electronically through groups on Facebook and WhatsApp through a link on the Google form application late in July and the list continued to be applied until September 20, 2020, and they were alerted that their response to it was a large degree of confidentiality and after that an Excel file was prepared Taxonomic variables such as gender, nationality, and others were coded.

DATA ANALYSIS

The data were analyzed using the SPSS program (version 26) through appropriate statistical methods such as frequencies, percentages, and descriptive statistics such as mean and standard deviation, and the T-test was used for independent samples in light of the Bootstrap strategy to study the differences in the psychological effects of the Corona pandemic in light of the basic variables such as gender, Social status, and academic qualification. This bootstrap strategy depends on generating data from the actual available database, and includes taking specific-sized samples from the sample data, and each sample consists of the same number of individuals, but not necessarily the same, and substitution is essential to reconstitute the sample and then perform the analysis using the statistical method for each sample drawn, then take an average The results for all samples drawn from the hypothetical community were relied on the limits of confidence in the bootstrap for decision-making away from the determinants of statistical

significance, and the researchers adopted a T-test procedure on 1000 samples from the available database. A regression analysis using the bootstrap result to verify the extent to which fear of the Corona pandemic contributes to depression and psychological stress.

RESULTS

The first objective:

To determine the prevalence levels of psychological problems resulting from the Corona pandemic, the frequencies, percentages, averages and standard deviations were calculated as follows:

Table 2 shows the availability of psychological problems, fear of the Corona pandemic, anxiety about the future, rapid anger and excitement, boredom and distress, excessive nervousness, and moderate psychological stress, while the rest of the symptoms such as depression, depression, psychological loneliness, apathy, and feeling unhappy in life to a degree Little while worrying about the family to a large extent. It is clear that the most controlling psychological problems are family anxiety, fear of the Corona pandemic, boredom and distress, rapid anger and excitement, psychological pressure, and anxiety about the future, respectively, while the least psychological problems dominate nightmares and terrifying dreams, depression, unhappiness in life, sadness, and fear of the death.

In light of the prevalence of these problems among the sample members, it is evident that 72% admitted that they felt fear of Corona in a moderate to large degree, 34.6 felt depressed in a moderate to large degree, and 52.2% felt psychological pressure in a moderate to large degree, and 54.1% felt Fear of boredom and distress in a moderate to large degree, 52.2% felt fear of the future in a medium to large degree, 39.6% felt frustration in a medium to large degree, and 46.9% felt moderate and large degree of psychological loneliness.

Second Objective

To identify the differences between males and females in Exhibiting Psychological manifestations Toward COVID-19.

Bootstrap T was tested independently and the results are as follows:

It is evident from Table 3 that there are significant differences

Table 2: Frequencies, percentages, averages, and standard deviations of mental disorders associated with the Corona pandemic (N=303)

Manifestations	To great extent	Average level	Slightly	I don't suffer	Average	SD	Level
Fear and horror of catching Corona	65 (21.5%)	153 (50.5%)	66 (21.8%)	19 (6.3%)	1.87	0.82	Slightly
Worry for my family	168 55.4%	85 28.1%	33 10.9%	17 5.6%	2.33	0.88	To great extent
Fear of death	43 (14.2%)	64 (21.1%)	89 (29.4%)	107 (35.3%)	1.14	1.06	Slightly
Anxiety about the future	75 (24.8%)	83 (27.4%)	62 (20.5%)	83 (27.4%)	1.50	1.14	Average level
Unhappiness in my life	24 (7.9%)	86 (28.4%)	91 (30%)	102 (33.7)	1.11	0.96	Slightly
Indifference and lack of interest in doing anything	28 (9.2%)	80 (26.4%)	105 (34.7%)	90 (29.7%)	1.15	0.95	Slightly
Rapid anger and excitement	62 (20.5%)	103 (34%)	86 (28.4%)	52 (17.2%)	1.58	1.00	Average level
Psychological loneliness	56 (18.5%)	86 (28.4%)	73 (24.1%)	88 (29%)	1.36	1.09	Slightly
Depression	34 (11.2%)	71 (23.4%)	81 (26.7%)	117 (38.6%)	1.07	1.03	Slightly
Boredom and distress	78 (25.7%)	86 (28.4%)	90 (29.7%)	49 (16.2%)	1.64	1.04	Average level
Frustration	44 (14.5%)	76 (25.1%)	92 (30.4%)	91 (30%)	1.24	1.04	Slightly
Nightmares and terrifying dreams during sleep	15 (5%)	43 (14.2%)	61 (20.1%)	184 (60.7%)	0.63	0.90	Slightly
Excess nervous	62 (20.5%)	88 (29%)	76 (25.1%)	77 (25.4%)	1.45	1.08	Average level
Persistent psychological stress	69 (22.8%)	89 (29.4%)	90 (29.7%)	55 (18.2%)	1.57	1.03	Average level
Sadness	38 (12.5%)	82 (27.1%)	101 (33.3%)	82 (27.1%)	1.25	0.99	Slightly

between males and females in most psychological problems or disorders, except for nightmares, disturbing dreams, psychological loneliness, indifference, lack of interest, and fear of death. The significance is in favor of females in the sense that females are more afraid of Corona, depression, frustration, and pressures. Psychic, fearful of the future, boredom, distress, and male frustration.

Third goal

To test the extent of the Corona fear contribution to the prediction of depression, a Bootstrap Regression was conducted, and it became clear in this model that the value of the square of the multiple correlation coefficient $R^2=0.038$, while the corrected correlation coefficient $R\_adj^2=0.035$ and this means that the fear of the Coronavirus pandemic has been interpreted 3.5%. Of the variance of depression, which is a weak effect size. and it turns out that the value of the analysis of variance F test to test the significance of whether fear of Corona is suitable for predicting depression, meaning that a prediction equation can be constructed that is $F_{((1,301))}= 11.93$, $p<0.01$ and therefore it is statistically significant, and the following are the parameters of the regression model:

It is clear from Table 4 that an increase of 0.25 units of fear of corona causes an increase of one unit of depression, and this means that the more fear of Corona causes an increase in the level of depression. The following is the standard regression equation for predicting depression from fear of the Corona pandemic:

$Z_{(Corona from fear)} = 0.20 [\times Z]_{depression}$.

The fourth goal

To test the extent of the fear of Corona's contribution to predicting psychological stress, and it became clear that the value of the square of the multiple correlation coefficient $R^2=0.06$ while the corrected correlation coefficient $R\_adj^2=0.054$ and this means that the fear of the Corona pandemic explained 5.4% of the variance of psychological stress and this represents the size Weak effect, and the value of the analysis of variance F test to test the significance of whether the fear of Corona is suitable for predicting psychological stress in the sense that a prediction equation can be constructed that is $F_{((1,301))}=18.33$, $p<0.01$. The following are the parameters of the regression model:

Table 5 shows that there is a positive effect from fear of the Corona pandemic to psychological stress. This means that whenever the level of fear of Corona increases, there is an increase in depression, meaning that an increase of 0.30 units of fear of the Corona pandemic is matched by an increase of one unit of psychological stress. The following is the standard regression equation to predict psychological stress from fear of the Corona pandemic: $Z_{(Corona of fear)}=0.24 [\times Z]_{(Psychological stress}$

DISCUSSION

The study aimed to identify the most important psychological problems experienced due to the Corona pandemic for a sample of the Arab community, and it was evident that fear and anxiety

Table 3: Bootstrap T results for the differences between males and females in the psychological disorders associated with the Corona pandemic.

Type of Disorder/Manifestations	Males (115)		Females (188)		T	Confidence Interval 95%	
	M	SD	M	SD		lowest	Highest
Fear and horror of catching Corona	1.68	0.81	1.99	0.80	-3.26	-0.50	0.12
Fear of death	1.02	1.05	1.22	1.06	-1.61	0.45	0.05
Worry for my family	2.07	1.00	2.49	0.76	-4.18	0.64	0.21
Anxiety about the future	1.23	1.13	1.65	1.12	-3.15	0.68	0.16
Unhappiness in my life	0.93	0.92	1.21	0.98	-2.94	0.51	0.06
Indifference and lack of interest in doing anything	1.07	0.93	1.21	0.97	-1.17	0.35	0.09
Rapid anger and excitement	1.30	0.94	1.75	1.00	-3.93	0.68	0.23
Psychological loneliness	1.22	1.09	1.45	1.08	-1.82	0.49	0.02
Depression	0.86	0.92	1.02	1.08	-2.94	0.57	0.11
Boredom and distress	1.32	0.96	1.83	1.04	-4.26	0.74	0.27
Frustration	1.05	0.90	1.36	1.10	-2.62	0.53	0.08
Nightmares and terrifying dreams during sleep	0.53	0.84	0.70	0.94	-1.60	0.37	0.04
Excess nervous	1.02	0.91	1.71	1.10	-5.92	0.92	0.46
Persistent psychological stress	1.28	1.02	1.74	1.00	-3.90	0.70	0.23
Sadness	0.93	0.89	1.45	0.99	-4.60	0.74	0.30

Table 4: Results of bootstrap regression analysis of the depression prediction model.

Regression model	Non-standard regression coefficient B	Standard regression coefficient β	Confidence Interval 95%	
			Lowest	Highest
Constant	0.61		0.30	0.91
Fear of catching corona	0.25	0.20	0.10	0.40

Table 5: Results of the Bootstrap regression analysis of the stress prediction model.

Regression model	Non-standard regression coefficient B	Standard regression coefficient β	Confidence Interval 95%	
			Lowest	Highest
Constant	1.00		0.70	1.32
Fear of catching Corona	0.303	0.24	0.14	0.45

about the Corona pandemic were present in a moderate degree, and this is consistent in April 2020 and [15] where they reached a moderate degree and this might happened due to the occurrence of a degree of adaptation and coexistence with the Corona pandemic, as individuals have become accustomed to it and not to the degree of fear as it was at the beginning of the pandemic, and with regard to the spread of fear or anxiety from Corona, it became clear that 72% admitted their feeling of fear of Corona with a degree of medium to large and this is a high percentage compared to the results of the [17,7] Chinese society, [19] in Spanish society, [20] in Pakistani society, Amer (2020a) in Arab society.

It turns out that 34.6% Of the participants felt moderate to severe depression, and this is less than the prevalence rate reached by Ran L, et al [17] in Chinese society and higher than that found by Rodríguez-Rey R, et al [19] in Spanish society [20] in Pakistani society, And [7] in Chinese society, and approaches From its prevalence in Canadian society [13]. With regard to psychological stress, 52.2% of individuals admitted that they feel psychological pressure in a moderate to large degree in the Arab community, and this exceeds the prevalence rate in Chinese society [7] and in Canadian society [13] and less than what it is in Spanish society [19] It turns out that the most controlling psychological problems is anxiety about the family, while the least control of them is seeing nightmares and terrifying dreams, and this indicates that the Corona pandemic does not occupy much space in the unconscious or subconscious. . In general, the prevalence of negative psychological influences in the Arab community amounted to 14.46 to a large degree and 23.21% to a moderate degree, meaning that 37.56% suffer from bad psychological problems from medium to large and this is consistent with the rate reached by Rodríguez-Rey R, et al [19] in the Spanish society.

As for the differences between males and females in the effects or psychological problems as a result of the Corona pandemic, it became clear that there are significant differences in most psychological problems in favor of females and this is consistent with the psychological heritage that women suffer more than males during exposure to psychological crises, and also it became clear that there are differences between males and females in the fear of a pandemic Corona for the benefit of females, and this is in agreement with Amer (2020a) in the Arab society, [7] in Chinese society, and [20] in Pakistani society, and it became clear that there are differences between males and females in psychological stress and depression in favor of females and this Agrees with Al-Rabiaah A, et al [22] and [20] and contradicts [3].

As for the differences between university students and holders of higher levels of education, it became clear that there are differences in symptoms of psychological loneliness, depression, frustration, and psychological stress, while there are no differences in fear of the Corona pandemic, and this partly contradicts [3] and agrees with Rodríguez-Rey R, et al [19] Individuals with higher educational qualifications have less psychological symptoms than their peers with lower levels of education, and it turns out that psychological distress is less among individuals with higher educational qualifications compared to those with less than university qualifications and this may be related to other things such as unemployment or lack of financial aspects, and all this represents a burden In addition to the Corona pandemic, which is reflected in the increase in psychological problems for individuals with less qualifications compared to their peers who had better qualifications.

It turns out that fear of the Corona pandemic contributes to predicting psychological stress and depression, meaning that there is a positive effect from fear to depression and stress, and also fear of Corona contributed to predicting anxiety on the family B=0.41. This means that whenever the level of fear of the Corona pandemic increases, the levels of psychological stress, depression and anxiety on the family increase. This is consistent with what was proposed by Khan S, et al[2,24,25], and with the findings of Satici B, et al [26] and [6]. And if the effect of fear on anxiety was greater than its effect on depression and psychological stress.

In light of the above, it can be said that the Korna pandemic has caused psychological disorders such as anxiety, depression, psychological stress, and frustration, as well as changing social lifestyles due to the Corona pandemic, causing a kind of boredom, distress, and psychological loneliness, and this has negative psychological consequences such as frustration, depression and some degree of unhappiness in life And nervousness, even if the impact of the pandemic is related to fear and panic of the virus and anxiety on the family and the future, directly and in turn, causes deep psychological effects, and all of these are propositions that need studies to be verified, and it turns out that the incidence of mental disorders is greater than its counterpart in other cultures, and this may be related to the fact that studies were conducted in other cultures, especially in Chinese society, after almost complete control over you.

CONCLUSION

COVID-19 pandemic has caused many psychological problems, such as fear of the pandemic, anxiety, fear about the future, boredom and distress, excessive nervousness, and moderate psychological stress, while the rest of the symptoms such as depression, psychological loneliness, apathy, and feeling unhappy in life were experienced and expressed to a small extent. There was differences between males and females in suffering from psychological problems due to COVID-19 pandemic, mostly in favor of females, the presence of a positive effect from fear of the Corona pandemic to depression, psychological pressure and anxiety on the family, and this means that the higher the level of fear of Corona pandemic, the higher the levels of psychological stress, depression and anxiety on the family. The results of the present study suggest developing/and or conducting psychological interventions, raising awareness seminars, to reduce fear of a pandemic and improve the mental health of youth in the Arab community.

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