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THE TROIKA OF COVID-19, MEDIA EXPOSURE, AND MENTAL HEALTH: THE MEDIATING ROLE OF WORRY AND INTOLERANCE OF UNCERTAINTY

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Abstract

COVID-19 has swiftly surpassed all borders. It has become a worldwide source of human infection, with all media companies exchanging breaking news and providing the most recent data from all nations. Consequently, people have suffered more significant discomfort, sadness, and violence due to excessive media exposure and information intake. The study intended to evaluate the function of exposure to the media and its detrimental influence on students' mentalmainlyticularly through the mediation of worry and intolerance of ambiguity. Consequently, worry and uncertainty significantly moderate students' mental health through the excessive intake of information (media exposure). A structural model based on these compounds was proposed. The research indicated a substantial relationship between the factors (media exposure, worry, intolerance, depression, and aggression). The outcomes of the investigation revealed no significant differences between men and women. This research is unique in developing a theoretical model describing the significance of media exposure, which will instill anxiety, and anxiety will lead to ambiguity, negatively impacting students' mental health.

Keywords: *Depression; psychological distress; COVID-19; media exposure; worry; intolerance; Aggression.*

Introduction

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According to Cucinotta and Vanelli's research from 2020, the Corona Virus is a respiratory condition brought on by the acute respiratory disease SARS-CoV-2 (Lewnard & Lo, 2020). In response to the global COVID-19 epidemic, the year 2020 saw the development of legislation mandating social isolation and staying inside the home. According to several studies (Elhai et al., 2020; King et al., 2020; Kiraly et al., 2020), social distance encourages using digital devices at home to engage online. Before the pandemic, the research found a relationship between media exposure and adverse mental health outcomes (Sandman, 2009; Van et al., 2010). More recently, research has found a correlation between exposure to COVID-19 in the media and adverse mental health outcomes in young people (Huckins et al., 2020).

Psychological impacts of epidemics affect individuals with and without psychiatric disorders (Ho et al., 2020). The distress of a pandemic may impact everyone, regardless of their financial, sex, age, or race. Epidemics have been related to psychiatric problems such as anxiety, distress, sadness, hostility, panic attacks, PTSD, and even suicidality, particularly in early adulthood (Ho et al., 2020).

Literature Review

According to studies, regular media exposure among college students harms human mental health (Cain, 2018; Berryman et al., 2018; Kircaburun et al., 2018). In the corona, it is crucial to comprehend social media's effect on kids' mental health. During the COVID-19 pandemic in Wuhan, excessive social media usage may have significantly affected individuals' mental health (Gao et al., 2020).

A previous study linked indirect exposure to media disasters to adverse psychological outcomes (Yeung et al., 2016; Thompson et al., 2019). Some study has connected exposure to pandemic-related media to stress-related symptoms such as intolerance, sadness, anger, anxiety, despair, and anxiety (Chao, 2020; Garfin, 2020; Elhai et al., 2020; Thompson et al., 2017). One study found a stronger association between media exposure and acute stress than direct exposure (Holman et al., 2014). Thus, exposure to COVID-19 in the media may influence essential stress responses.

Some research linked media use to intolerance of uncertainty (Hal et al., 2019) (14), which can be in the lead to inadequate mental health (Boelen et al., 2014; Liao & Wei, 2011). Thus, uncertainty intolerance may mitigate the association between COVID-19 media exposure and acute stress. In addition, intolerance for ambiguity adds to the formation and continuation of discomfort (Carleton, 2012; Rosen et al., 2007). Increasing research links intolerance of uncertainty to mental health issues. People with high intolerance of uncertainty tend to react badly to unclear situations, leading to poor psychological reactions (Oglesby et al., 2016; Dugas et al., 2004).

Psychological distress is increased when situations are irrepressible, unpredictable, or viewed as inexact and are linked to essential aspects of life like parenthood, relationships, or success (Taylor, 2006). COVID-19 is expected to jeopardize lives, increase stress, and induce mental health problems such as anxiety and depression (Harper et al., 2020; Pakpour & Griffiths, 2020; Taylor et al., 2020). Psychological discomfort and loneliness were higher in April 2020 than in April 2018.

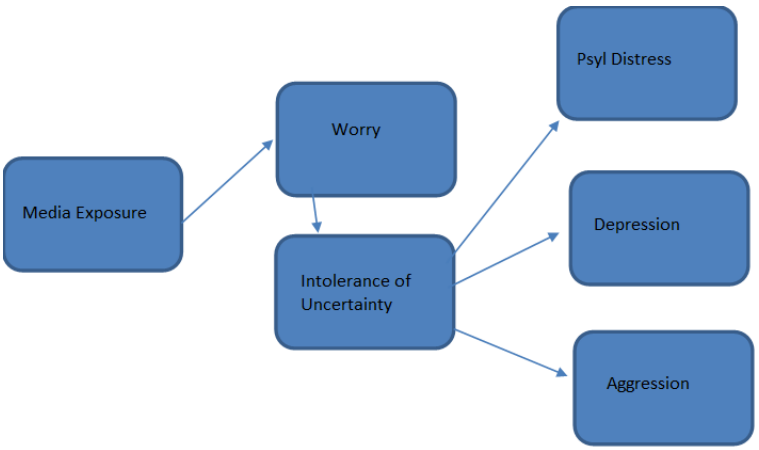
According to several research findings, when the incidence of depressive symptoms is compared before and after the pandemic, there is evidence of an increase in depression. This was between 10.1 and 14.3 percent (Bretschneider et al., 2017; Bauerle et al., 2020b). Depression symptoms have become more common in the United States due to the COVID-19 epidemic (Ettman et al., 2020). According to the findings of two studies conducted in China (Wang C. et al., 2020; Zhang & Ma, 2020), women experienced higher rates of depression throughout the epidemic. Rossi et al. (2020) found that compared to men, women are more prone to suffer from depressive symptoms.

Aggression is any behavior intended to hurt another person, whether deliberately or reactively (in reaction to a perceived danger) (Anderson & Bushman, 2002). According to several contemporary aggression theories, aggressive conduct results from both external (situational) and internal (traits, attitudes, gender, trauma history) factors (e.g., cognition, affect, and arousal (Elbert et al., 2018; Bushman, 2016; Anderson & Bushman, 2002).

Statement of the Problem and Significance of the Study

During the COVID-19 pandemic, experts and scientists have seen a surge in family violence, particularly in the context of tougher seclusions (Perez Vincent et al., 2020; Fraser, 2020; Telles et al., 2020; Ebert & Steinert, 2021). Based on 18 research from the United States, Mexico, Argentina, India, Australia, and Europe, Piquero et al. (2021) showed substantial evidence for a modest epidemic-induced domestic violence. Violent exposure among youth has grown due to excessive social media usage (including news).

This study sought to test the mediating role of worry and intolerance of uncertainty in the connection between media exposure and the mental health of students at the university level. Extraction from findings could help us understand how in Covid-19, media exposure affects students' mental health.



Conceptual model of the study

Hypotheses

H1: More media exposure will predict a high level of psychological distress, depression, and aggression through the mediation of worry and intolerance of uncertainty.

H2: There will be a significant correlation between media exposure, psychological distress, depression, aggression, worry, and intolerance of uncertainty.

H3: There will be significant differences among respondents based on the socioeconomic status of the study variables.

H4: Females will score high compared to males on psychological

distress, depression, aggression, worry, and intolerance of uncertainty

Material and Methods

Design, Participants, and Procedure

The research design for this study is quantitative and non-experimental. The students who agreed to participate in the research were 420 and contacted via an online survey. Using connections between researchers and teachers, the online survey link was sent to students at other institutions in a snowball fashion (To identify students who agreed to participate in the study). Online forms comprising informed permission, participant information, and scales for each variable were delivered. There was also a clause allowing potential participants to bypass the link they had been given if they found it unacceptable. The distribution and completion of this online survey were not required.

Measures

Media Exposure

Along with some neutral filler questions, this scale included 14 items that addressed five types of antisocial media content: theft, drug usage, anger, and violence. On a 5-point scale, all items were answered (1 ¼ never to 5 ¼ very often).

Penn State Worry Questionnaire

Stress Test at Penn State (PSWQ; Meyer et al., 1990). The PSWQ is often used for clinical and community samples (Freeman et al., 2019). Sixteen self-report questions on it are intended to identify pathological concerns. Persistence (I have always worried"), intensity ("My concerns overwhelm me"), and controllability ("Once I start worrying, I cannot stop") are a few of this construct's characteristics. From 1 ("not at all characteristic of me") to 5 ("extremely typical of me"), the Likert scale. In earlier studies, the PSWQ demonstrated strong test-retest reliability over four weeks (r =.75; Meyer et al., 1990) and high Cronbach's alphas (.88–.95) (Startup & Erickson, 2006).

The Intolerance of Uncertainty Scale-Revised

The 12-item Intolerance of Uncertainty Scale-Revised (Intolerance of Uncertainty-12) measures how people respond to

ambiguous circumstances, uncertainty, and the future (Carleton et al., 2007; Mantzios et al., 2015 Simou, Mpouzouka, Graikou, & Simos, 2016). From 1 (which is not representative of me) to 5 (entirely characteristic of me). The intolerance of the uncertainty-12 scale reflected the disorder's avoidance and anxiety aspects. Inhibitory anxiety and prospective anxiety were identified as contributing variables. The Cronbach's alpha value for the intolerance of uncertainty -12 items was 0.90.

The Kessler Psychological Distress Scale

The K-6 is a six-item variation of the K-10. To assess psychological and non-psychological suffering. It sets general psychological distress based on behavioral, emotional, cognitive, and psychophysiological indicators. Cronbach's alpha ranges from 0.89 to 0.92 for K-6 (23, 24). Alpha reliability is 0.88 for the present study.

Brief Patient Health Questionnaire (PHQ-9)

Short Patient Health Survey (PHQ-9) Mood Scale: On this 9-item scale, major depression and subthreshold depressive disorder are being diagnosed (Hyphantis et al., 2011; Kroenke et al., 2001). The scale rates the intensity of depressive symptoms during the preceding two weeks from 0 to 3. There are seven cut-off scores: 0–4, 5–9, 10–14, 15–19, and 20–27. The PHQ-9 items have a Cronbach's alpha coefficient of 0.84.

Aggressive Behavior Scale

It includes four MDS items: verbal abuse (screaming at others), physical abuse (striking others), socially unsuitable or disruptive (throwing food), and rejecting care (e.g., pushing the caregiver during ADL assistance). The ABS goods are marked as not exhibited (0), 1 to 3 days exhibited (1), 4 to 6 days exhibited but less than daily (2), or daily exhibited (2). The ABS scores range from 0 to 12, with higher values indicating more behaviors occurring more frequently. The MDS 2.0 has robust interrater reliability estimates, with a Cronbach's alpha coefficient of 0.72.

RESULT

Pathway Diagram of Media Exposure and Mental Health Via the Mediation of Worry and Intolerance of Uncertainty in the third wave of Covid-19

Figure 1 Research model

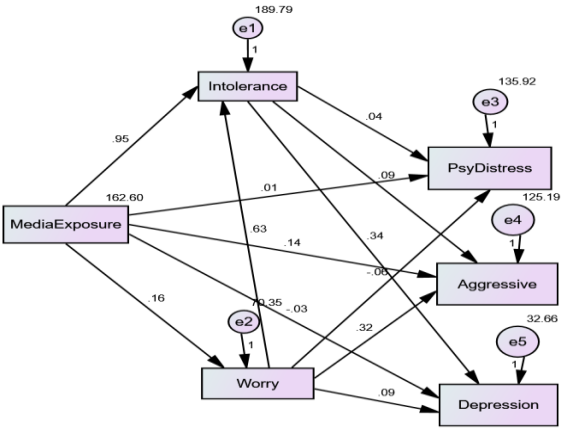


Table 1. SPSS PROCESS output for a simple mediation model
Model: 4
Y: Psychological Distress
X: Media Exposure
Mediating 1: Worry
Mediating 2: Intolerance of Uncertainty
Sample Size: 420

Outcome Variable (Worry)							
Model Summary	**R**	**R-sq**	**MSE**	**F**	**Df1**	**Df2**	**P**
	.2352	.0553	70.6856	24.4783	1.0000	418.0000	.0000
Model							
	coeff	**SE**	**t**	**p**	**LL(CI=95%)**	**UL(CI=95%)**	
Constant	44.3496	1.5896	27.9006	.0000	41.2251	47.4742	
Media Exposure	.1592	.0322	4.9476	.0000	.0959	.2224	

Outcome Variable (Intolerance of Uncertainty)							
Model Summary	**R**	**R-sq**	**MSE**	**F**	**Df1**	**Df2**	**P**
	.6720	.4516	218.5026	344.1649	1.0000	418.0000	.0000
Model							
	coeff	**se**	**t**	**p**	**LL(CI=95%)**	**UL(CI=95%)**	

Constant	25.9120	2.7947	9.2718	.0000	20.4185	31.4055
Media Exposure	1.0494	.0566	18.5517	.0000	.9382	1.1606

Outcome Variable (Psychological Distress)							
Model Summary	R	**R-sq**	**MSE**	**F**	**Df1**	**Df2**	**P**
	.0722	.0052	137.2235	.7261	3.0000	416.0000	.5368
Model							
	coeff	**se**	**t**	**p**	**LL(CI=95%)**	**UL(CI=95%)**	
Constant	29.2795	3.7478	7.8124	.0000	21.9125	36.6466	
Media Exposure	.0054	.0607	.0887	.9293	-.1138	.1246	
Worry	-.0554	.0729	-.7590	.4483	-.1988	.0880	
Intolerance of Uncertainty	.0438	.0415	1.0546	.2922	-.0378	.1253	

Direct effect of X on Y					
Effect	se	t	p	LL(CI=95%)	UL(CI=95%)
.0054	.0607	.0887	.9293	-.1138	.1246

Indirect effect of X on Y				
	Effect	BootSE	BootLL(CI=95%)	BootUL(CI=95%)
Total	.0371	.0406	-.0404	.1201
Worry	-.0088	.0117	-.0342	.0128
Intolerance of Uncertainty	.0459	.0438	-.0381	.1344

Level of confidence for all confidence intervals in the output: 95.0000
Number of bootstrap samples for percentile bootstrap confidence intervals: 5000

Table 2. SPSS PROCESS output for a simple mediation model
Model: 4
Y: Aggression
X: Media Exposure
Mediating 1: Worry
Mediating 2: Intolerance of Uncertainty
Sample Size: 420

Outcome Variable (Worry)							
Model Summary	**R**	**R-sq**	**MSE**	**F**	**Df1**	**Df2**	**P**
	.2352	.0553	70.6856	24.4783	1.0000	418.0000	.0000
Model							
	coeff	**Se**	**t**	**p**	**LL(CI=95%)**	**UL(CI=95%)**	
Constant	44.3496	1.5896	27.9006	.0000	41.2251	47.4742	
Media Exposure	.1592	.0322	4.9476	.0000	.0959	.2224	

Outcome Variable (Intolerance of Uncertainty)							
Model Summary	**R**	**R-sq**	**MSE**	**F**	**Df1**	**Df2**	**P**
	.6720	.4516	218.5026	344.1649	1.0000	418.0000	.0000
Model							
	coeff	**se**	**T**	**p**	**LL(CI=95%)**	**UL(CI=95%)**	
Constant	25.9120	2.7947	9.2718	.0000	20.4185	31.4055	
Media Exposure	1.0494	.0566	18.5517	.0000	.9382	1.1606	

Outcome Variable (Aggression)							
Model Summary	R	**R-sq**	**MSE**	**F**	**Df1**	**Df2**	**P**
	.4085	.1668	126.3982	27.7678	3.0000	416.0000	.0000
Model							
	coeff	**se**	**t**	**p**	**LL(CI=95%)**	**UL(CI=95%)**	
Constant	-8.8643	3.5970	-2.4644	.0141	-15.9348	-1.7938	
Media Exposure	.1400	.0582	2.4041	.0166	.0255	.2544	
Worry	.3177	.0700	4.5378	.0000	.1801	.4553	
Intolerance of Uncertainty	.0929	.0398	.23331	.0201	.0146	.1712	

Direct effect of X on Y					
Effect	**se**	**t**	**p**	**LL(CI=95%)**	**UL(CI=95%)**
.1400	.0582	2.4041	.0166	.0255	.2544

Indirect effect of X on Y				
	Effect	**BootSE**	**BootLL(CI=95%)**	**BootUL(CI=95%)**
Total	.1481	.0449	.0570	.2314
Worry	.0506	.0148	.0243	.0828
Intolerance of Uncertainty	0975	.054	.0044	.1819

Level of confidence for all confidence intervals in the output: 95.0000
Number of bootstrap samples for percentile bootstrap confidence intervals: 5000

Table 3. SPSS PROCESS output for serial multiple mediator models with two mediators
Model: 4
Y: Depression
X: Media Exposure
Mediating 1: Worry
Mediating 2: Intolerance of Uncertainty
Sample Size: 420

Outcome Variable (Worry)							
Model	**R**	**R-sq**	**MSE**	**F**	**Df1**	**Df2**	**P**

Summary							
	.2352	.0553	70.6856	24.4783	1.0000	418.0000	.0000
Model							
	coeff	**se**	**t**	**p**	**LL(CI=95%)**	**UL(CI=95%)**	
Constant	44.3496	1.5896	27.9006	.0000	41.2251	47.4742	
Media Exposure	.1592	.0322	4.9476	.0000	.0959	.2224	

Outcome Variable (Intolerance of Uncertainty)							
Model Summary	**R**	**R-sq**	**MSE**	**F**	**Df1**	**Df2**	**P**
	.6720	.4516	218.5026	344.1649	1.0000	418.0000	.0000
Model							
	coeff	**se**	**t**	**p**	**LL(CI=95%)**	**UL(CI=95%)**	
Constant	25.9120	2.7947	9.2718	.0000	20.4185	31.4055	
Media Exposure	1.0494	.0566	18.5517	.0000	.9382	1.1606	

Outcome Variable (Depression)							
Model Summary	R	**R-sq**	**MSE**	**F**	**Df1**	**Df2**	**P**
	.7653	.5857	32.9724	196.0374	3.0000	416.0000	.0000
Model							
	coeff	**se**	**t**	**p**	**LL(CI=95%)**	**UL(CI=95%)**	
Constant	-3.7702	1.8371	-2.0522	.0408	-7.3814	-.1590	
Media Exposure	-.0319	0297	-1.0740	.2835	-.0904	.0265	
Worry	.0913	.0358	2.5520	.0111	.0210	.1615	
Intolerance of Uncertainty	.3362	.0203	16.5317	.0000	.2962	.3762	

Direct effect of X on Y					
Effect	**se**	**t**	**p**	**LL(CI=95%)**	**UL(CI=95%)**
-.0319	.0297	-1.0740	.2835	-.0904	.0265

The indirect effect of X on Y				
	Effect	**BootSE**	**BootLL(CI=95%)**	**BootUL(CI=95%)**
Total	.3674	.0320	.3066	.4305
Worry	.0145	.0072	.0022	.0304
Intolerance of Uncertainty	.3528	.0331	.2904	.4195

Level of confidence for all confidence intervals in the output: 95.0000
Number of bootstrap samples for percentile bootstrap confidence intervals: 5000

Table 4. *Evaluation Table of Correlation among Variables of the study during 3rd Wave of Covid-19*

Variable	**Mean**	**SD**	**1**	**2**	**3**	**4**	**5**	**6**
Media	47.73	12.76	--	.235*	.672*	.046	.482*	.300*

Exposure								
Worry	51.94	8.63	--	--	.415*	-.009	.391*	.320*
Intolerance	76.00	19.93	--	--	--	.062	.760*	.342*
Psy Distress	29.98	11.70	--	--	--	--	.075	.071
Depression	25.00	8.88	--	--	--	--	--	.366*
Aggression	21.38	12.27	--	--	--	--	--	--

p<.001

Table 4 revealed a significant correlation between aggression, depression, anxiety, and stress.

Table 5. *Means, standard deviations, and t-value of the Male (n=203) and Female (n=217) students (N=420)*

Variables	Male (n=203)		Female (n=217)				95% CI		Cohen's d
	M	SD	M	SD	t	p	LL	UL	
Media Exposure	47.45	12.28	47.99	13.22	-.435	.664	-2.99	1.91	0.042
Worry	51.74	8.76	52.13	29.29	-.467	.641	-2.05	1.26	0.018
Intolerance	75.68	19.33	76.29	20.52	-.311	.756	-4.43	3.22	0.030
Psy Distress	29.32	11.25	30.60	12.10	-1.119	.263	-3.52	.966	0.109
Depression	24.61	8.84	25.36	8.93	-.888	.386	-2.45	.953	0.084
Aggression	21.78	12.17	21.00	12.37	.649	.517	-1.57	3.13	0.063

p<.001

Table 5 highlighted no significant differences between males' and females' scores on media exposure, worry, Intolerance of Uncertainty, Psychological distress, Depression, and Aggression.

DISCUSSION

The current study aims to examine the troika of media exposure, mental health, and Covid-19 mediating concern and intolerance to uncertainty. The study results showed that media exposure during Covid-19 negatively impacts students' mental health. Negative information in the media created an environment of concern that ultimately led to an intolerance of uncertainty. Several studies have linked outbreaks and epidemics to mental health (mental stress, depression, aggression, etc.) in various social groups, including the elderly, healthcare workers, patients, students, and children (Brooks et al., 2020; Cao et al., 2020; Center for the Study of Traumatic Stress, 2020; Ho et al., 2020; Kim & Su, 2020; Ornell et al., 2020; Zhang et al., 2020).

According to several research findings, when the incidence of depressive symptoms is compared before and after the pandemic, there is evidence of an increase in depression. This was between 10.1 and 14.3 percent (Bretschneider et al., 2017; Bauerle et al., 2020b). Depression symptoms become more common in the United States due to the COVID-19 epidemic (Ettman et al., 2020). According to the findings of two studies conducted in China (Wang C. et al., 2020; Zhang & Ma, 2020), women experienced higher rates of depression throughout the epidemic. Rossi et al. (2020) found that compared to men, women are more prone to suffer from depressive symptoms.

The correlation between time spent watching television and one's mental health demonstrates that the use of social media during the pandemic can have a negative impact on one's mental health (Ni et al., 2020; OReilly, 2018).

Students' exposure to the media was expected to predict the detrimental impact on their mental health. The current study's findings (figures 1 and 2) and tables 1, 2, and 3 support this hypothesis. Students' social lives are becoming increasingly centered on their usage of various social media platforms; as a result, they may be more susceptible to developing an addiction to social media, which poses a risk to their mental health. According to the findings of this research, students who had higher ratings of their exposure to various forms of media had a greater likelihood of experiencing moderate mental distress, depression, anger, and other related symptoms. According to Gao et al.'s research from 2020, extensive usage of social media during the Wuhan pandemic affected users' mental health.

Intolerance of uncertainty was only a tiny part of the direct linkages between symptoms and pandemic worries. Other factors may be involved in the links between COVID-19 worries and uncertainty. People who are worried about a pandemic are more likely to be worried about anxiety (Blakey et al., 2015), body vigilance (Wheaton et al., 2012), and disgust (Blakey & Abramowitz, 2017). (Brand et al., 2013).

According to Berryman (2018), individual studies' findings on social media's effects on mental health have been inconsistent. According to research by Ferguson et al. (2014) and Ferguson et al. (2019), using social media should not have a negative effect on one's

mental health. Nevertheless, incorrect information and reports were widely disseminated on social media throughout the pandemic. Many users have reported feeling concerned and confused due to it (Hua et al., 2020; Naeem & Bhatti, 2020), and it is a possibility that it has negatively impacted their mental health (Patel et al., 2020). According to Lai et al.'s 2020 research, the most contagious disease is inaccurate information, which can lead to anxiety, depression, and feelings of isolation. Also, many people experienced negative feelings (such as concern, stress, fear, and discomfort) on social media, which may have magnified comparable emotions (Kramer et al., 2014). Many people experience these negative emotions on social media.

As expected, the relationship between COVID-19 media exposure and acute stress is mediated by intolerance to uncertainty. As a result, intolerance to ambiguity may develop due to exposure to COVID-19 in the media and serve as a predictor of psychological distress. This is the first study that we are aware of that investigates the role that uncertainty intolerance plays in regulating the association between exposure to the media and the experience of psychological distress. Exposure in the media to stories about pandemics might offer the psychological groundwork for intolerance toward the production of insecurity. Previous studies (Rosen & Knauper, 2009; Ladouceur et al., 2000) supported the findings by showing that uncertainty intolerance can fluctuate in response to confusing information or attitudes. The current findings corroborated those findings.

The findings supported the risk factor model of post-traumatic stress disorder (Ben-Ezra et al., 2008; Freedy et al., 1992), indicating that pandemic-related media exposure could be a concern for one's mental health. In addition, the findings were consistent with the emotional contagion hypothesis (Ferrara & Yang, 2015; Du et al., 2011). It is possible that the misery brought on by the COVID-19 epidemic can be passed from one person to another. People who were subjected to a more significant amount of COVID-19 media were more likely to experience psychological distress.

In addition, our findings were consistent with past empirical studies that linked exposure to media coverage of natural disasters to feelings of psychological distress (Holman et al., 2019; Thompson et al., 2019; Holman et al., 2014). The current research supported

findings associating COVID-19 media exposure with stress-related symptoms (Chao et al., 2020; Garfin et al., 2020; Elhai et al., 2020).

The mediation model was confirmed, and all variables showed significant connections. Intolerance to uncertainty, despair, fear, and stress predicted optimism directly and indirectly. The COVID-19 epidemic's mental health consequences were consistent with previous studies. COVID-19 fear and uncertainty intolerance were linked by Satici et al. (2020b). The same study linked optimism and COVID-19 anxiety. COVID-19 anxiety was linked to stress, anxiety, and depression.

Women were predicted to score higher than men on psychological discomfort, depression, and violence. The study found no gender disparities in media exposure's adverse mental health effects. In our study, males and females had comparable psychological suffering (Cao et al., 2020). During an increasingly severe lockout, women became depressed. In contrast, Ausn et al. (2021) from Spain found no gender difference in depression. They were living alone, depressed men and women equally. This contradicts the idea that juggling husband, parent, and worker duties harms women's mental health (Simon, 1995). Women are more depressed by stricter prisons than men.

Negativity may be adversely impacted by factors such as depression, worry, and stress. Alternately, a reduction in optimism may lead to an increase in fear of COVID-19, while an increase in fear may lead to an increase in the intolerance of uncertainty, despair, anxiety, and stress (Harper et al., 2020; Satici et al., 2020a; Taylor et al., 2020).

CONCLUSION

According to the findings of this study, increased exposure to the media contributes to the worsening of psychological distress, melancholy, and violent behavior among students by mediating their anxiety and intolerance of uncertainty during COVID-19. According to our research findings, mental health problems are widespread during the COVID-19 epidemic and strongly correlate with extensive social media usage. Based on these findings, parents and schools should pay more attention to children's mental health when dealing with COVID-19. It is expected of students that they will look out for

one another. In addition, there are various access points for students to receive mental health services, such as crisis hotlines, online courses and consultations, online consultations, and outpatient consultations. The conclusion is to remain vigilant for potentially misleading material, eliminate it through filtering, and engage in cross-sectional collaboration to spread accurate knowledge.

Future Research Directions

This research will allow researchers to pursue rigorous research to establish a link between media exposure and other life elements that a catastrophe like the Covid-19 epidemic may negatively impact.

Limitations of the Study

As a preliminary investigation of COVID-19, this work suffers from significant drawbacks, including inadequate support from the relevant literature. Because COVID-19 is a problem that affects public health on a global scale, we plan to broaden the scope of our inquiry to include more countries so that we can collect more data and get better results. However, this study's findings could help direct future research. The vast sample size and the data collection from multiple centers are two additional advantages of this study.

Application of the Study's Findings

This research created a theoretical framework that stimulated an essential part of media. The model described how media material might cause pupils to worry, resulting in uncertainty. The pupils' mental health will suffer as a consequence of this circumstance. This model may be used to deduce that the authorities should closely monitor the regulated media's content and, after careful evaluation, let broadcasting communicate positive information to the general public. The results aid in understanding and organizing mental health in Pakistan. It is possible for the government of Pakistan and the media, which are believed to be the fourth pillar of the state, to employ appeals to the religious beliefs of Pakistanis in order to minimize the immediate and long-term effects of the COVID-19 epidemic on mental health. This study will also serve as the foundation for future research into how society’s social and cultural norms might play a role in reducing the risk of natural disasters.

Declarations:

Compliance with Ethical Standards

The pertinent norms and regulations are carried out in every procedure. It is argued that every ethical principle was adhered to throughout the process of carrying out this research.

Funding

The initiative receives no financing.

Conflict of Interest

There is no conflict of interest of any sort.

Ethical Approval and Informed Consent

Even though no formal ethics committee is available at our institute, the authors ensured that all ethical requirements were met and informed consent was obtained.

Availability of Data

The datasets generated and analyzed throughout the current work are not available to the public owing to the sensitive nature of the material; however, the corresponding author can make them available to you if you make a fair request. When it is required or requested, the data set will be made available.

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Consent for Publication

Not applicable to this manuscript.

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