

Fear and Psychological Well-Being among Young Adolescents During Covid-19

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ABSTRACT

The current study was undertaken to measure the fear and psychological well-being of young adolescents in the time of COVID-19. To achieve the purpose of the study, 200 samples are collected from the two districts of Karnataka through purposive sampling method. The data for the study were collected using quantitative method in the questionnaire techniques. The Fear of covid-19 and Ryff's psychological well-being scale were administered to the sample. The independent t test was used to find out the significant difference between fear and psychological well-being. And correlation analysis was done to find out the relationship between the urban and rural young adolescents during COVID-19. The result of independent sample t test reveals that there is no significant difference in the level of Fear of COVID-19 among urban and rural young adolescents and there is no significant difference in the level of Psychological well-being among urban and rural young adolescents. The result of the Karl Pearson's Co-efficient of Correlation reveals that there is no significant relationship between fear and psychological well-being among urban and rural young adolescents. This study addresses the critical need to develop potential solutions and preventive measures to promote economic sustainability while also ensuring students' psychological well-being.

Keywords: *Fear, Psychological Well-Being, COVID-19, Adolescents.*

One of the most fundamental human emotions is fear. It is hardwired into the nervous system and operates instinctively. We are born with the survival instincts required to react with fear when we sense danger or feel unsafe.

Fear serves as a form of protection for us. It raises our awareness of danger and prepares us to deal with it. Fear is a natural and beneficial emotion in some situations.

How Fear Works?

At the point when we sense risk, the mind responds immediately, conveying messages that initiate the sensory system. This causes actual reaction, like a quicker heartbeat, fast breathing, and an expansion in circulatory strain. Blood siphons to muscle gatherings to set up the body for actual activity (like running or battling). Skin sweats to keep the body cool.

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A few groups may see sensations in the stomach, head, chest, legs, or hands. These actual vibes of dread can be gentle or solid. This reaction is known as "battle or flight" since that is by and large the thing the body is setting itself up to do: fend off the peril or flee. The body remains in this condition of battle trip until the mind gets an "all reasonable" message and turns off the reaction.

In some cases, dread is set off by something that is frightening or sudden (like a boisterous commotion), regardless of whether it's not really hazardous. That is on the grounds that the dread response is enacted in a flash a couple of moments quicker than the thinking part about the cerebrum can measure or assess what's going on. When the cerebrum gets sufficient data to understand there's no risk ("Oh, it's simply an inflatable blasting whew!"), it kills the dread response. This can occur in short order.

Fear

Fear is the word we use to portray our enthusiastic response to something that appears to be dangerous. Yet, "Fear" is utilized in another way, as well: to name something an individual frequently feels terrified of. People dread things or circumstances that cause them to feel perilous or uncertain. Numerous individuals have a dread of public talking. Regardless of whether it's giving a report in class, talking at a get together, or recounting lines in the school play, talking before others is perhaps the most widely recognized feelings of trepidation individuals have. Individuals will in general keep away from the circumstances or things they dread. However, this doesn't assist them with conquering dread truth be told, it very well may be the converse. Staying away from something terrifying builds up a dread and keeps it solid.

Individuals can beat superfluous feelings of dread by allowing themselves the opportunity to find out about and steadily become accustomed to the thing or circumstance they're apprehensive about. For instance, individuals who fly regardless of a dread of flying can get used to new sensations like take off or disturbance. They realize what's in store and get an opportunity to watch how others deal with unwind and appreciate the flight. Progressively (and securely) confronting dread assists somebody with defeating it certain feelings of trepidation are ordinary during youth. That is on the grounds that dread can be a characteristic response to feeling uncertain and powerless and a lot of what youngsters experience is new and new.

Little youngsters regularly have fears of the dull, being distant from everyone else, outsiders, and beasts or other terrifying nonexistent animals. School-matured children may be apprehensive when it's blustery or at a first sleepover. As they develop and learn, with the help of grown-ups, most children can gradually vanquish these feelings of dread and grow out of them. A few children are more delicate to fears and may make some extreme memories beating them. At the point when fears last past the normal age, it very well may be an indication that somebody is excessively Unfortunate, stressed, or restless. Individuals whose apprehensions are too serious or keep going too long may require help and backing to beat them

COVID-19

A coronavirus is a kind of common virus that causes an infection in the nose, sinuses, or upper throat. Most coronaviruses aren't dangerous. In early 2020, after a December 2019 outbreak in China, the World Health Organization identified SARS-CoV-2 as a new type of coronavirus. The outbreak quickly spread around the world.

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COVID-19 is a disease caused by SARS-CoV-2 that can trigger what doctors call a respiratory tract infection. It can affect your upper respiratory tract (sinuses, nose, and throat) or lower respiratory tract (windpipe and lungs). It spreads the same way other coronaviruses do, mainly through person-to-person contact. Infections range from mild to deadly.

SARS-CoV-2 is one of seven types of coronavirus, including the ones that cause severe diseases like Middle East respiratory syndrome (MERS) and sudden acute respiratory syndrome (SARS). The other coronaviruses cause most of the colds that affect us during the year but aren't a serious threat for otherwise healthy people.

COVID-19 symptoms range from mild to severe, and include common complaints such as headache, loss of taste and smell, nasal congestion and runny nose, cough, muscle discomfort, sore throat, fever, diarrhoea, and breathing difficulties. People are different, and their symptoms can alter over time. Three distinct symptom clusters have been identified: Cough, sputum, shortness of breath, and fever are among the respiratory symptoms; muscle and joint pain, headache, and exhaustion are among the musculoskeletal symptoms; and abdominal discomfort, vomiting, and diarrhoea are among the digestive symptoms. COVID-19 is linked to loss of taste and smell in persons who have never had any ear, nose, or throat problems.

According to the studies, 81% of persons experience mild to moderate symptoms (up to mild pneumonia), 14% have severe symptoms (dyspnoea, hypoxia, or more than 50% lung involvement on imaging), and 5% of patients experience critical symptoms (respiratory failure, shock, or multiorgan dysfunction). According to studies, one-third of those who are infected do not show any signs or symptoms at any point in life. This may lead to not get tested and they may spread the virus. There are also people who develop symptoms later in life call as „pre- symptomatic“, where the chances of spreading the virus is high among them.

People who get infected and the symptoms start to show in them takes up to 4 to 5 days. Most of the asymptomatic individual start to show their symptoms within 2 to 7 days or at least one symptom within 12 days. Studies have shown that most of the individual start to recover in the acute phase itself but some of the individuals experience range of affects for months and has also shown some damage to the organs and other related health problems.

Covid-19 and its impact on Indian Society

Covid-19 has impacted each and every part of the world and hence WHO declared it as a global Pandemic. This covid-19 gets infected within no time and because of its rampant spreading the world has also decided to stop international travelling and also found that the only method to stop spreading is by lockdown, which has been adopted all over the world.

Taking into account the India's Impact, not only the lives has been impacted but also other issues related to social, educational, economical, political, agricultural and psychological has been noticed which in addition account for other multiple effects on society at large.

The impact of Covid-19 on education has been cruel and its repercussions will be seen in the upcoming future. There will be the lifelong impact of school closures on the productivity and might forget some facts as well as impact their learning capacity of this generation of students (“Beaten or broken: Informality and Covid”). Domestic violence was another result

of the lockdown, particularly among women and children. People have been affected psychologically as a result of the lockdown, and it has been claimed that the helpline number has received numerous calls on this issue during the lockdown period.

Fear of Corona Virus

Fear is an adaptive emotion that serves to mobilize energy to deal with potential threat. However, when fear is not well calibrated to the actual threat, it can be maladaptive. For instance, when fear is too excessive, this may have detrimental effects both at the individual level (e.g., mental health problems such as phobia and social anxiety), and at the societal level (e.g., panic shopping or xenophobia). On the other hand, when there is insufficient fear, this may also result in harm for individuals and society (e.g., due to people ignoring government measures to slow the spread of coronavirus or due to reckless policies that ignore the risks). Furthermore, fear triggers safety behaviors (e.g., hand washing) that can mitigate certain threats (e.g., contamination), but they may paradoxically also enhance fear (e.g., contamination concerns and health anxiety) Engelhard et al., 2015; Olatunji et al., 2011) Likewise, societal safety measures (e.g., lockdowns) have their use to prevent spreading of infections. However, when such safety measures are too prolonged or strict, they can have negative consequences (e.g., disruption of the economy, unemployment).

With the outbreak of the coronavirus disease (COVID-19; from here on simply referred to as the coronavirus) in China in December 2019 and in Europe in February 2020, national polls indicate sharp increases in fear and worries relating to the virus (Asmundson & Taylor, 2020; McCarthy, 2020). In a survey of 44,000 participants conducted in Belgium in the beginning of April 2020, the number of people reporting an anxiety (20%) or a depressive disorder (16%) had increased substantially compared to a survey conducted in 2018 (i.e., 11% and 10% prevalence, respectively) (Sciensano, 2020). Furthermore, economic forecasts are predicting reduced economic growth (OECD, 2020) and preliminary reports are indicating increased negative attitudes to nationals from countries most heavily affected by the coronavirus (Sorokowski et al. 2020). As fear may be a central construct in explaining these negative individual and societal consequences of the coronavirus pandemic, it is important to better understand what people are exactly afraid of and establish relevant predictors.

Initial reports indicate that people's fears of the coronavirus relate to different topics. Particularly, Taylor et al. (2020) recently developed the Coronavirus Stress Scale (CSS) and identified five factors of stress and anxiety symptoms relating to the coronavirus in two large samples in Canada and the United States:

- (1) Danger and contamination,
- (2) Fears about economic consequences,
- (3) coronavirus-related xenophobia,
- (4) Compulsive checking and reassurance seeking, and
- (5) Traumatic stress symptoms.

In parallel, but based on a conceptual analysis, Schimmenti et al. (2020) identified four domains of fear:

- (1) Fear for the body,
- (2) Fear for significant others,
- (3) Fear of not knowing, and
- (4) Fear of inaction.

Though these reports provide an initial overview of different topics of fear and anxiety-related behavior's relating to the coronavirus pandemic, they did not give an indication of the relative prevalence to which people worry about these different topics of fear. Furthermore, fear is a subjective emotion that can involve idiosyncrasies. Therefore, concerns that individuals have may extend beyond those identified in this prior work. As such, a first research goal of our study was to explanatively investigate the different topics of fear that people worried about due to the coronavirus and provide an indication of their prevalence. Another goal of our study was to investigate possible predictors of increased fear of the coronavirus. Several possible predictors can be derived from the scientific literature. First, there are psychological vulnerability factors. One relevant construct is health anxiety. Health anxiety refers to the tendency to misinterpret normal or benign physical symptoms and believe that one has or is acquiring a serious illness, in the absence of any actual illness (Abramowitz et al., 2007; Salkovskis et al., 2002). In two studies with university students, more health anxiety was associated with increased fear for the 2009-2010 H1N1 "Swine flu" pandemic (Wheaton et al., 2012) and the outbreak of the Zika virus in 2015- 2016 (Blakey & Abramowitz, 2017). Hence, we expected that health anxiety is predictive for increased fear of the coronavirus.

Another potential psychological vulnerability factor is intolerance of uncertainty, which can be defined as "an individual's dispositional incapacity to endure the aversive response triggered by the perceived absence of salient, key, or sufficient information, and sustained by the associated perception of uncertainty" (Carleton, 2016, p. 31). Higher intolerance of uncertainty is associated with anxiety-related disorders, such as generalized anxiety disorder, social anxiety disorder, panic disorder and obsessive-compulsive disorder (Boswell et al., 2013; Carleton et al., 2012; Rosser, 2019), and can therefore be seen as a trans diagnostic vulnerability factor for psychopathology (Carleton, 2016). Given that there is much uncertainty within the current coronavirus context (due to, among other things, limited available tests), we examined whether intolerance of uncertainty was related to fear of the coronavirus. A final psychological vulnerability factor we wanted to look into was worrying. Worrying refers to a psychological process of having repeated negative and catastrophic thoughts and has been related to depression and several anxiety-related disorders (Davey & Wells, 2008; Meyer et al.1990). While health anxiety and intolerance of uncertainty are focused on health related concerns and the uncertainty of the situation, worrying seems to capture a general tendency to have catastrophic thoughts. Such thoughts could be related to health or uncertainty, but also potentially to other topics. Hence, we included worrying as a third psychological vulnerability predictor in our study. Because we thought that it could potentially explain additional variance in fear of the coronavirus beyond variance explained by health anxiety and intolerance of uncertainty.

Another predictor of interest is exposure to information about the impending threat. Threat information is known to elevate levels of fear, both in laboratory (Mertens et al., 2018; Muris & Field, 2010) and field (Cauberghe et al., 2009) studies. There is evidence that repeatedly engaging with trauma-related media content for several hours daily shortly after collective trauma may prolong acute stress experiences (e.g., Holman et al., 2014). Also, for previous disease outbreaks (e.g., the H5N1 avian influenza), more media exposure was found to be related to increased fear (Van den Bulck & Custers, 2009). As such, we expected that for the coronavirus outbreak, more exposure to threat information (e.g., reading news bulletins about new deaths, social media posts) would increase fear of the virus. Finally, it is important to consider whether the threat is personally relevant, either to oneself or to love ones (Stussi et al., 2015). As such, one would expect more worry and fear

if the person perceives more personal threat (e.g., because of worse general health) or threat to loved ones (e.g., grandparents). Fear of the virus may also be predicted by perceived coping resources. Coping is a common central mitigating factor in models of health, fear, and pain (Salkovskis & Warwick, 2001; Vlaeyen & Linton, 2000). Coping resources refers to available (mental) resources to mitigate potential threat (S. E. Taylor & Stanton, 2007). If perceived coping resources are high, threat perception and fear are expected to be low. Here, we will focus on risk control as a coping resource (S. E. Taylor & Stanton, 2007). Hence, we expected that more personal relevance of the threat for oneself and loved ones, and less risk control would be related to more coronavirus fear.

Psychological well-being.

Since the start, individuals have consistently scrutinized the things that fulfil them, and on what fundamentally bliss of individuals depends. The idea of joy has consistently been the focal point of interest of individuals; they have looked for the wellspring of bliss since the day they existed. Consequently, the idea of satisfaction occurred in various definitions. For Socrates, being temperate is joy. Satisfaction is the acknowledgment of one's own tendency, own latent capacity; and, all men want to be content by their inclination. Satisfaction is the total objective of every single empathetic longing and interests; it is the most noteworthy objective of human life (Yıldız, 2002). As indicated by Epicurus, ethic shows the pith of satisfaction and the approaches to arrive at joy. As far as he might be concerned, the sole great, the supreme worth is joy. Joy ought to be the objective, everything being equal. For Plato, the most noteworthy great is "bliss". The best way to have bliss is goodness. As indicated by Aristotle, bliss is the most significant standard of every one of our activities and endeavours (Özgen, 1997). In this sense, the term satisfaction shows that the objective and worth of life are in human spirit (Türer, 1992). Alongside this load of definitions, the study of brain research zeroed in on person's joy and the idea of prosperity. As per mental prosperity hypothesis, person's mental wellbeing relies upon his positive working in specific parts of his life. Individual ought to have in sure relationship with others; ought to be prevailing over the climate; ought to acknowledge himself and his past; ought to has an objective and significance in his life; ought to have self-improvement and the capacity to settle on his own choices (Özen, 2005). Therefore, there is a possible strain between mental prosperity, satisfaction, and advancement (Ryff and Singer, 1998). Mental prosperity takes a significant part in character and improvement speculations both hypothetically and basically. Mental prosperity, which guides clinical examinations that will assist Advisors with making their advisees arrive at their objectives, illuminates about the objectives and purposes in regards to brain research counselling (Christopher, 1999).

As indicated by Nathaat (1951) the best misfortune of the human progress is that it has advanced the conditions of man (expectation for everyday comforts) except not man himself. The worth frameworks are quickly on decrease and human existence has effectively become so significant that common passing go unreported and fiascos including might be million individuals could simply be considered as an issue of possibility. It implies a spell of repulsiveness to harmony darlings. Will there be any excellences left? Will there be any satisfaction, empathy, love or concern or is it going to be a simply task arranged world.

There is no uncertainty that another world is unfurling its unique and ceaseless layers of progress, the full size of this is inconceivable for us to understand. It appears to be that a large portion of us are in a condition of affliction. Somewhat more or somewhat less, contingent upon our conditions. Just the free being is excluded from this enduring in late

year's mental or emotional prosperity is the focal point of extreme examination consideration.

As indicated by Campbell et.al. (1976), Psychological prosperity dwells inside the experience of the person. It is individual's evaluative response to their life-either as far as life fulfilment (Cognitive assessments) or influences (on-going passionate response) Psychological prosperity (PWB) is a field of brain science that endeavours to comprehend individuals' assessments of their lives. These assessments might be fundamentally psychological (for example life fulfilment or conjugal fulfilment) or may comprise of the recurrence with which individuals experience wonderful feelings (for example Happiness, as estimated by the experience examining procedure) and disagreeable feelings (for example melancholy). A scientist in the field endeavour to comprehend not simply unwanted clinical states, yet in addition contrasts between individuals in certain degree of long haul prosperity. As per Diener et al (1987), "Mental prosperity (PWB) alludes to how individuals assess their lives, and incorporates factors like life fulfilment and conjugal fulfilment, absence of discouragement and tension, and positive mind-sets and feelings." A people assessment of their life might be as perceptions (for example at the point when an individual gives cognizant evaluative decisions about their fulfilment with life all in all, or evaluative decisions about explicit parts of his or life like entertainment) However, an assessment of one's life likewise might be as influence individuals encountering horrendous or wonderful temperaments and feelings in response to their lives) Thus, an individual is said to have high PWB in the event that she or he encounters life fulfilment and incessant euphoria, and just rarely experience upsetting feelings like misery and outrage.

Components of Well-Being

There are three primary components of PWB Satisfaction, Pleasant affect, and Low levels of unpleasant affect. Psychological well-being is structured such that these three components form a global factor of interrelated variables local satisfaction can be divided into satisfaction with the various domains of life such as recreation, love, marriage, friendship. And so forth. Pleasant affect can be divided into specific emotions such as joy; affection, and pride, Finally, Low levels of unpleasant affect can be separated into specific emotions and moods such as shame, guilt, Sadness, anger, and anxiety.

Cognition and subjective well-being

The idea that how we perceive and think about the world determines our PWB has long captivated writers. Certain philosophical and religious traditions appear to offer advice on constructive thinking that appears to be intended to guide one's moods and emotions.

For example, mental detachment from the world is counseled in some religious traditions in order to dampen one's unpleasant emotions. In the area of PWB, Researchers find that one can dampen or amplify one's emotions by what one thinks, and there by experience more or less intense emotions (Larsen, Diner, & Croponzano, 1987). People with a high PWB are also more likely to see "neutral" events as positive. People with high PWB may not only have objectively more positive experiences, but they also appear to perceive events more positively than people with low PWB. Furthermore, PWB is higher when a person concentrates on attainable goals rather than distant, difficult goals. Finally, one can heighten PWB by being optimistic about one's future. (Emmons 1992).

Adolescence

Immaturity is the period following the beginning of adolescence during which a youngster forms from a kid into a grown-up. Youth depicts the high school a very long time somewhere in the range of 13 and 19 and can be viewed as the momentary stage from adolescence to adulthood. Nonetheless, the physical and mental changes that happen in youth can begin prior, during the juvenile or "high schooled" a long time (ages 9 through 12). Youthfulness can be a period of both confusion and revelation. The temporary period can raise issues of freedom and self-character; numerous youths and their companions face extreme decisions in regards to homework, sexuality, medications, liquor, and public activity. Friend gatherings, heartfelt interests, and outside appearance will in general normally expansion in significance for quite a while during a teenager's excursion toward adulthood. Immaturity is generally connected with the young years however its physical, mental or social articulations may start prior and end later. For instance, pubescence currently commonly starts during preadolescence, especially in females. Actual development (especially in guys), and psychological improvement can reach out into the mid-twenties. In this manner age gives just an unpleasant marker of youthfulness, and researchers have thought that it was hard to concur upon an exact meaning of Young Adolescence careful comprehension of puberty in the public eye relies upon data from different points of view, including brain research, science, history, social science, training, and humanities. Inside these viewpoints, immaturity is seen as a momentary period among adolescence and adulthood, whose social intention is the arrangement of kids for grown-up jobs. It is a time of numerous advances including instruction, preparing, work and joblessness, just as changes starting with one living condition then onto the next. The finish of immaturity and the start of adulthood changes by country and by work. Besides, even inside a solitary country state or culture there can be various ages at which an individual is thought of (sequentially and legitimately) develop enough for society to depend them with specific advantages and duties. Such achievements incorporate driving a vehicle, having legitimate sexual relations, serving in the military or on a jury, buying and drinking liquor, casting a ballot, going into contracts, completing certain degrees of schooling, and marriage.

Pubescence is a time of quite a while in which fast actual development and mental changes happen, finishing in sexual development. The normal time of beginning of pubescence is at 11 for young ladies and 12 for young men. Each's individual plan for adolescence is impacted essentially by heredity, albeit ecological elements, like eating regimen and exercise, likewise apply a few impacts. These components can likewise add to intelligent and postponed adolescence.

Young ladies have generally arrived at full actual improvement by ages 15–17, while young men normally complete adolescence by ages 16–17. Any expansion in stature past the post-pubertal age is remarkable. Young ladies accomplish regenerative development around four years after the primary actual changes of adolescence show up. Interestingly, young men speed up more gradually however keeps on developing for around six years after the primary noticeable pubertal changes.

REVIEW OF LITERATURE

Since the momentum study is worried about dread and mental prosperity all through the time of Coronavirus, the scientist examined applicable writing to gain a superior comprehension of the current issues and unseen region. Emotional wellness is a genuine concern, yet in certain areas of our way of life less is thought about this subject. Accordingly considers with respect to young adolescents dread and mental prosperity during these

Coronavirus emergency periods should be directed so that individuals know about their indications and can look for fitting treatment.

Studies related to Psychological well-being

Akram (2017), studied on “self- esteem and psychological well-being among adolescents”. The present study aims to compare the self- esteem and psychological well-being among adolescents. The respondent in the present study were 70, which were further divided in 35 male and 35 female of the age range of 16 to 18 years. For the statistical analysis t- test is applied to check the significance of self- esteem and psychological well-being among male and female. The result shows, there is a significant difference among males and female in self- esteem and psychological well-being.

Franklin W. Glozah (2013), studied on “Effects of educational stress and perceived social support on the psychological successfulness of adolescents in African nation”. Population for the study was senior high senior high college, high school students. The sample size was 248. Student Life Stress Inventory (SSI), General Health form, Perceived social support from family and friends scale was accustomed collect knowledge. it was absolutely found that the most result of perceived social support vital, indicating that psychological successfulness is considerably higher for college students UN agency reportable moderate and low perceived support, with anxiety low result size.

Kayla Cripp and Brett Zyomski (2009), studied on “psychological successfulness and perceived parental involvement Implications or parental involvement in middle colleges”. Perceived parental involvement completely or negatively affects adolescents’ sense of psychological successfulness, notably in respect to vanity and self- analysis, peer relationships, and frequency of negative familial life evens. Adolescents verify personal self-worth, self-efficacy, associate degreed vanity supported perceptions gained from parental involvement as a result perceived parental involvement essential to an adolescent’s psychological well-being.

Pandolfelli (2007), studied on “academic anxiety and psychological well-being among boys and girls”. After the administration of the scales the data was analysed by computing Pearson correlation, mean and t-values. The results showed that the correlation between academic anxiety and psychological well-being was positive in both boys and girls proving the first one hypothesis true. In addition, the results also showed that there was no significant difference between academic anxieties in boys as compared to girls and there was be no significant difference between psychological well-being of boys.

Sang Wan P, Anand M (2007), studied on “The relationship between academic anxiety and psychological well-being among boys and girls”. To do this Academic Anxiety Scale for Children (AASC) and PGI General Wellbeing Measure (PGIGWM) were administered to a sample of high school students. Before that, it had been hypothesized that the correlation between academic anxiety and general wellbeing would be negative in both boys and girls and that there would be no significant difference between academic anxiety in boys as compared to girls and finally there would be no significant difference between general wellbeing of boys with that of girls.

Sarkova (2013), studied on “associations between assertiveness, psychological well-being, and self-esteem in adolescents”. The sample consists of 1023 students. The data were analyzed using hierarchical linear regression. The result shows that the more anxious

respondents felt in assertive situation; and both dimensions of assertiveness were associated with psychological well-being and self-esteem.

Studies related to Covid-19

Tsang et al., (2020), studied on “fear of COVID-19, and depression in a community-based sample of adult twins.” The purpose of this study was to look at the links between COVID-19 exposure, fear of COVID-19, and depression in a community-based sample of adult twins. We also looked into whether fear of COVID-19 mediated the link between COVID-19 exposure and depression. In May 2020, 732 same-sex adult twin pairs (78.1 percent MZ, 21.9 percent DZ) completed an online survey about their feelings. About One-fifth of those polled said they had been exposed to COVID-19. The majority of participants (>80%) were concerned about becoming infected with COVID-19 or infecting others in their household. The average level of depression was low ($M = 0.9$ out of 6). We discovered that COVID-19 exposure was associated with increased COVID-19 fears and depression, and that depressive feelings increased with fear of COVID-19. The correlation between COVID-19 exposure and depression was partially mediated by fear of COVID-19.

Gaetano Mertens et al., (2020), Between March 14 and 17, 2020, researchers conducted an online survey ($N = 439$), which began three days after the World Health Organization declared the coronavirus outbreak a pandemic. Fear of the coronavirus was measured using eight questions covering various aspects of fear (e.g., subjective worry, avoidance, preferential attention) and an open-ended question. Measures of psychological vulnerability factors (such as intolerance of uncertainty, worry, and health anxiety), media exposure, and personal relevance were among the predictors (i.e., personal health, risk for loved ones, and risk control). We discovered that respondents had a wide range of concerns about the coronavirus outbreak, including their employment, the spread of the virus, and economic and social consequences. In a multiple regression analysis, four predictors of fear of the coronavirus were retained after forward selection: intolerance of uncertainty, health anxiety, increased media exposure, and risks for loved ones ($R^2 = .36$). We discuss the significance of our findings in terms of reducing people's fear of the coronavirus.

Asmundson and Taylor (2020), studied on In the presence of danger, fear is an adaptive response. Fear, on the other hand, can become chronic and burdensome when the threat is uncertain and continuous, as in the current coronavirus disease (COVID-19) pandemic. We conducted an online survey ($N = 439$) three days after the World Health Organization declared the coronavirus outbreak a pandemic to identify predictors of fear of the coronavirus. a pandemic outbreak (i.e., between March 14 and 17, 2020). The newly developed Fear of the Coronavirus Questionnaire (FCQ) was used to assess fear of the coronavirus, which included eight questions pertaining to different dimensions of fear (e.g., subjective worry, safety behaviours, preferential attention) and an open-ended question. Psychological vulnerability factors (such as intolerance of uncertainty, worry, and health anxiety), media exposure, and personal relevance were among the predictors (i.e., personal health, risk for loved ones, and risk control). In a simultaneous regression analysis, we discovered four predictors of the FCQ: Health anxiety, regular media consumption, social media consumption, and risks to loved ones ($R^2 = .37$). Furthermore, based on participants' open-ended responses, 16 different topics of concern were identified, including loved ones' health, health care system overload, and economic consequences. We discuss the significance of our findings in terms of reducing people's fear of the coronavirus.

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Rodriguez et al., (2020), studied on” the levels of fear of COVID-19, stress, anxiety, and depression among Ecuadorian undergraduates during lockdown.” Purpose of this study was to examine the levels of fear of COVID-19, stress, anxiety, and depression among Ecuadorian undergraduates during lockdown, and to test these potential predictors of depression using a model derived from our review of the scientific literature. A total of 640 undergraduates (72 present female) between the ages of 18 and 47 (M = 21.69; S.D = 4.093) were polled. The resulting mean levels of stress, anxiety, and depression were higher than non- pathological levels. Women were more fearful of COVID-19 than men. The statistical prediction for depression fit well. This depression could be caused by fear of COVID-19 and stress, both directly and positively, and indirectly, as a result of these two factors, positively mediated by anxiety. Our study concludes by emphasizing the critical role that complex relationships between fear, stress, and anxiety can play in the development of depression symptoms and how they can be incorporated into programmes aimed at preventing and treating this disorder.

Manuel (2021), studied on “relationship between fear of COVID-19, stress from COVID-19, and technological stress in university students”. The purpose of this study was to look at the relationship between fear of COVID-19, stress from COVID-19, and technological stress in university students, as well as their resilience, self-esteem, and coping strategies. The final sample included 180 Spanish university students with an average age of 20.76 years (standard deviation = 4.59). A series of the aforementioned effects were administered. scales based on self-report We discovered statistically significant correlations between fear of COVID-19 and stress with COVID-19, technological stress (total score), overload, and complexity (technological stress sub dimensions). Similarly, we discovered inverse relationships between students' fear of COVID-19 and their use of the coping strategy, cognitive restructuring. Identifying the factors that influence undergraduate university students' coping strategies, as well as their fears, psychological stress, and resilience, provides valuable information for the development of educational interventions. This study has important implications for the diagnosis, orientation, and design of psycho-educational and clinical interventions that can improve students' well-being and training for effective coping strategies for daily stress and the pandemic situation.

Summary of Review of Literature and Rationale for the present study(main points found in most of reviews)

The review of literature is taken based on the studies which has been conducted among young adolescents and based on fear of covid-19 and psychological well-being. It is identified from the above literature that many authors have studied about the impact of pandemic on young adolescents, (students) on health care works of various countries, It is also defined that, the study on impact of covid-19 among in state Karnataka is comparatively less.

RESEARCH METHODOLOGY

It consists of research questions, aim, objectives, research design, participants, sampling and sample selection criteria, procedure, tolls and nature of the tolls and the statistical analysis used in the study.

Research Question

- What is the level of fear of covid-19 among young adolescents?
- Is there a significant difference in the level of fear of Covid-19 among rural and urban young adolescents?

Fear and Psychological Well-Being among Young Adolescents During Covid-19

- Is there a significant difference in the level of fear and psychological well-being among rural and urban young adolescents during covid-19?
- Is there a significant relation between fear and psychological well-being among rural and urban young adolescents during covid-19?

Aim

To achieve deeper insight of the psychological well-being and fear of covid-19 of rural and urban young adolescents.

Objectives

- To assess the level of fear and psychological well-being among young adolescents during covid-19
- To study the level of fear of COVID -19 among rural and urban young adolescents.
- To study the level of psychological well-being among rural and urban students during covid-19.
- To study the significant relationship between fear and Psychological well-being.

Hypotheses

- Ho1: There is no significant difference in the level of fear of COVID-19 among rural and urban young adolescents
- Ho2: There is no significant difference in the level of psychological well-being among rural and urban young adolescents
- Ho3: There is no significant relationship between psychological well-being and fear of COVID-19

Operational Definitions

Fear of covid-19: In this study. Fear of covid-19 is characterized by powerful, primitive human emotion its alerts us to the presence of danger or the threat of harm, whether that danger is physical or psychological.

- Psychological well-being: In this study, Psychological well-being refers to the simple notion of a person's welfare, happiness, advantages, interests, utility, and quality of life.
- Young adolescents: In this study, young adolescents refers to an individual belonging to the age group of 15 to 18 years, who was studying in rural and urban schools and colleges in Chitradurga and Davanagere district, Karnataka.

Research Designs

The Research is exploratory in nature. The study adopts the sample survey method to collect the necessary data.

Sample

Purposive sampling method was adopted in the present study. The sample was collected from Chitradurga and Davanagere district.

The present study consists of 200 young adolescent students.

	Rural	Urban	Total
Grade			
10 th	50	50	100
PUC	50	50	100

Inclusion Criteria

- The students between 15 to 18 years of age.
- Young adolescents who know to read and write Kannada and English.

Exclusion Criteria

- The students who have discontinued the course.
- Physically disabled students.

Variables: Independent variable

- Young adolescents living in rural and urban area.

Dependent variable

- Fear of COVID-19
- Psychological well-being

Assessment Tools

For any research, suitable tools and techniques to gather the required information is very essential. In the present study Questionnaires was used for data collection. Questionnaires which were originally in English were translated into Kannada for the convenience of the participants. Translation of tools helped in obtaining accurate information about the variable discussed in the study from the participants. The translated tools were done by the experts in the field of psychology, English and Kannada. The translated tools were scrutinized thoroughly and were back translated to English language by the experts. The back translated questionnaire (Kannada to English) were verified with the original tools to establish the validity.

Psychological Well-being

Ryfrs Psychological well-being Scale Questionnaire was developed by Ryfrs in, C. (1989). It has 42 items with six sub-dimensions namely, autonomy, environmental mastery, personal growth, positive relationship with others, purpose in life, self- acceptance. Each subscale consists of 7 items.

1. Autonomy (A): - This dimension assesses self-determination, independence and an internal locus of control.
2. Environment Mastery (EM): - This dimension measures one's ability to manipulate and control complex environments.
3. Personal Growth (PG) - This dimension measure one's need to actualize and realize one's potential
4. Positive Relation with Others (PRWO): - To assess the ability to love, trust and establish deep relationship with others.
5. Purpose in Life (PL): -It is to measure one's sense of directedness and goals.
6. Self-Acceptance (SA): - It assesses positive attitudes held toward the self

Reliability and Validity

- The test-retest reliability coefficient of RPWBS was 0.82. The subscales of self-acceptance, positive relationship with others, autonomy, environmental mastery, purpose in life, and personal growth were found to be (check the sentence) 0.790,
- 0.72, 0.79, 0.66, 0.79 and 0.78 respectively, which were statistically significant ($p < 0.001$). Overall scale test-retest reliability is very high 0.81-0.88 and the internal validity consistency coefficient was quite high 0.86-0.93.

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Scoring

The questionnaire has a total of 42 questions covering 6 areas. Some items are positively stated and some are negatively stated. The positive items are scored: 1- Strongly Disagree, 2-Moderately Disagree, 3-Slightly Disagree, 4-Slightly Agree, 5- Moderately Agree, 6-Strongly Agree. The negative items are scored: 6-Strongly Disagree, 5-Moderately Disagree, 4-Slightly Disagree, 3-Slightly Agree, 2- Moderately Agree, 1-Strongly Agree.

Positive Statements

1, 2, 4, 6, 7, 8, 9, 11, 12, 20, 21, 22, 24,

23, 26, 27, 30, 31, 32, 34, 36, 39 & 41

Negative Statements

3, 5, 10, 13, 14, 15, 16, 17, 18, 19,

26, 27, 30, 31, 32, 34, 36, 39 & 41

Fear of Covid-19 Scale

Ahorsu, D. K., Lin, C. Y., Imani, V., Saffari, M., Griffiths, M. D., & Pakpour, A. H. (2020). The Fear of COVID-19 Scale: Development and Initial Validation. *International Journal of Mental Health and Addiction*, 1–9. Advance online publication.

The seven items of the FCV-19S were constructed based on an extensive review of existing scales on fears, expert evaluations, and participant interviews. The response for each item was recorded according to a 5-point Likert scale ranging

The seven statements are

1. I am most afraid of Corona 2. It makes me uncomfortable to think about Corona 3. My hands become clammy when I think about Corona 4. I am afraid of losing my life because of Corona 5. When I watch news and stories about Corona on social media, I become nervous or anxious. 6. I cannot sleep because I'm worrying about getting Corona. 7. My heart races or palpitates when I think about getting Corona.

Reliability and Validity

A reliability generalization meta-analysis was carried out to estimate the average reliability of the seven-item, 5- point Likert-type Fear of COVID-19 Scale(FCV- 19S), one of the most widespread scales developed around the COVID-19 pandemic.

Fear of COVID-19 Scale Ahorsu, D. K., Lin, C. Y., Imani, V., Saffari, M., Griffiths, M. D., & Pakpour, A. H. (2020). The Fear of COVID-19 Scale: Development and Initial Validation. *International Journal of Mental Health and Addiction*, 1–9. Advance online publication.

The Coefficients exhibited pooled estimates ranging from .85to .90.The moderator analyses led to a predictive model in which the standard deviation of scores explainedn36.7% of total variability among alpha coefficients.

The FCV-19S has been shown to be consistently reliable regardless of the moderator variables examined.

Scoring

The participants indicate their level of agreement with the statements using a five- item Likert type scale. The responses included “strongly disagree,” “disagree,” “neutral” “agree” and “strongly agree”. The minimum score possible for each question is 1, and the maximum is 5. A total score could be calculated by adding up each item score (ranged from 7 to 35)

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was obtained by adding up each item score. The higher the overall score, the greater the fear of COVID-19.

SOCIO-DEMOGRAPHIC DATA SHEET

The interviewer developed the socio-demographic data sheet which includes basic information about the participations like Name, Age, Gender, Profession and Socio-economic status.

Procedure

The purpose of the study was explained to the participants. The participant's willingness to participate in the study was ascertained after the establishment of rapport. The socio-demographic details were collected. The participants were briefed about the two inventories separately and were provided with clear instructions. After the completion of administration of the 42 item psychological wellbeing scale, a five- minute break was given for the purpose of relaxation and then fear of covid-19 scale 7 questionnaire was administered. All the inventories were collected and were checked for any kind of omissions. Then the scoring was done for the responses obtained and interpretation was made.

Ethical Issues

- The research has been approved by the department review committee.
- Confidentiality was maintained throughout the study.
- Data collected was used only for the research purpose.
- Written consent was taken from the participants before collection of data

Statistical Analysis

Quantitative data analysis was done as the present study adopts online survey method approach. The quantitative data was processed and analyzed using suitable descriptive statistical techniques like percentage, mean and standard deviation and inferential statistical techniques like independent samples t test and Pearson's correlation coefficient.

Independent samples t-test was used to find out the significant difference between.

- i. Rural and Urban Young adolescents in their level of psychological well-being
- ii. Rural and Urban Young adolescents in their level of Fear of COVID-19

Pearson correlation test was used to find out the relationship between psychological well-being and Fear of COVID-19

RESULT AND DISCUSSION

The results obtained were analysed by using Independent samples t-test and Karl Pearson's Coefficient of Correlation. The independent samples t-test was used to understand the significant difference in the level of Psychological and Fear of covid-19 among urban and rural young adolescents. The coefficient of correlation between Psychological well-being and Fear of covid-19 was obtained through Karl Pearson's Co-efficient of Correlation.

Part One Analysis

Socio demographic details of the participants

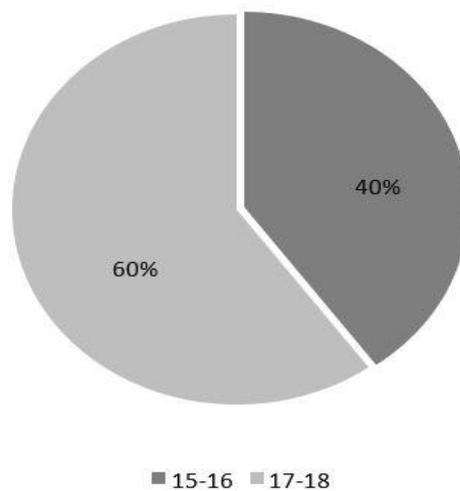


Figure 4.01: Age wise distribution of young adolescents

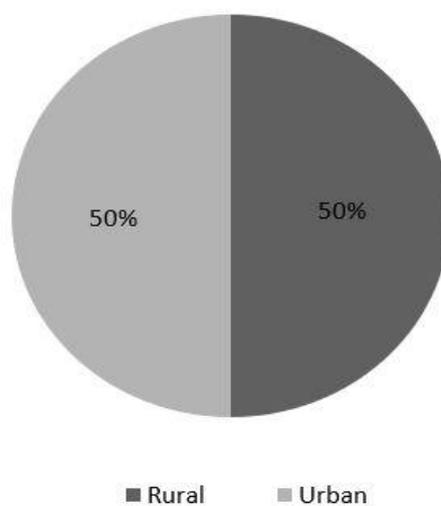


Figure 4.02: Area wise distribution of the young adolescents

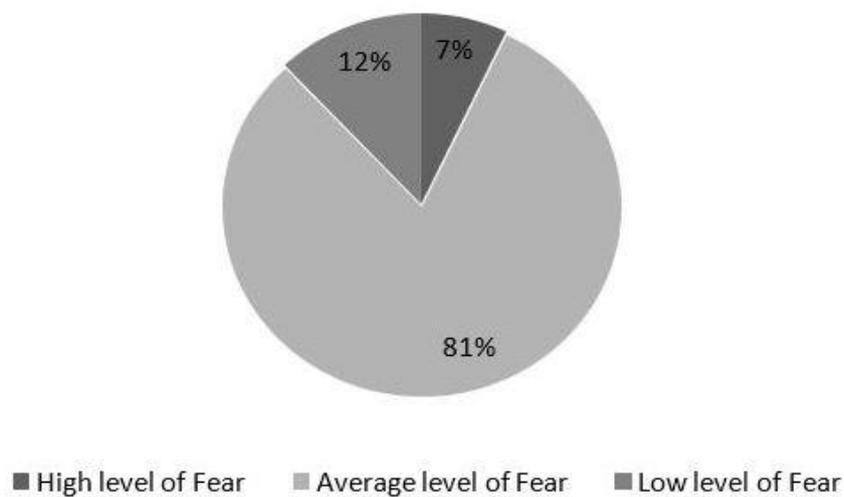


Figure 4.03: Level wise distribution of Fear of Covid-19

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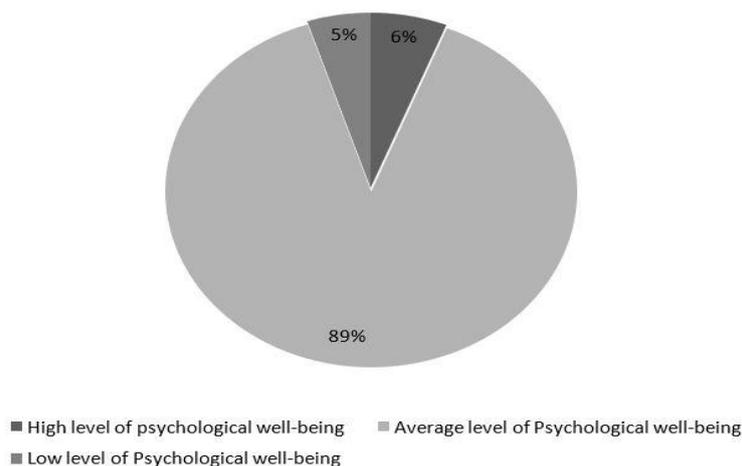


Figure 4.04: Level wise distribution of Psychological well-being

- The pie chart represents the demographic details of the sample in the study. The age wise distribution of young adolescents shows that 40% of the samples were under the age range of 15to16 and 60% of the samples were under the age range of 17-18.
- The area wise distribution of the young adolescents indicates that 50% of the young adolescents are rural area and 50% of the young adolescents are urban area.
- The level wise distribution of Fear of COVID-19 indicates that 7% of the participants have high level of Fear of covid-19, 81%has average level of Fear of covid-19 and 12% has low level of Fear of covid- 19.
- The level wise distribution of Psychological well-being indicates that 6% of participants have high level of Psychological well-being, 89% has average level of Psychological well-being and 5% has low level of Psychological well-being.

Table: 4.01 Mean Standard deviation, t vale, and significance for Fear of covid-19 among rural and urban young adolescents.

Groups	N	Mean	SD	T value	Sig
Fear of covid-19 Among urban Young adolescents	100	23.42	5.04		
				0.52	0.60
Fear of covid-19 Among rural Young adolescents	100	23.07	4.40		

Not Significant at 0.05 levels

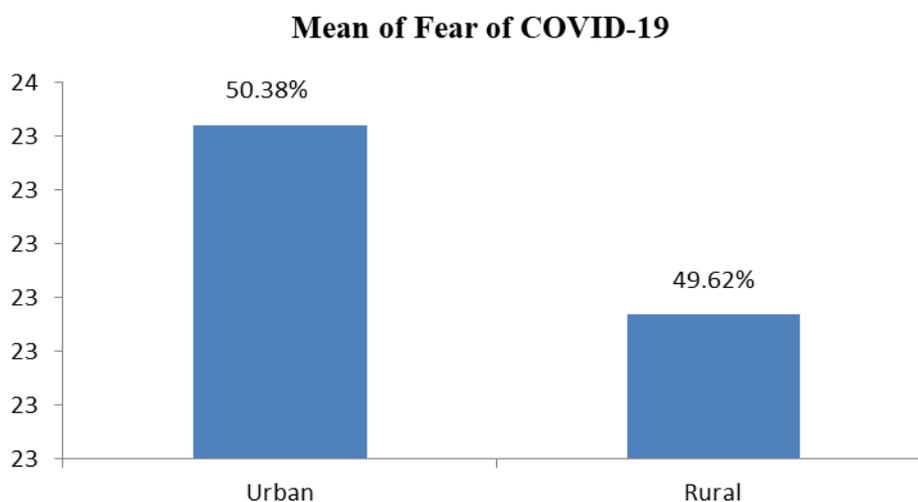


Figure 4.05: Mean score of Fear of covid-19 among urban and rural young adolescents

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The hypothesis stating that there is no significant difference in the level of Fear of covid-19 among urban and rural young adolescents was tested using independent samples t- test. The obtained t value is .522 which is not significant at 0.05. Thus, the obtained result indicates that there is no significant difference in the level of Fear of covid-19 among urban and rural young adolescents. Hence, the null hypothesis stating that there is no significant difference in the level of Fear of covid-19 among urban and rural young adolescents.

Table 4.02 Mean, Standard deviation, t value, and significance for psychological well-being among urban and rural young adolescents

Groups	N	Mean	SD	T Value	Sig
Psychological well-being Among urban Young adolescents	100	164.86	113.66	1.72	0.87
Psychological well-being Among rural Young adolescents	100	144.42	34.39		

Not Significant at 0.05 levels

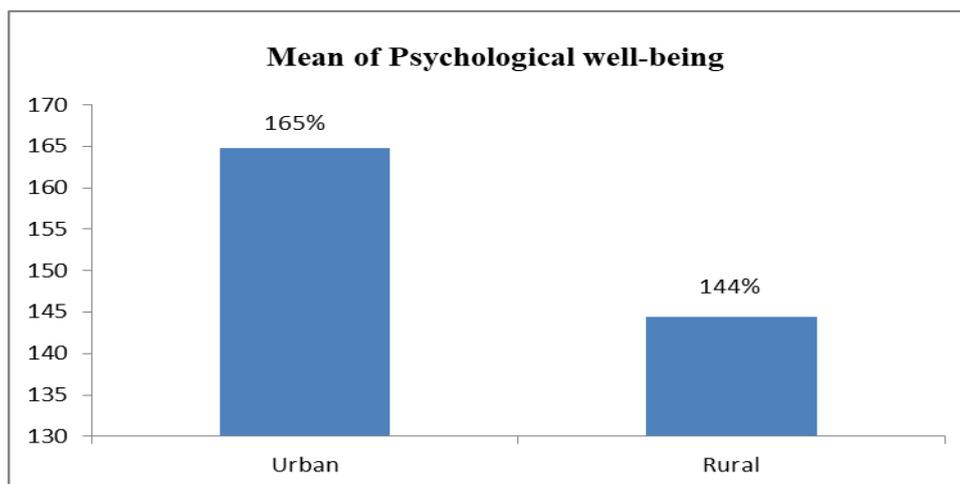


Figure 4.06 Mean score of Psychological well-being among urban and rural young adolescents

The hypothesis stating that there is no significant difference in the level of Psychological well-being among urban and rural young adolescents was tested using independent sample t- test. The obtained t value is 1.721 which is not significant at 0.05. Thus, the obtained result indicates that there is no significant difference in the level of Psychological well-being. Among urban and rural young adolescents hence, the null hypothesis stating that there is no significant difference in the level of Psychological well-being among urban and rural young adolescents accepted.

Table 4.03 Coefficient of correlation between Fear of covid-19 and Psychological well-being among Young adolescents

Variables	r
Psychological well-being	0.21
Fear of covid-19	

Not Significant at 0.05 levels

The hypothesis stating that there is no significant relationship between fear and psychological well-being was tested using Karl Pearson's Co-efficient of Correlation. The

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findings of the analysis indicates that there is no relationship between fear of covid-19 and psychological well-being $r= 0.21$ which is not significant. Thus the result indicates that with the increase in the level of psychological well-being does not have any significant effect on fear of covid-19 and also with the increase in the level of fear of covid-19 does not have any significant effect on psychological well-being. Therefore, the null hypothesis stating that there is no significant relationship between fear of covid-19 and psychological well-being is accepted. The alternate hypothesis is rejected which states that there is a significant relationship between fear of covid-19 and psychological well-being.

SUMMARY AND CONCLUSION

It contains brief summary of the present research work, major findings, conclusions, implication, limitations, and scope for further research.

Summary of the Research

The present study was undertaken to study the level of Fear and Psychological well-being among young adolescents during covid-19. Young adolescents are the independent variables; Fear of covid-19 and Psychological well-being are the dependent variable. The sample included 200 participants, comprising of 100 rural students and 100 urban students. The purposive sampling Technique was used to collect the data. The sample survey Research Design adopted in the study. The participants who are in the age range of 15-18 were included were taken for the study.

The psychological well-being scale developed by Ryfrs (1989) was used to assess the level of Fear of covid-19 scale developed by Ahorsu, D.K was used to assess the level of fear among rural and urban young adolescents of the study. The obtained results were analysed using Independent Samples t-test and Karl Pearson's of Correlation.

Findings of the Study

1. There is no significant difference in the level of fear of covid-19 among urban and rural young adolescents.
2. There is no significant difference in the level of psychological well-being among urban and rural young adolescents.
3. The result indicates that with the increase in the level of Fear of covid-19 in urban young adolescents does not have an effect on rural young adolescents.

CONCLUSION

The study reveals that the occupational status of fear of covid-19 and psychological well-being does not affect the urban and rural young adolescents It also indicates that with the increase in the level of psychological well-being does have an effect on level of fear of covid-19 but the effect is not significant. In the event of a traumatic event, students are at risk of psychological discomfort. The pandemic's trajectory is unknown, and it could have long- term implications for mental health. To regulate and lessen the burden of psychological issues, it is critical to research the most effective interventions, identify susceptible subgroups, and prepare for acute and long-term psychological care.

Limitations of the Study

- The data of the study was collected mainly from two districts of Karnataka hence caution has to be exercised while generalizing the findings.
- Only questionnaire method was used.

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- The data was obtained using only self-report inventories.

Implications of the study

- Further intervention can be formulated by hospitals and also schools
- The findings of this research indicate the importance of improving the potential consequences of the level of fear of covid-19 pandemic on the life of students and the mental status of students of different age group.
- This study suggests that student's authorities should take all the necessary measure to enhance the learning experience by mitigating the negative impacts caused due to the COVID-19 outbreak.

Scope for further study

- Qualitative research methods can be undertaken.
- The study can be extended using Longitudinal Research
- The experimental study can be conducted by considering degree students.
- Time dependent survey of individuals during COVID-19 and post pandemic would likely suggests us how fear and psychological well-being vary with time, this warrants further investigation.

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Conflict of Interest

The author(s) declared no conflict of interest.

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