

2022

**Nigerian
Journal of
Social
Psychology**

NIGERIAN JOURNAL OF SOCIAL PSYCHOLOGY



**Online ISSN: 2682-6151
Print ISSN: 2682-6143**

**Volume 5, Issue 2
2022**

**Published by
Nigerian Association of Social Psychologists
www.nigerianjps.com**

**Editor-in-Chief
Prof. S.O. Adebayo
Managing Editor
Prof. B.E. Nwankwo**

Social Support and Self Efficacy as Predictors of Covid-19 Anxiety among Undergraduates

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Abstract

This study investigated social support and self- efficacy as predictors of covid-19 anxiety among undergraduates. Two hundred and twenty-eight (228) participants comprising 106 males and 123 females participated in the study. Participants were randomly selected from faculty of Social Science and Humanities, Ebonyi State University. Their age ranged between 15-19 years with a mean age of 1.56 years (SD = .52). Two hypotheses were formulated for this study. Three instrument were used which include Multidimensional Scale of Perceived Social Support (MSPSS), General Self-Efficacy Scale and Coronavirus Anxiety Scale. Cross sectional design was adopted. Regression result indicated that social support ($\beta = .05, t=.68$) did not significantly predict covid-19 anxiety among undergraduates. Self-efficacy ($\beta = -.12, t=-1.71$) did not significantly predict covid-19 anxiety among undergraduates. The possible implications from the results of the present study; social support did not significantly predict covid-19 anxiety among undergraduates. This implies that the possible support from parents, teachers, and the government on their children or students do not reduce anxiety or fear of the virus on them because of the risk factors involved in contacting the virus such as handshake between two persons, coughing and sneezing without covering your nose and mouth with your elbow within a group of people, touching an infected surface, and irregular washing of hands with soap and water or sanitizing of hands. Also of the study were stated and suggestion made for further studies.

Keywords: *Covid-19 anxiety, Social support, Self efficacy, Undergraduates*

Introduction

On March 11, 2020, the World Health Organisation (WHO) declared the novel Coronavirus a pandemic disease due to its spread all over the globe and how it has affected lifestyle and social interactions. Even though it started in China, it has rapidly spread throughout the world, affecting almost all countries of the world except isolated islands with few populations. It has been termed as a Public Health Emergency of International Concern by the WHO (Ojewale, 2020).

The first case of coronavirus in Nigeria was confirmed on February 27 2020, following which the Nigeria Centre for Disease Control (NCDC) issued several guidelines for curtailing with the spread, in line with the internationally-approved standard (Ojewale, 2020). These measures notwithstanding, the number of cases continued to rise and was estimated at 24, 077 by June 27, 2020. Already, by March

2020, the spread of the virus had led the federal and state governments and their various parastatals to shut down activities in the country. By March 23, both land border and air space had been closed; the weekly meeting of Federal executive council suspended, among other measures. On Monday, March 23 2020, the Nigerian University Commission (NUC) ordered the lockdown of all universities and affiliated schools. The lockdown has led to a halt in academic activities and students going home or discontinuing their industrial training - an unplanned break. In addition to that, there was a lockdown of activities in three major states in the country from March 30, 2020, and a partial lockdown in most other states involving the cessation of all social and religious gatherings. The result was that Residents of Lagos and Ogun States and the Federal Capital Territory, in particular, where there was total lockdown, as well as those of other States, where there was partial lockdown had to spend most of their time at home. Many employers have since made it possible for their employees to work from home while many private and secondary schools are taking measures to engage their students ((Ojewale, 2020)). Unfortunately, the reverse is the case among public tertiary institution students, who form the main bulk of Nigerian youths. Even before academic activities were halted due to the coronavirus pandemic, university staff across the country had already embarked on industrial action from March 9, 2020. Hence, there was no plan in place to engage public tertiary institution students, during the covid-19 lockdown, besides the inability to have industrial training/internship in companies due to the lockdown ((Ojewale, 2020)). The thought of the virus increased the anxiety level among students.

Anxiety can be defined as a subjective state of fear and apprehension, thus causing physiological arousal such as rapid heart rate, hyperventilation, and sweating (Eysenck, 1992). Anxiety, stress and other unpleasant emotional states are common psychological responses to catastrophes or emergencies, such as public health emergencies (Rubin & Wessely, 2020). Moreover, these events (covid-19) can be traumatic, leading to a sense of insecurity and triggering anxiety disorders, such as posttraumatic stress disorder. Asadullapoor, Fati, and Gharaee (2010) defined anxiety as undesirable feelings a person experiences in danger situation. A feeling of being stalled in academic progress could lead to the development of anxiety or other psychological disorders since the period of youth is perceived as a period of opportunities. It is also not clear what role their family functioning may be playing in their psychological state. Given the increase in the incidence of mental disorders, particularly anxiety and depression, among young people, examining the psychological state and coping mechanisms of undergraduate students in Nigeria has become crucial. Some authors have reported an increased

prevalence of anxiety and depression among university/college students in China and Greece during the lockdown (Ojewale, 2021)

However, there is a dearth of information on the prevalence of anxiety and depression among undergraduate students in Nigeria. This study, therefore, reports the psychological effects of the lockdown, family functioning and coping strategies among undergraduate students of the University of Ibadan, in Nigeria. The COVID-19 outbreak imposed school closures worldwide. Students were forced to move to online learning, with no prediction of returning to face-to-face classes. This emergency situation and the sudden need to change habits and routines (Duan & Zhu, 2020) impacted students' perceptions of safety and preparedness to adapt to new learning methods, thereby leading to increased levels of anxiety and stress (Unger & Meiran, 2020).

Self-efficacy according to Albert Bandura who originally proposed the concept, is a personal judgment of well of how well or poorly a person is able to with a given situations based on the skills they have and circumstances they face. Self-efficacy affects every area of human endeavor. By determining the beliefs a person holds regarding the power to affect situations, self-efficacy strongly influences both the power a person actually has to face challenges competently and the choices a person is most likely to make. A strong sense of self-efficacy promotes human accomplishment and personal well-being. A person with high self-efficacy views challenges as things that are supposed to be mastered rather than threats to avoid. These people are able to recover from failure faster and are more likely to attribute failure to a lack of effort. They approach threatening situations with the belief that they can control them. These things have been linked to lower levels of stress and a lower vulnerability to depression.

In contrast, people with a low sense of self-efficacy view difficult tasks as personal threats and shy away from them. Difficult tasks lead them to look at the skills they lack rather than the ones they have. It is easy for them to lose faith in their own abilities after a failure. Low self-efficacy can be linked to higher levels of stress and depression. It has to do with being optimistic of the positive outcome despite the different stressful events one encounters on a daily basis (Siddiqui, 2015). Equally important may be other psychological resources influencing well-being, described by Taylor and Broffman (2011), which become significant when individuals face challenges (Chudzicka-Czupala & Lunkiewicz, 2020). However, low self-efficacy has been found to have correlation with increasing depression and anxiety symptoms. It has to do with being optimistic of the positive outcome despite the different stressful events

one encounters on a daily basis (Siddiqui, 2015). Equally important may be other psychological resources influencing well-being, described by Taylor and Broffman (2011), which become significant when individuals face challenges (Chudzicka-Czupala & Lunkiewicz, 2020). However, low self-efficacy has been found to have correlation with increasing depression and anxiety symptoms. Students in higher education are considered a particular risk group for COVID-19-related impacts (Xiong *et al.*, 2020). In this context, university students who have been studying during the COVID-19 outbreak are potentially vulnerable to negative effects on academic outcomes, such as grades, as well as on important academic beliefs, such as self-efficacy.

Parents had to provide close support to their children, acting as home tutors. Teachers had to switch from traditional face-to-face classes to alternative forms of distance education, not only embracing new methods, but also ensuring close support for students and their parents. On top of facing a global health emergency that generates fear and anxiety, students shifted to online learning, which required quick adjustments and affected their daily habits, experiences, and expectations. These changes may have required more self-motivation to learn, in a situation characterized by potential less direct support from teachers and classmates (Aucejo *et al.*, 2020).

Social support is widely perceived as a positive factor on mental health. It is defined as the process through which the social relationships promote health and well-being (Durkheim, 1951). Social support can be defined as the processes of social exchange that contribute to the development of individuals' behavioral patterns, social cognitions, and values (Farmer & Farmer, 1996). It is also described as promoting the motivation needed to achieve success, and to cope effectively with stressful events (Tezci, Sezer, Gurgan, & Aktan, 2015). The role that significant others may play, and how their support may influence students, can be interpreted considering the cognitive evaluation theory, under the umbrella of self-determination theory (Deci & Ryan, 2002). The objective of this study is to explore the following:

1. To investigate whether social support will predict covid-19 anxiety among undergraduate students.
2. To access if self-efficacy will predict covid-19 anxiety among undergraduate students

Empirical Review

Social Support and Anxiety toward COVID-19 Pandemic

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Social support is defined as the knowledge of the environment and a person's confidence in available help and support if needed. The results of studies showed significant relationships between social support and people's physical and mental status, life satisfaction, and quality of life; it is also known as a stress reliever. According to Alipour, Jelodari & Sahagi, (2015) perceived social support leads to increased mental health and social adjustment among students. Students as human resources have a special position and mental health has a significant impact on their academic and professional progress.

In a study conducted in China, (Cao, Fang, Hou, Han, Xu, Dong, & Zheng, 2020) realized that the prevalence of COVID-19 affected mental health and caused varying degrees of anxiety among students. They also found that their anxiety increased by economic factors, delay in starting university, and the impact of the pandemic on daily life. Previous studies confirmed the effectiveness of social support in mitigating anxiety, so offering social support should be of high priority in COVID-19, especially in quarantine. Considering the high transmission rate of this disease, many governments have implemented national policies to reduce social contact, such as requirement for quarantine at home, prohibition of outdoor activities, extension of national holidays, and closure of schools (Yue, Shao, Li, crabbe, Baker & Liang, 2020).

More importantly, lack of social support in home quarantine period may elicit anxiety. Study among French students during lockdown identified tensions at home, difficulties isolating, and not direct outdoor access as the risk factors for anxiety, while family and friend support were protective factors (Bourion-Bedes, Tarquinio, Legrand, *et al* & Rousseau, 2021). Study on home-quarantined nursing students in China found insufficient social support was one of the risk factors for anxiety (Li et al., 2021). Lack of adaptive functioning in the relationships among the family members during the lockdown period may cause mental disorders, especially regarding younger students.

Self-Efficacy and Anxiety toward COVID-19 Pandemic

Affected by the new coronavirus, many countries have required schools to suspend classes in order to stop the spread of the virus, which poses a significant challenge for the normal schooling of 370 million students around the world (UNESCO 2020). It is noteworthy that the long-term isolation has created multiple difficulties for the students in online learning. Among them, the students have acquired serious stress responses because of the unknown serious infectious diseases (Samantha Kelly et al. 2018; Seyle 1956). In particular, COVID-19 seriously threatens the health of students and leads to anxiety and

depression, which may affect learning engagement of students isolated at home (Li et al. 2020; Selcuk & Sukriye 2020). These negative emotions such as anxiety may influence the students' memory and academic progress (Kizilbash 2002 & Yeh 2007). Engagement and interaction between teachers and students during online learning are critical for students to construct an understanding of new knowledge (Zhu 2006). However, distance learning leads to poor interaction effect and low learning engagement during epidemic (Garrison et al. 2001; Kanuka & Anderson 1998). All the above issues need to be mitigated urgently to enhance students' learning engagement.

METHOD

Participants

Two hundred and thirty (230) Ebonyi State University students from Department of Psychology & Sociology, Faculty of Social science and Humanities were randomly selected for the study. The measures for the study were administered to all students who were selected to participate. Out of two hundred and thirty (230) students selected, a total of two hundred and twenty eight (228) comprising of 106 males and 122 females participants. Their age range from 15-19 with mean age of 1.56 (SD = .52). After the administration and collection of questionnaire, two were discarded due wrong filling

Instrument

Three instrument were used for the study- Multidimensional Scale of Perceived Social Support (MSPSS) developed by Zimet, Dahlem Zimet & Farley in 1988), General Self-Efficacy Scale developed by Jerusalem & Schwarzer (1993) and coronavirus anxiety Scale developed by Bernardo, A. B., Mendoza, N. B., Simon, P. D., Cunanan, A. L. P., Dizon, J. I. W. T., Tarroja, M. C. H. & Saplala, J. E. (2020).

Multidimensional Scale of perceived Social Support (MSPSS)

Multidimensional Scale of Perceived Social Support (MSPSS) Zimet, Dahlem Zimet & Farley in 1988), was designed to access perception of social support adequacy from three specific sources: family, friend and significant other. It was 12 item scale rated 5 point likert-type scale response ranged from 1=Very strongly disagree; 2= Strongly disagree; 3= Neutral; 4=Strongly Agree; to 5= Very strongly Disagree. The MSPSS was shown to be psychometrically sound, with good reliability, factorial reliability and adequate construct validity. Zimet and his colleagues reported a cronbach alpha level of .88 for the scale. They also checked the test-retest reliability and the value obtained was .85.

General Self-Efficacy Scale by Jerusalem & Schwarzer

General Self-Efficacy Scale developed by Jerusalem & Schwarzer (1993) was a 10 item scale to measure a general sense of perceived self efficacy with the aim in mind to predict coping with daily hassles as well as adaptation after experiencing all kinds of stressful life event. It was organized in 4 point likert scale ranging from 1= Not at all; 2= Hardly true; 3= Moderately true; to 4= Exactly true. The scale was validated for use with Nigeria sample by Orji (2012). According to Schwarzer (1979) in sample from 23 nation, the cronbach alpha ranged from .76 to .90 with the majority in the high .80 Orji (2012) reported a cronbach's alpha of .87 using Nigeria sample. The scoring format: Add up all responses to a sum core. The range is from 10 to 40 points or uses a mean score such as COMPUTE SEFF= mean (SE1, SE2, SE3, SE4, SE5, SE6, SE7, SE8, SE9, and SE10). High score indicates level of self efficacy.

Coronavirus Anxiety Scale (CAS)

Coronavirus anxiety Scale developed by Bernardo, A. B., Mendoza, N. B., Simon, P. D., Cunanan, A. L. P., Dizon, J. I. W. T., Tarroja, M. C. H. & Saplala, J. E. (2020) was designed to access anxiety about coronavirus. It was a 5 item scale with 5 point likert scale ranging from 0= Not at all; 1= Rare, less than a day or two; 2= Several days; 3= More than 7 days; 4= Nearly every day over the last 2 weeks. It was shown to has a high reliability of ($\alpha=0.93$).

Procedure

With letter of permission to conduct this research, the researcher met the students' faculty adviser at the auditorium during briefing for faculty week activities. The researcher was introduced by the faculty offer to the students. The researcher established rapport with the students and explained to them the purpose of her research. The researcher told the students that they should not write their name in the questionnaire for confidentiality. The researcher randomly selected two hundred and thirty (230) students and distributed the copies of questionnaire to them. The questionnaires were collected after 30 minutes. Two hundred and twenty-eight were correctly filled and used for analysis while two copies were discarded for wrong filling.

Design/Statistics

The design is a cross sectional design. Analysis of data was done using multiple regression. Statistical package for the social sciences (SPSS) version 20 was employed for the data analyses.

Results

Table1: Mean, standard deviation and correlation for the demographic data, Social support, Self Efficacy and Covid-19 Anxiety

Variable	Mean	SD	1	2	3	4	5	6
1 .Age	1.56	.52	-					
2 .Gender	2.32	.57	-	-				
3 .Marital Status	1.98	.32	.17**	.10	-			
4 .Ethnic Group	1.18	.68	*	.07	.10	-		
5 .Social Support	41.47	9.1	-.06	.06	-.02	.04	-	
6. Self Efficacy	30.39	5.76	.09	.05	-.003	-.07	-	-
7.Covid-19 Anxiety	4.04	4.78	-0.2	-.03	-.03	.02	.33***	-0.10
			-.03				-.10	

Note: *** $P < .001$; ** $P < .01$; * $P < .05$; Gender (1 = Male, 2 = Female)

Table 2: A multiple regression analysis for Social Support and Self Efficacy on Covid-19

	B	β	t
Social Support	.025	.05	.68
Self Efficacy	-.10	-.12	-1.71
R	.11		
R ²	.01		
F	1.48(2227)		

* $P < .05$; ** $P < .01$; *** $P < .001$

In table 1: Above shows the result of the mean, standard deviation and correlation shows that Age (1) is correlated to marital status(3) ($r = -.17$, $P < .001$), and Social Support is correlated to Self Efficacy ($r = -.33$, $P < .01$) The other variable were not found to be correlated.

Table 2: shows the multiple regression result of Social Support and self Efficacy on Covid-19 Anxiety. The result shows that Social Support and Self Efficacy can explain the variance of Covid-19 Anxiety at 1% ($R^2 = .01$) and the model was not significant, $F(2,227) = 1.48$. Specifically, Social support was not found to be significant ($\beta = .05$, $t = .68$). This indicates that Social Support has no significant impact in Covid-19 Anxiety. Self Efficacy also was not found to be significant variable in predicting Covid-19 Anxiety ($\beta = -.12$, $t = -1.71$).

Summary of Major Findings

1. Social support did not significantly predict Covid-19 Anxiety. This indicates that Social Support is not a predictive variable for Covid-19 Anxiety.

2. Self Efficacy was not found to be a significant variable in predicting Covid-19 Anxiety. This indicates that Self Efficacy has no significant impact on Covid-19 Anxiety.

Discussion

The main aim of this study was to examine social support and self efficacy as predictors of covid-19 anxiety among undergraduates. Two hypotheses were stated in the study, of which the both hypothesis were accepted.

The first hypothesis which stated that social support will not significantly predict covid-19 anxiety among undergraduates was accepted. It infers that support from parents, teachers, and government did not play a role in reducing anxiety among undergraduates during the pandemic. This finding is contrary to the studies (Tezci & Miller, 2019) that described social support as promoting the motivation needed to achieve success and to cope effectively with stressful event. It is not consistent with the findings of (Ma & Miller, 2020), that indicates perceiving the existence and availability of sources of social support may have contributed to better cope with anxiety to covid-19. The result of this study is supported with the findings of (Cao *et al*, 2020; Chen *et al*, 2020, Ma and Miller, 2020) that suggested that social support as perceived by students was negatively associated with student during the pandemic.

The second hypothesis which stated that self efficacy will not significantly predict covid-19 among undergraduates was accepted. Self efficacy according to psychologist Albert Bandura, who originally proposed the concept, is a personal judgment of how well or poorly a person is able to cope with a given situation based on the skill they have and the circumstance they face. Low self efficacy has been found to have correlation with increasing anxiety during the covid-19 pandemic which resulted to poor school performance. This finding is in line with (Aristovnik *et at*, 2020, Patrician Aguilera Hermida, 2020 which indicates that student may also lack the time management and skill to engage effectively with learning materials delivered in the online format. Students have also reported that they anticipated less success in communicating with their teachers and classmates as a result of remote learning (Patricia Aguilera Hermida, 2020). Due to high level of fear for the pandemic, students were not able to function effectively into the new phase of academic environment as a result of no face-to-face interaction and

students who have poor skills in using computer based programmes for learning, writing quiz and examination perform poorly in their result.

Implications

From the results of the present study, social support did not significantly predict covid-19 anxiety among undergraduates. This implies that the possible support from parents, teachers, and the government on their children or students do not reduce anxiety or fear of the virus on them because of the risk factors involved in contacting the virus such as handshake between two persons, coughing and sneezing without covering your nose and mouth with your elbow within a group of people, touching an infected surface, and irregular washing of hands with soap and water or sanitizing of hands. Also following the first finding, the students will have this thought that the person who will be offering them the help maybe friend, might have the virus.

The second findings in the study show that self-efficacy did not significantly predict covid-19 anxiety among undergraduates. From the results we found out instead of the efficacy of the students to be high that is the ability of the students to face any event and achieving it positively, it turns out that the hypothesis stated was true; that is the efficacy of the students were low. Due to the fear of the pandemic students were not able to work hand in hand with their follow students and they were not able to receive their lectures how it was before the pandemic. Students were not able to see their teachers who can help them with problem in the practical aspect of their academic studies so, their efficacy was very low.

Limitation

The design of the study implies that we cannot determine cause-and-effect relationship. Another limitation to this study is that the participants consisted only the students within social science and humanities in Ebonyi State University, therefore it is not easy to generalize. Two participants didn't fill in their personal information.

Suggestions

Deep muscle relaxation exercise and systematic desensitization can be of help to reduce anxiety among students who has fear for the virus; it can be done through telepath that online interaction such as video calls, text messages, phone calls and video conferences with psychologists. The government has to ensure that students who are not experienced with the use of technological gadgets such as computer

should be given one month of training to learn some important areas that will be needed in their online learning class. The students having the experience will enable them to cope with the online teaching. The government and health professionals have to ensure that the students adhere to the covid-19 protocol for the safety of their health.

Conclusion

In conclusion, this study was able to present the result that evidence that self efficacy and social support did not predict covid-19 anxiety among undergraduate. Similarly, there was negative correlation between support and covid-19 anxiety. Finally, there was also negative correlation between self efficacy and covid-19 anxiety among undergraduate. It will help the university and the departments to know the role of social support and self efficacy in predicting covid-19 anxiety among undergraduate students during the pandemic. The findings of this study will help us to know how the students were able to cope with their anxiety during the pandemic. The findings of this study will help us to know the level of anxiety among undergraduate students during the pandemic (covid-19). The findings of the study will enlighten us on the right social supports to provide in reducing the level of anxiety among the students.

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