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THE EFFECT OF SECOND WAVE COVID-19 CONCERNS ON DISTRESS ON MILLENNIALS PARENTING

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Abstract: *The second wave of the COVID-19 pandemic in Indonesia has increased the concerns of many people, coupled with the imposition of restrictions on community activities (PPKM) in the city of Padang, causing social and economic turmoil, which has caused tremendous pressure for many families, especially for working millennial parents. Experts warn that a minority of people may experience long-lasting mental health problems such as depression, anxiety, and stress longer than the pandemic itself. Previous studies with pandemic outbreaks have shown that media attention can increase anxiety and mental fatigue. Social isolation and restrictions on social activities can lead to improved online communication, and parents who use social media can be influenced by other people's emotions online. During Work From Home (WFH), the rate of meeting further people decreases. Indirectly, some Millennials parenting will spend their time with the virtual world. A lot of sad news shared on social media also has a significant impact on parents' mental health. The current study aims to examine COVID-19 concerns about Distress (Depression, Anxiety, and Stress) in millennial parents. Data were collected by online surveys advertised on social media with a sampling method using purposive sampling with the criteria of Millennials born in 1980-1991. Having children and living in the city of Padang, the sampling method used the help of the G*Power software and found 147 samples as respondents in this study. Data analysis by looking at the model and moderation using SEM-PLS. The results of the study prove that it turns out that Covid-19 worries do not make millennial parents in the city of Padang become stressed and depressed. The results only demonstrate that Covid-19 concerns only make millennial parents anxious.*

Keywords: *Concerns About COVID-19, Depression, Anxiety, Stress.*

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Introduction

Since the COVID-19 index case was first documented in Wuhan on December 1, 2019 (Huang et al., 2020), the COVID-19 pandemic has swept the world. On January 23, 2020, the Chinese government imposed a complete lockdown on Wuhan and other cities in Hubei Province, the epicenter of the COVID-19 outbreaks in China, to contain a spike in new cases. In an effort to flatten the curve, this measure stipulates that only one person from each household is allowed to go outside for supplies once every two days, except for medical reasons or work in a grocery, pharmacy, or hospital. Following total social distancing orders, local residents in Hubei Province have had to change their lifestyles drastically. This is not only in Hubei, and it can now be observed in other parts of the world such as London, France, England, Italy, Peru, Spain, and Iran.

The COVID-19 pandemic in Indonesia is part of the ongoing coronavirus disease 2019 (COVID-19) pandemic worldwide. The condition is caused by the severe acute respiratory syndrome coronavirus (SARS-CoV-2). Positive cases of COVID-19 in Indonesia were first detected on March 2, 2020, when two people were confirmed to have contracted it from a Japanese citizen. On April 9, the pandemic had spread to 34 provinces, with DKI Jakarta, West Java, and Central Java as the most exposed provinces. SARS-CoV-2 in Indonesia (Patria Jati et al., 2020). Based on data from the "Coronavirus Update Worldwide," As of July 14, 2021, Indonesia has reported 2,670,046 positive cases, ranking first in Southeast Asia. In terms of mortality, Indonesia ranks third in Asia with 69,210 deaths. However, the death rate is estimated to be much higher than the data reported; this is because there are no cases of death with acute COVID-19 symptoms that have not been confirmed or tested. Meanwhile, it was announced that 2,157,363 people have recovered, leaving 443,473 patients being treated due to the spread of the coronavirus disease (COVID-19).

In response to the pandemic, several regions imposed large-scale social restrictions (PSBB) in 2020. This policy was replaced with the implementation of regulations on community activities (PPKM) in 2021. On January 13, 2021, President Joko Widodo received the COVID-19 vaccine at the Palace State, as well as marking the start of the COVID-19 vaccination program in Indonesia (Ministry of Health, 2021). While these measures are effective in containing the spread of the virus at the community level, medical professionals resolutely sound warnings about the emotional exhaustion of the pandemic at the individual level (Queen & Harding, 2020). The pandemic itself, as well as drastic social distancing policies, resulted in unprecedented stress, including a severe perceived threat to personal safety, intense fear, feelings of uncontrollability, exhaustion, and intense loneliness, thereby exerting compound effects on individuals mentally. Emotional and physical (Sharma, Mishra, & Mishra, 2015); (Restauri & Sheridan, 2020).

Enforcement of Restrictions on Community Activities (PPKM) in 2021 in several regions in Indonesia based on the Instruction of the Minister of Home Affairs Number 20 of 2021, as many as 15 districts/cities outside Java and Bali, including West Sumatra, were instructed to implement the Enforcement of Emergency Community Activity Restrictions (PPKM) as efforts to anticipate the surge in positive cases of Covid 19. The city of Padang is one of four areas in West Sumatra that participate in implementing the Emergency Community Activity Restriction (PPKM). In a severe public health emergency like this, social media plays an essential role in mobilizing the community, providing clear information and emotional support, which helps

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isolated individuals feel connected and allocate resources (Hawkins, McIntosh, Silver, & Holman, 2013; Wicke & Silver, 2009).

People also desperately need information from the media to understand the situation and to protect their health. Information-seeking behavior can reduce Anxiety caused by uncertainty during disease outbreaks or disasters (Heath & Gay, 1997; Lachlan, Spence, & Seeger, 2009). However, while helpful, media exposure can also create new problems. Massive amounts of information can amplify the perception of risk, and fear-based messages by the media may have a negative effect on media consumers who are unable to distinguish genuine versus fake news or see more balanced media coverage of the event (Kasperson et al., 1988). This "Digital Emotion Contagion DEC" has the potential to affect people's mental health and well-being. Exposure to potentially distressing media content can have a negative impact on those who view it. Media use is associated with adverse psychological outcomes (Zhong, Huang, & Liu, 2021).

In various disasters, for example, increased frequency of watching news broadcasts during the war was associated with greater anxiety among the Jewish population in Israel (Bodas, Siman-Tov, Peleg, & Solomon, 2015). After the 911 terrorist attacks in the United States, those who watched television frequently were reported to be more likely to experience post-traumatic stress disorder (PTSD) and depression than those who did not watch news broadcasts (Ahern et al., 2002). Based on research conducted by (Lee 2020) that people in many countries such as the United States, China, and Italy are prohibited from leaving their homes for anything other than essential activities. Long-term confinement has an adverse effect on children's physical and mental health to some degree (Dong et al., 2020).

Research has shown that quarantined children are more likely to report high depression and stress symptoms, and this is a concern for parents (Ye, 2020). Several studies have been conducted on people's mental health during situations such as lockdowns, isolation, and quarantines to contain the spread of the pandemic. They show that when people are confined to certain types of environments, their mental health will be affected (Verma & Mishra, 2020); for example, Brooks et al. (2020) found that 25% of parents who are quarantined or isolated and 30% of children who are isolated or quarantined have post-traumatic stress disorder.

Based on data from the results of the population census of West Sumatra Province in 2020, the population of West Sumatra amounted to 5.53 million people, with the highest population being in the city of Padang at 16.42%, then the composition of the population of West Sumatra was dominated by Gen Z amounting to 30.56%, millennials 24.25%, gen X 19.68%, baby boomers 12.20%, pre boomers 2.20% and post gen Z 11, 12%.

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Figure 1: Infographics of the 2021 West Sumatra Population Census Results
Source: BPS Sumbar, 2021

With the implementation of the emergency PPKM in the city of Padang starting from July 8 to August 8, 2021, the City of Padang is the only area in West Sumatra (West Sumatra) that implements PPKM Level 4. West Sumatra is also still an area that gets special attention from the government in the spread of COVID-19 cases. Even as of August 6, 2021, West Sumatra is among the provinces with the highest active cases of Covid-19 nationally. The number of active cases in West Sumatra reached 14,712 points. This causes public concern, especially millennials parenting, which is triggered by the high positive number of covid in the city of Padang and the implementation of activity restrictions that cause parents who work under current conditions to only work at home so that it will cause anxiety, stress, depression and also mental fatigue. In dealing with the workload, family, and pandemic conditions triggered by the vulnerability of information on social media. This study looks at the second wave of Covid-19 concerns that affect Depression, Anxiety, and Stress in millennial parents in Padang City, West Sumatra. This research will benefit millennial parents who manage depression, anxiety, and excessive stress in dealing with the current calamities and the new variant of COVID-19 in the future.

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Literature Review

Concerns About COVID-19

The COVID-19 pandemic has been recognized as the cause of a wide variety of behavioral health problems (Dodoo, Gross, & Kellerman, 2021). On March 17, 2020, a national poll found that 40% of Americans reported disruption to life due to the COVID-19 pandemic (Zhong et al., 2021). The impact of quarantine can be long-lasting, with considerable psychological impact (Brooks et al., 2020). Social distancing, disruption of services, and unemployment affect vulnerable populations disproportionately (Berger, Evans, Phelan, & Silverman, 2020), and people with mental illness are more susceptible not only to COVID-19 infection but also to behavioral health consequences. Ultimately, people with mental illness will be more affected by social distancing and by disruption of services (Ye, 2020). Society must mitigate this impact by recognizing that COVID-19 can fuel people's fears of exacerbating existing mental illnesses and by articulating plans that accommodate these people's needs. Ideally, these plans should receive input from people with mental illness themselves (Berger et al., 2020).

Concern about COVID-19 measured by the COVID-19 Threat Scale (Wheaton, Abramowitz, Berman, Fabricant, & Olatunji, 2012), the CTS is a self-report inventory developed by adapting a questionnaire that assesses anxiety in response to the H1N1 "Swine Flu" Influenza. The items on the CTS measure perceptions regarding the threat from the Coronavirus using a 5-point Likert Scale (from 1- "Not at all" to 5- "Very much"). The statement item asks respondents to rate the respondent's concern that COVID-19 will spread widely in the city of Padang, the respondent's fear that they will become sick or that a family member will become ill, as well as changes in behavior in response to COVID-19 (for example, the decision to be with other people). Another in one place). Higher scores reflect more significant levels of anxiety and more about threat behavior due to COVID-19.

Depression, Anxiety and Stress Scale (DASS-21)

Distress was measured using the Depression, Anxiety, and Stress Scale (DASS-21), which includes three 7-item subscales (depression, anxiety, and stress). Participants' mental health was assessed using the Depression Anxiety Stress Scale (DASS-21). This is a modified version of the self-reported 42-item DASS. It contains 21 items to measure three negative emotional states. Three subscales comprised seven items, each measuring depression, anxiety, and stress in respondents (Henry & Crawford, 2005). These items include, for example, for depression: 'I find it difficult to take the initiative to do something; for anxiety: 'I am experiencing shaking'; and for stress: 'I tend to overreact to situations. Higher pain indicates more significant levels of depression, anxiety, and stress. The scale asks participants to respond to how they have felt during the past week. It was slightly modified to last three weeks to meet the research objectives. DASS-21 has been used in several studies conducted in India and has high internal consistency. Hekimoglu, Altun, Kaya, Bayram, and Bilgel (2012) developed the 42-item Depression, Anxiety, and Stress Scale (DASS-42), a three-dimensional self-report instrument. Unlike most similar scales, such as the Self-Assessment Depression Scale and the Self-Assessment Anxiety Scale, which are self-administered 20-item surveys used to measure depression and anxiety status separately, the DASS is a single instrument used for the combined assessment of depression, Anxiety, and Anxiety. Stress. The DASS-21 was developed from the original DASS-42 by selecting 7 out of 14 items for each subscale with the highest load that the three subscales measure three dimensions, with a depression scale associated with low

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positive affect, and anxiety scale associated with physiological hyperarousability, and a stress scale related to adverse effects.

Psychological stress has many facets but usually stems from a disconnect (or imbalance) between available resources and the demands they face. Stress can result from many contextual factors, from impending threats and future worries to existing hazards and ongoing challenges; stress can then lead to many adverse psychological and physiological outcomes such as unhealthy behavior and increased anxiety. How individuals attempt to manage stress is known as coping (Carver & Connor-Smith, 2010). Coping is multi-dimensional and includes strategies that focus on problems and emotions. Problem-focused coping focuses on the stressor itself, whereas emotion-focused coping focuses on the affective response to the stressor, often through avoidance, escape, or distraction.

Mental Health Theory

Mental health theory seeks to explain human development behaviorally, psychologically, and socially. For years, researchers have focused on reducing pain or suffering. This approach centers on what is wrong with a person and how to fix it (Spiker & Hammer, 2019). The theory of mental health stems from physiology, showing that there is no precise alignment between the body and the mind. Physical health is only a particular case obtained by focusing on the functions of physiological processes, while mental health will be a specific case brought by concentrating on the operations of mental processes, and there is such a thing as mental health if there is cognitive function. The mental functions described by psychoanalysts are functions in a biological sense. Sometimes a person has the impression that the role of mental processes is the satisfaction one can get. Whereas from a physical point of view, the function of the cognitive approach is its contribution, not to pleasure, but to behavior; pleasure itself has a part in producing behavior regarding biological and thought processes.For this reason, these two conditions must be met because philosophers claim that mental events can be the cause, physical health problems. According to Levin (2010) that 'disease' does not only belong to medical practice institutions; so the analysis just given aims to capture a kind of professionalized use of the word. Hence any and all unhealthy conditions can be called disease.

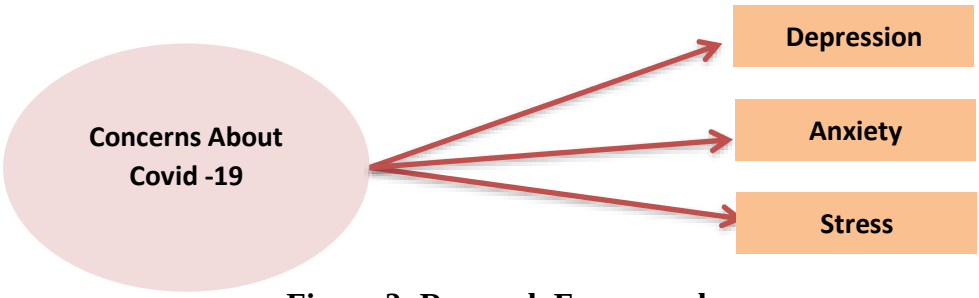

Figure 2: Research Framework

Based on the framework of thought and literature above, we formulate this hypothesis;

H1: Concerns about the second wave of Covid-19 are thought to have an effect on Depression in Millennials Parenting in Padang City

H2: Concerns about the second wave of Covid-19 are thought to have an effect on Anxiety on Millennials Parenting in Padang City

H3: Concerns about the second wave of Covid-19 are thought to have an effect on stress on Millennials Parenting in Padang City

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Research Methods

Population and Sampling

A population is an exciting group for researchers whose results are very general (Rahi, 2017; Sekaran and Bougie, 2016). The entire millennial generation was born between 1980 and 199, married and living in Padang City, West Sumatra Province. In this case, the population size is unknown. The sample size was determined concerning the test power calculation (G*Power 3.1.9.2; Erdfelder, Faul, & Buchner, 1996), indicating that the sample size was sufficient to detect a moderate effect (w = 0.15) with alpha = 0.05 and power = 0.95 (Erdfelder, Faul, & Buchner, 1996).

The sample in this study used non-probability sampling with a purposive sampling technique. The sampling method used is non-probability sampling with purposive sampling technique, which determines the selection with specific criteria. The criteria for selecting the model in this study are:

1. Millennials born 1980-1991
2. Having Children
3. Domiciled in the city of Padang
4. Willing to be a respondent

The number of samples as many as 138 respondents who were used as samples can be seen in Figure 3 below:

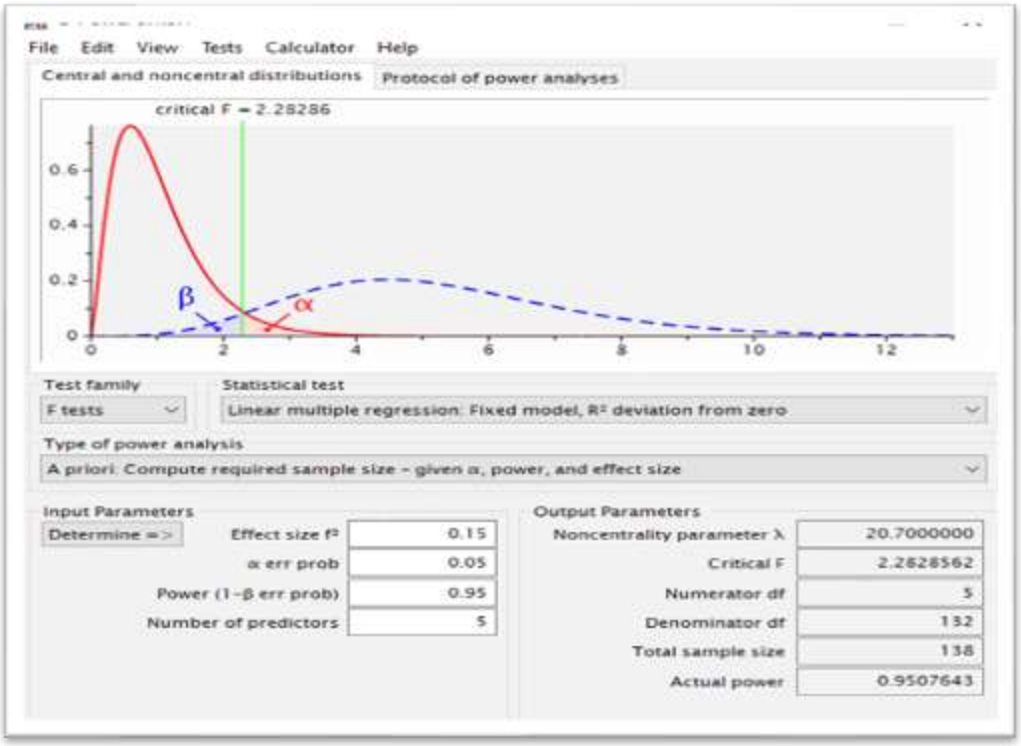

Figure 3: Number of Samples Based on G*Power Software

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The minimum number of samples obtained using the G*power software was 138 respondents, the questionnaire was distributed online using the google form, and this questionnaire was distributed to 150 working millennial parents. From the collected questionnaire, three questionnaires declared not eligible to participate in the study because three people who filled out the questionnaire were over 45 years old and not included in the millennial group and criteria; only 147 respondents were eligible to be sampled in the study.

Data Analysis

To analyze the data, we performed several analyses. First, this study calculates descriptive statistics to evaluate the respondent's profile. The information was examined using Structural Equation Modeling (SEM-PLS) to perform confirmatory factor analysis, path analysis, and measurement models.

Findings

Data Analysis

The minimum number of samples submitted based on the G*Power software is 138 people, but because of filling out the online questionnaire, the author got 147 respondents who deserve to be used as samples. Characteristics of respondents are a description of the identity of respondents, which in this study include characteristics based on age, gender, last education, monthly income/ pocket money, and occupation as shown in the following sub-chapters:

Table 1: Description of Respondents Characteristics (n = 147)

	Characteristics	Frequency (person)	Percentage (%)
Born in 1980-1991	Yes	**147**	**100**
Respondent has children	Yes	**147**	**100**
Origin City of domicile	Yes	**147**	**100**
Have Social Media	Yes	**147**	**100**
Age	30 years	3	2.0
	31 years	6	4.1
	32 years	3	2.0
	33 years	6	4.1
	34 years	27	18.4
	35 years	15	10.2
	36 years	48	32.7
	37 years	18	12.2
	38 years	6	4.1
	39 years	6	4.1
	40 years	3	2.0
	41 years	6	4.1
Gender	Male	51	34.7
	Female	96	65.3
Education	Senior High School	3	2.0
	Diploma	6	4.1
	Bachelor Degree (S1)	78	53.1
	Postgraduate (S2)	57	38.8
	Doctor (S3)	3	2.0

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	Characteristics	Frequency (person)	Percentage (%)
Job	Private employees	24	16.3
	Civil Servant	24	16.3
	BUMN	24	16.3
	Lecturer	33	22.4
	Others:	24	16.3
	Entrepreneur	18	12.2
Number of children	one child	45	30.6
	two children	69	46.9
	three child	30	20.4
	four children	3	2.0
Types of Social Media	Instagram	30	20.4
	WA	15	10.2
	FB	6	4.1
	FB, WA	6	4.1
	FB, WA, Instagram	30	20.4
	FB, WA, Instagram, Twitter	39	26.5
	WA, Instagram	18	12.2
	telegram	3	2.0
Time spent accessing Social Media	1 hour	18	12.2
	> 1 hour	36	24.5
	2 hours	24	16.3
	3 hours	18	12.2
	4 hours	3	2.0
	> 4 hours	48	32.7
Information about covid-19	Social media	126	85.7
	Television	18	12.2
	Family	3	2.0

Source: Primary data processed, 2020

From table 1, it can be seen that from 147 respondents, all of them were born in 1980-1991 belonging to the millennials generation group, and from the criteria of respondents in this study, from 147 respondents, it was stated that respondents had children and all respondents also lived in the city of Padang. Based on data from table 1, the majority of respondents were aged 34 years with a presentation of 32.7%, and the least was age 30 years, age 32 years, and age 40 years with a presentation of 2% each. As for the gender of the respondents in this study, women were more than men, where the percentage of women was 65.3% and men only 34.7%. The profile of respondents for the latest education with the most education level respondents at the undergraduate level with a frequency of 78 respondents and this shows that the millennial generation is identical with higher education while the minor education level is at the high school level with a percentage of 2%.

The profile of respondents for the most occupations are lecturers with a frequency of 33 people and the least with self-employed jobs as many as 12.2%, on the question with the number of children, most millennial respondents have two children with a respondent frequency of 69 respondents, and the least respondents are known to have children There are four respondents,

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Measurement Model Analysis

Table 2 below shows loading, Composite Reliability (CR), and AVE indicators for each reflective variable. According to Wong (2013), the loading value of an item must be greater than or equal to 0.5 to ensure the AVE reaches a score greater than 0.5 and a minimum CR value of 0.708 (Hair et al., 2011 & Hair et al., 2019). The results of testing the external loading value for each of the four variables from 38 statement items found that two objects had a loading of 0.90 or higher, while 25 items had a minimum loading of 0.80, and the rest were loaded at least 0.70 for a total of 11 statement items. AVE for all variables by Wong (2013) and Hair et al. (2016) as acceptable convergent validity (CR). The CRS for each variable in the model was created using the weights in Table 2. The CR values for each variable are all higher than the recommended value of 0.708 (Hair et al., 2016), indicating that the variable has reached an acceptable variable. Therefore, it can be concluded that these variables have reached different requirements of reliability and validity at this level.

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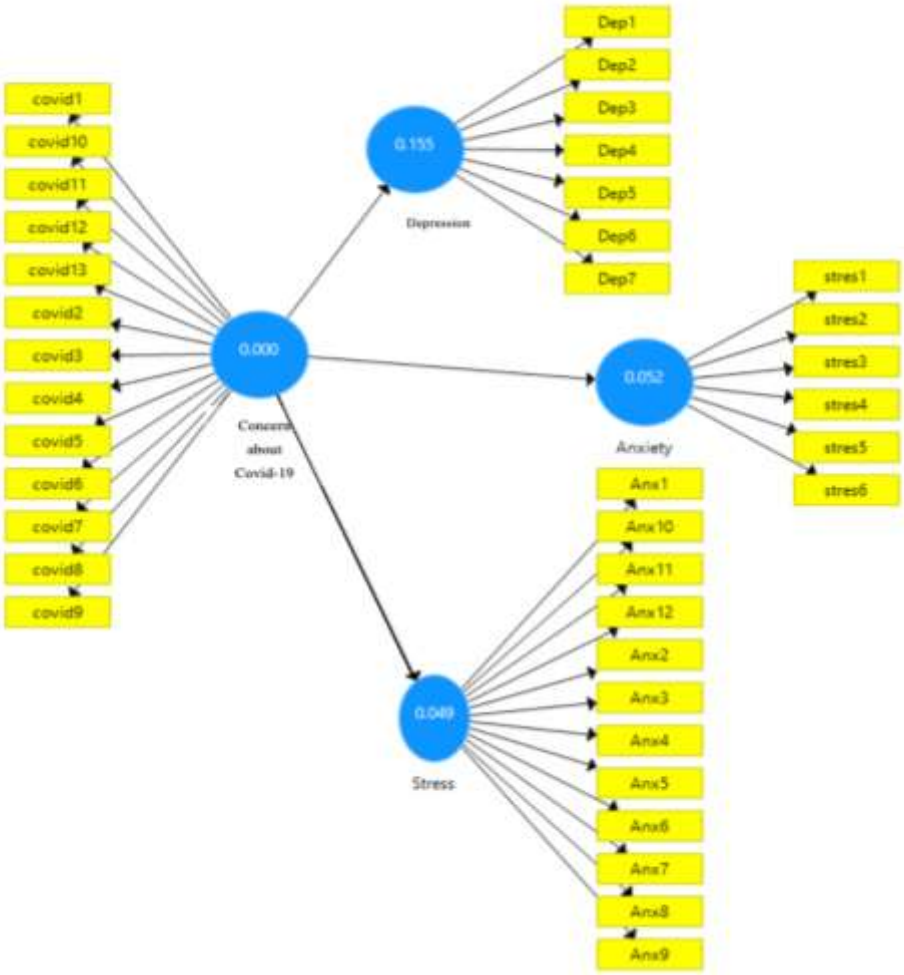

Figure 4: Initial Broad Model

Table 2: Reflective measurement model: Loading factor, Composite Reliability (CR), and AVE

Variable	items	*Loading*	*CR*	*AVE*	*Convergent Validity (AVE > 0.5)*	Description
Concerns about Covid-19			0.956	0.647	Yes	
	Covid 1	0.750				
	Covid 2	0.865				
	Covid 3	0.719				
	Covid 4	0.810				
	Covid 5	0.819				
	Covid 6	0.623				
	Covid 7	0.759				
	Covid 8	0.831				
	Covid 9	0.816				
	Covid 10	0.801				
	Covid 11	0.859				
	Covid 12	0.832				
	Covid 13	0.767				

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Variable	items	*Loading*	*CR*	*AVE*	*Convergent Validity (AVE > 0.5)*	Description
Depression			0.963	0.722	Yes	
	DEP 1	0.827				
	DEP 2	0.818				
	DEP 3	0.826				
	DEP 4	0.843				
	DEP 5	0.861				
	DEP 6	0.863				
	DEP 7	0.608				
Anxiety			0.974	0.757	Yes	
	ANX 1	0.789				
	ANX 2	0.844				
	ANX 3	0.737				
	ANX 4	0.858				
	ANX 5	0.759				
	ANX 6	0.813				
	ANX 7	0.829				
	ANX 8	0.839				
	ANX 9	0.851				
	ANX 10	0.897				
	ANX 11	0.912				
	ANX 12	0.936				
Stress			0.907	0.662	Yes	
	Stress 1	0.807				
	Stress 2	0.861				
	Stress 3	0.818				
	Stress 4	0.760				
	Stress 5	0.833				
	Stress 6	0.744				

Discriminant Validity

The Fornell-Larcker criterion is one of the most important assessments for testing the validity of discrimination. The Fornell-Larcker criteria suggest that each AVE construct should be compared with a compartment between constructs of the same construct and all other constructs measured reflectively in the structural model. The common variance for all model constructs should not be greater than the AVE (Hair et al., 2019). Table 3 shows that the model results meet the Fornell-Larcker criteria.

Table 3: Fornell-Larcker Criterion

	Concerns about Covid-19	Depression	Anxiety	Stress
Concerns about C-19	**0.849**			
Depression	0.613	**0.805**		
Anxiety	0.547	0.766	**0.870**	
Stress	0.566	0.619	0.689	**0.813**

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The Structural Model

T-statistics were carried out on a sample size of 147 respondents, and three main direct hypotheses brought a result of 1.96 and showed a significant level of 0.05. The following table 4 shows the evaluation of the path coefficients. Based on the evaluation results, four relationships were found that have a value of 1.96, so that it shows significance at the alpha level of 5% or 0.05 (not so for hypotheses H1 and H3).

This is to assess statistical significance and path coefficient relationships. Researchers need to run a bootstrap to evaluate the significance of the path coefficients, and their values are usually in the range of "1 and 1" (Hair et al., 2019), which are proposed to be reported in the hypothesis testing section using the results from the path coefficients.

In Table 4, it can be seen that Covid-19 concerns have a direct effect on Anxiety. The value of the direct influence of Covid-19 Concern on Anxiety is (2.502 > 1.96, and 0.013 < 0.05), and the results are significant, meaning that the H2 hypothesis is accepted. This proves that Covid-19 concerns affect the Anxiety of millennial parents in West Sumatra.

Table 4: Significance Testing Results of the t (N=147)

Hypothesis		path coefficient	t-statistics	p-value	Confidence Interval 2.5%	Confidence Interval 97.5%	Significance (p<0.05)
H1	Concerns about Covid-19 -> Depresi	0.466	1.536	**0.125**	-0.532	0.449	Not significant
H2	Concerns about Covid-19 -> Anxiety	0.474	2.502	**0.013**	-0.222	0.523	Significant
H3	Concerns about Covid-19 -> Stress	0.390	1.109	**0.268**	-0.471	0.492	Not significant

Assessment of Level of Coefficient of Determination (R2)

Suppose collinearity is not a problem. The next step is to check the R2 value of the endogenous variable. R2 measures the variance described in each endogenous variable. Thus the size of the explanatory power of the R2 model ranges from 0 to 1, with higher values indicating greater explanatory power. As a guide, the R2 value is 0.75. 0.50 and 0.25 can be considered significant, medium, and weak (Hair et al., 2019). Table 5 shows the findings of the R2 value. Hotel performance R2 for sharia hotel performance is 0.639, indicating that 63.9% variance can explain that spiritual leadership, Islamic organizational culture, job satisfaction, and commitment affect hotel work performance. Furthermore, R2 for organizational commitment is 0.529, which indicates that 52.9% of the variance is influenced by spiritual leadership, Islamic corporate culture, and job satisfaction. According to Hair et al. (2019), The findings of R2 are considered superficial.

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Table 5: Coefficient of Determination (R2)

Variable	R Square	Level
Anxiety	0.225	Weak
Depresi	0.217	Weak
Stress	0.152	Weak

Discussion and Conclusion

The purpose of this study is to examine the extent to which millennial parents are worried about the impact of covid, which can cause depression, anxiety, and stress. Covid-19 concerns uniquely explain the psychological stress experienced during the second wave of the COVID-19 crisis by using 147 millennial parents working in the city of Padang. The results of a series of Structural Model Path Coefficients analysis show that the concern of covid-19 explains the Anxiety of millennial parents about the impact caused by covid -19, where large-scale social restrictions lead to the disconnection of social contacts to meet physically, but the results of the analysis in this study do not support that concern The covid-19 of millennial parents in the city of Padang did not have an impact on stress and depression.

The finding that anxiety e is also a significant predictor of the model tested in this study supports Taylor's (2019) proposal that this vulnerability factor will negatively impact people's emotional well-being during a pandemic, and the pattern is in an agreement with previous studies (Anagnostopoulos & Botse, 2016; Wheaton et al., 2012). Although reassurance-seeking behavior, which is a hallmark of Anxiety, was not a significant predictor variable in this study, it was highly correlated with Anxiety with a p-value (0.013) < sig value (0.05). This association is consistent with Taylor's (2019) hypothesis that people with excessive Anxiety about infectious diseases are expected to repeatedly seek reassurance that they are not sick during a pandemic.

The results of the current study must be qualified with some limitations. First, this study is limited by the exclusive use of online survey methodologies. Future research would benefit from combining structured clinical interviews and interviews with friends and family members of participants to obtain a more profound and more comprehensive evaluation of participants' psychological state of mind. Another limitation of this study is that it only focuses on three general dependent variables associated with psychological distress as outcome measures. Finally, given the cross-sectional sampling method and the convenience of this study, neither the causal order of the variables nor the extent to which sampling bias affects the results cannot be determined. Therefore, replication and expansion of this study using a larger and more representative sample with a longitudinal design are desirable in future work. Despite these limitations, the results of the current study support the additional validity of the COVID-19 anxiety construct.

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