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LEVELS OF HOPELESSNESS DURING COVID-19 IMPOSED LOCKDOWN

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Abstract
Pandemics have been experienced since the existence of the known world. Their nature of operation has robbed many people the eye to see the bright future ahead. This study focused on how the recently experienced world epidemic namely covid-19 which started in China's Wuhan province in 2019, affected the levels of hopelessness in the general population in Zimbabwe. The study adopted a quantitative approach using the quasi-experimental design. 103 participants, above 18 years, both males and females were selected using an online Beck Hopelessness scale. Descriptive statistics, Pearson chi-square and ANOVA were computed, and analysis was aided using Microsoft excel and Statistical Package for Social Sciences (SPSS) version 16.0. Results revealed that the sample had a moderate level of hopelessness, with no significant differences in different age groups as well as no significant difference in levels of hopelessness between males and females. The study concluded that pandemics are associated with some levels of hopelessness and recommended that as the nations are disseminating Covid-19 facts, statistics and prognosis, it must be accompanied by hopeful messages to kindle hope in the general population.
Keywords: Covid-19, Hopelessness, Lockdown, Pandemic.

1. INTRODUCTION

Covid-19 is the most recently discovered coronavirus within the family of coronaviruses. The virus which originated in Wuhan city of China in December 2019, rapidly spread around the globe through the movement of people, with developed countries reporting high Covid-19 mortality rates (Xu et al., 2020; Zhi, 2020; Ozili, 2020). On 30 January 2020, the outbreak was declared a Public Health Emergency of International Concern by the World Health Organisation (WHO) and on the 11th of March a global pandemic (WHO, 2020).

Many countries have been affected by the virus and the number of confirmed cases has been increasing. Data reported by the World Health Organisation (WHO, 2020), on May 5 indicated that

Covid-19 cases increased rapidly in Europe (1 566 684 cases; 145 602 deaths), followed by the United States of America (1 477 447 cases, 79 590 deaths), Eastern Mediterranean (213 376 cases; 8115 deaths) Western Pacific, (153 868 cases; 6287 deaths), South-East Asia (72 688 cases; 2682 deaths) and least impacting Africa (32 570 cases). In the African region the first case was reported in Egypt on February 14, 2020 (Gilbert et al., 2020) and later reported in other parts of Africa such as South Africa, Zimbabwe, Zambia and Mozambique, though South Africa was the most affected with 7220 confirmed cases, as reported by WHO, 5 May 2020.

2. LITERATURE REVIEW

As developed regions reported high Covid-19 cases and high mortality rates, African countries were gripped with fear and uncertainty since the healthcare infrastructure had deteriorated prior to the outbreak of Covid-19 (Ozili, 2020). This led to anxiety, not knowing the challenges and perils the day or next days would bring, and if they and their families were going to survive the pandemic (Polizzi et al., 2020). Technological advancement, and vaccines meant to contain the scourge delayed and efforts to mitigate the effects of the virus were being rendered impotent as the virus competed with humans for survival. There was no global and standard expertise to fight the pandemic.

Most affected nations such as China, United Kingdom, Italy, Spain and Iran thus resorted to total lockdown as a measure to flatten the Covid-19 curve thereby slowing down the spread of the virus (Watkins, 2020). This restricted non-essential activities, restricted church gatherings and others social events, closed schools, universities, shops and businesses. This restricted people to work from home. This also disrupted lives of the people and presented unique and severe strains on the ability to maintain a resilient posture. This is in direct contrast with other disasters like cyclone idai where community members join physically and socially, with common purpose and energy to help each other as the crisis unfolds (Polizzi et al, 2020). The number of confirmed cases continuously increased during the lockdown and had the potential to reach a large proportion of the world population. Some estimates suggest that 40-70 per cent of the world's population could become infected with the virus (Baldwin & Mauro, 2020).

African countries also adopted the same measures adopted by the developed world of effective total lockdown and quarantining the suspected and confirmed cases. However, the lock down has negatively affected the global economy and Africa has not been spared. Ozili (2020) indicate that many African countries that took bold quarantine and lockdown measures to control the spread of Covid-19 could experience painful economic crisis or recession. The lock-down measures initially affected the travel, tourism and hospitality sectors, while the extended lockdown affected the entire economy in some

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African countries. The lockdowns also affected industries because large parts of the African industries are labor intensive as compared to well-developed digital economies that is capital intensive.

2.1 THE SITUATION IN ZIMBABWE

Zimbabwe like any other country in southern Africa, imposed the first mandatory 3 weeks' lockdown from the 30th of March 2020, followed by a 2-week extension at the expiry of the first 3 weeks. This followed the shocking, first untimely death of a prominent television commentator Zororo Makamba on the 23rd of March 2020. Speculations were rife that large outbreaks of Covid-19 in cooler regions, temperate and cold climates strengthened the speculations that higher temperatures in Zimbabwe would curb the spread and lead to low incidences of Covid-19 spreading. Despite the speculated protective factors, high incidence rates were gradually experienced.

Since the inception of the mandatory lockdown, the technological atmosphere was characterized by social media information overload. Social media by nature is open, without censorship and ethical standards binding. Therefore, anyone could post a video, text, pictures, documents and commentary despite source authenticity and effects on the intended and unintended consumer. Furthermore, a lot of posted videos, pictures and text carried with them disturbing, frightening and heart-rending messages for example, the long convoy of Italian army trucks that carried dead bodies. This could have incubated, hatched and spread a lot of dread, panic and apprehension in the general population.

Furthermore, high prices of Personal Protective Equipment (PPE) like alcohol based hand sanitizers, gloves and face mask costing USD5 each were beyond the reach of many. To add on to that, hope hanged in balance as unlike other Southern African countries, Zimbabwe did not provide food to its citizens during lock down, retailers in residential areas skyrocketed prices and intimations that police demanded bribes to give passage to main cities to buy cheap food. Threats of mandatory testing with purported Covid-19 contaminated test kits, high rates of domestic violence and high crime rates propelled by a presidential amnesty in decongesting prison to curb Covid-19 were also witnessed.

The Zimbabwean community is mainly composed of Small to Medium Enterprises (SMEs), and vendors who earn a living through daily toil without any substantial savings. With a continued lockdown, the few stocked food and financial resources hardly lasted a month. With rising Covid-19 cases, prospects of imminent lifting of lockdown became impossible. Psychological reactions common in the presence and aftermath of disasters and traumatic events that includes posttraumatic stress symptoms, anxiety, self-blame, and major depression were likely to follow Covid-19 (Norris, 2005; Fergusson et al., 2014). These conditions usually coincide with hopelessness. Individuals find themselves in a hopeless situation if they do not receive the support to increase their sense of safety or reduce confusion about the pandemic. Individuals lose a fundamental sense of safety, security, financial stability, and the ability to

envision a brighter future considering the adverse consequences of the pandemic on religion, economy, social life and the self (Polizzi et al, 2020).

The 21-day lockdown in Zimbabwe, which commenced on 30 March 2020, to prevent the spread of Covid-19 became a blow to the natives since majority of the people in the country depended on self-employment activities to survive. The lockdown entirely closed the opportunity to generate income (Chirombe et al., 2020) and opportunity for communities, churches and other social entities to join, physically and socially, with common purpose and energy to help each other as the crisis unfolded. It is thus from this background that this study sought to find the level of hopelessness in the Zimbabwean population during the lockdown period. This invaluable information would assist in planning and policy making on how to prioritize mental health services to different communities when other pandemics surge.

3. METHODOLOGY

The research adopted a quantitative approach focusing on the collection of data that is measurable and countable (Franklin, 2012). Quantitative approach was essential on the measurement of the level of hopelessness due to its emphasis on collecting on measuring the scale, range frequency of a phenomena. Quasi-experimental design was used as the research rode upon already existing categories as gender, age and the levels of hopelessness which could not be assigned to any group.

A total of 103 adults (aged 18 years and above) living in Zimbabwe participated in the study. Unrestricted self-selected online based sampling strategy was used (Fricker, 2008). The Beck hopelessness scale with Cronbach's alpha level of 0.88 internal consistency was adapted, sent online during the lockdown periods to maintain privacy, confidentiality and to reduce risk of contracting the Covid-19 virus. Descriptive statistics, Pearson Chi-square and ANOVA were computed, and analysis was aided using Microsoft excel and Statistical Package for Social Sciences (SPSS) version 16.0.

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4. RESULTS

4.1. DEMOGRAPHIC CHARACTERISTICS

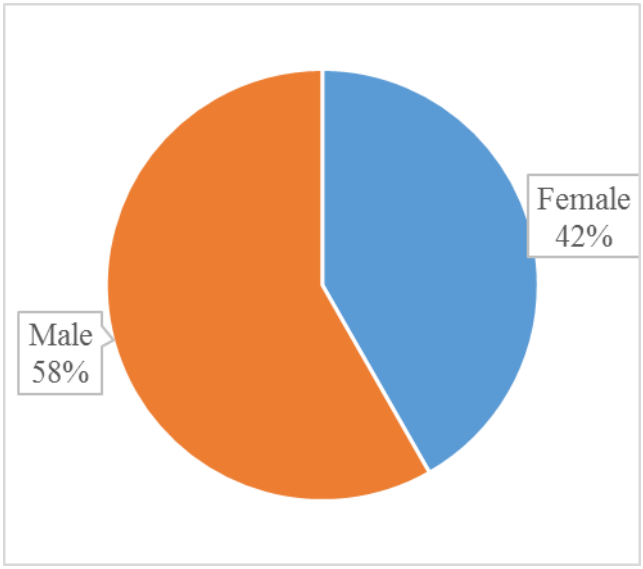

FIG 1. GENDER OF RESPONDENTS

Source: Field research findings (May,2020)

The study respondents comprised 103 males and females aged 18 years and above. Of the 103 respondents, 58% were males and 42% were females.

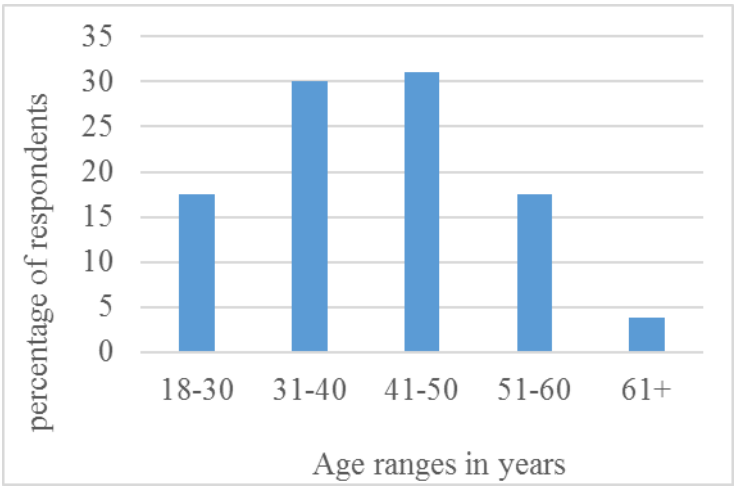

FIG. 2 AGE DISTRIBUTION OF RESPONDENTS

Source: Field research findings (May,2020)

For the above fig. 2, the study comprises people of various age groups. Early to middle aged people made up more than half of the respondents. People between the ages of 41-50 years comprised more than 30% of the sample, followed by those within the 31-40 years range (30%), followed by those between 18-30 years (17%) and 51-60 years (17%) and lastly the 61 and above who constituted less than 5% of the sample.

4.2. LEVELS OF HOPELESSNESS

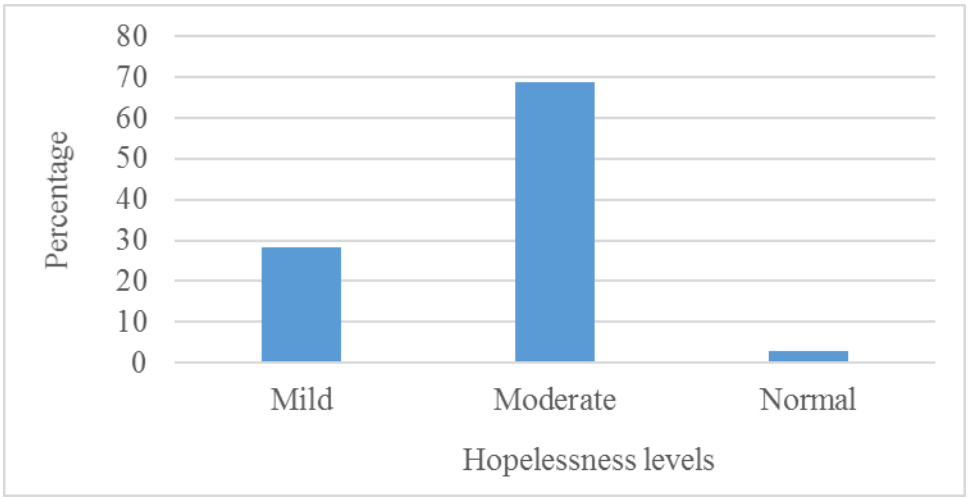

FIG.3 PERCENTAGE LEVELS OF HOPELESSNESS IN THE POPULATION

Source: Field research findings (May,2020)

Beck hopelessness inventory categorizes hopelessness into 4 categories namely normal, mild, moderate and severe hopelessness. The figure above shows that during the mandatory lockdown period, very few people, less than 5% of those who participated in this study were normal. The majority (more than 95%) of the participants had different levels of hopelessness. About 28% of the participants had mild hopelessness levels and about 68% or the majority in this study had moderate hopelessness symptoms. None in this study had severe hopelessness. Although the lockdown continued, the results reflect the levels of hopelessness after the first 21 days of lockdown.

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4.2.1. Hopelessness and age

Count

		HOPELESSNESS LEVELS			
		MILD	MODERATE	NORMAL	Total
Age	18-30	2	16	0	18
	31-40	9	20	2	31
	41-50	9	22	1	32
	51-60	7	11	0	18
	61+	2	2	0	4
Total		29	71	3	103

FIG 4 HOPELESSNESS AND AGE

Source: Field research findings (May, 2020)

The above table is a cross tabulation using raw figures of the relationship between hopelessness and age. Out of the 18 participants within the 18-30-year age range, 16 had moderate hopelessness levels and none was normal. This group was the 3rd highest in levels of hopelessness. Thirty-one (31) participants had ages ranging between 31-40years. Out of that 31, 20 had moderate, 9 had mild and 2 had normal levels of hopelessness. This group had the second highest level of hopelessness. The 41-50 age group had the highest levels of hopelessness with 22 participants in the moderate level, 9 in the mild and only 1 in the normal level. The fourth rank in the severity of hopelessness levels is the 51-60 age group with11 in the moderate,7 in the mild levels of hopelessness. The group that ranked the least in hopelessness levels is the 61 years and above. Therefore, the results reflected that both early and middle adulthood stages recorded higher hopelessness levels as compared to the other levels.

Chi-Square Test

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	7.279[a]	8	.507
Likelihood Ratio	8.392	8	.396
N of Valid Cases	103		

Chi-Square Test

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	7.279[a]	8	.507
Likelihood Ratio	8.392	8	.396

FIG 5. RELATIONSHIP BETWEEN HOPELESSNESS AND AGE

Source: Field research findings (May,2020)

A chi-square test was computed to ascertain the relationship between age and hopelessness. The test showed that there is no significant difference between different age groups and levels of hopelessness. Pearson chi-square obtained is 7.279 (2), p>0.507. Therefore, we fail to reject the null hypothesis which postulate that there is no significant differences between age and levels of hopelessness. The same relationship was also tested using the Anova (fig.6 below) and the results showed that there is no significant differences between age and levels of hopelessness. F (4.98) is 1.1448, p>0.3401.

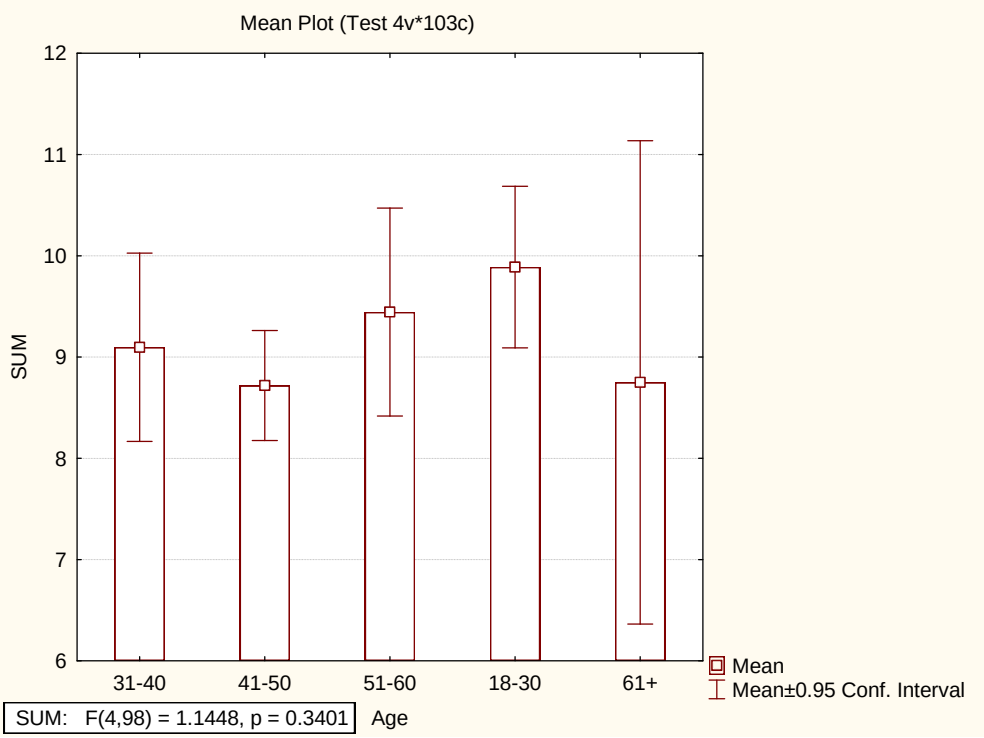

FIG 6. ANOVA: AGE AND HOPELESSNESS+

Source: Field research findings (May,2020)

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4.2.2. Gender and hopelessness

Gender * HOPELESSNESS Cross tabulation

Count					
		HOPELESSNESS LEVELS			
		MILD	MODERATE	NORMAL	Total
Gender	Female	12	31	0	43
	Male	17	40	3	60
Total		29	71	3	103

FIG. 7 GENDER AND HOPELESSNESS

Source: Field research findings (May, 2020)

The study also sought to understand the relationship between gender and levels of hopelessness. The figure above shows that out of the 43 females, 31 had moderate hopelessness and 12 had mild levels. Out of the 60 males, 17 had mild, 40 had moderate and 3 had normal levels of hopelessness. Also out of the 103 participants, only 3 males had normal levels of hopelessness. More males (40) as compared to females (31) had moderate levels of hopelessness. This is showing some relationship between gender and levels of hopelessness using raw figures. However, since raw figures are used, the distribution into males and females has an effect since the study had more males than females.

Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	2.259[a]	2	.323
Likelihood Ratio	3.350	2	.187
N of Valid Cases	103		

FIG. 8 GENDER AND HOPELESSNESS

Source: Field research findings (May, 2020)

A chi-square was computed to ascertain a general difference between gender and hopelessness levels. The results indicated that there is no significant difference gender and hopelessness levels as indicated (Pearson chi-square obtained is 2.259 (2), p>0.323). This means that the results failed to reject the null

hypothesis which stated that there is no significant difference between gender and hopelessness levels. The results entail that there are no significant differences between males and females in their levels of hopelessness during the lockdown period. All the genders are affected the same. Figure 9 below is an Anova test for gender and hopelessness. The results showed that there are no significant differences between males and females in the levels of hopelessness during the lockdown period. F(1.101) is 0.0361,p>0.05.

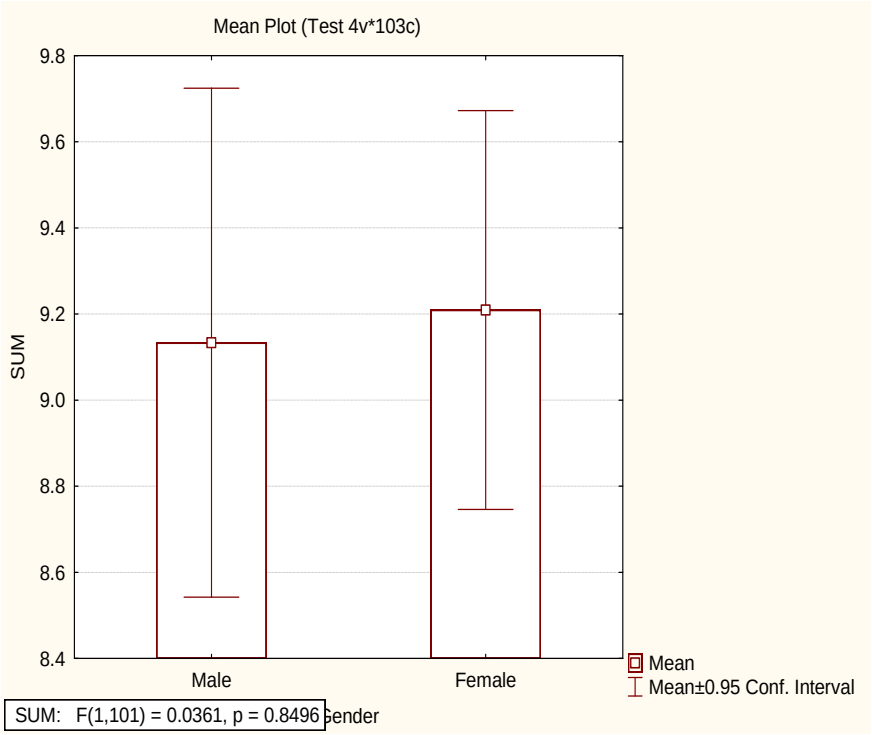

FIG 9: ANOVA FOR GENDER AND HOPELESSNESS

Source: Field research findings (May 2020)

5. DISCUSSION

The study sought to find hopelessness level during the first month of the lockdown. The results overall portrayed a moderate hopelessness situation among participants. Though less than 5 % had low hopelessness symptoms, about 28% of the participants had mild hopelessness symptoms and about 68% had moderate hopelessness symptoms. This indicated that hopelessness was prevalent on the chosen sample. Participants did not have a fundamental sense of safety, security, financial stability, and the ability to envision a brighter future (Polizzi et al, 2020). This finding is consistent with Graham (2012) findings in the aftermath of Hurricane Sandy. He reported hopelessness as one of the major emotions experienced by survivors. More than 52% of the participants felt horrified and apprehensive due to the

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Covid-19 pandemic. This imply that pandemics and disasters have adverse consequences on the psyche due to the disruption of daily routines and uncertainty about the future.

The results also reflected that there are no significant differences between males and females in their levels of hopelessness during the lockdown period. Unlike other disasters where females report more mental health difficulties than males (Wang, 2016; Lau et al., 2005), all the genders are affected the same. One possible explanation for this pattern of results is that Corona virus strikes indiscriminately and poses never-before seen challenges (Polizzi et al, 2020). Maintaining a resilient posture is difficult for both sexes since opportunities for generating income are closed and opportunities to join, physically and socially, with common purpose and energy to help each other as the crisis unfolds are closed. Both sexes are thus vulnerable to develop feelings of hopelessness.

The study found no significant difference between different age groups and levels of hopelessness. This might be so because of the prolonged disruptions to the daily routine of both age groups. The socio-economic activities of the whole communities slowed down during the lockdown and there was no age group which was not affected. Total shutdown of academic institutions, businesses and other social entities at all levels might have caused uncertainty on academic development, career growth and means of generating income (Chakravarthy et al. ,2020; Chirombe et al, 2020; Lau et al.,2005). There is no age group which was spared, and this could have evoked feelings of hopelessness in both age groups.

Contrary to expectations, the study generally found moderate level of hopelessness among participants due to the pandemic. Possible explanation for this finding could be that, during the time of the study, the number of confirmed Covid-19 cases in Zimbabwe were few compared to other nations. Nations with high Covid-19 mortality rates had ended lockdown after 21 days and there was thus a glimpse of hope that lockdown restrictions will be removed, and people will continue with their lives. People also resorted to prayer and fasting as a way of finding hope in a seemingly hopeless situation (Chirombe et al, 2020; Piana & Bordoni, 2020). Thus, the factors above might have reduced hopelessness symptoms of participants.

6. CONCLUSIONS AND RECOMMENDATIONS

6.1 CONCLUSIONS

The study concluded that generally pandemics like corona are associated with some levels of hopelessness due to unexpected imposed major life changes. These include food shortages, putting on strange regalia on mouth and nose, shortened working hours for frontline workers, loss of employment for the informal sector, suspension of religious activities and restricted movement between and within

cities. As lockdown continued, increase in Covid-19 positive cases recorded and without a vaccine identified, levels of hopelessness may continue to sour**.** Therefore, this study concluded that pandemics of this magnitude result in a rise in mental conditions in the general population due to unexpected and restricted major life changes since humans are animals of choice and freedom. All people were affected the same despite gender and age.

6.2 RECOMMENDATIONS

The study recommended the mainstreaming of hope messages together with Covid-19 facts, statistics and prognosis. This will quicken and sustain hope in people with different levels of hopelessness. It is also prudent to buttress social media in promoting hope during such a global pandemic since there is no close contact. Prioritization of mental health services the same way physical health services were prioritized is also imperative.

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