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Effect of a COVID-19 on Social, Psychological, Economic and Health Conditions in Libya

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Abstract

The purpose of this paper was to measure the effect of a COVID-19 on social, psychological, economic and health conditions in Libyan society. This study was undertaken through a questionnaire survey using the Google Form survey questionnaires in order to collect the data. A random sampling method was used from 1stJune to 15th July 2020by obtaining a greater insight into the issue. A result of this study revealed that the COVID-19 had a different effect on four dimensions (social, psychological economic and health conditions). The findings of the study indicate that there is a small positive effect on social, middle and above middle positive effect on psychological and economic respectively and high positive effect on health conditions with various percentages in Libyan society. This has been one of the first academic studies on the COVID-19 on social, psychological, economic and health conditions addressed the Libyan society. Arguably, many of the areas covered in this study warrant more specific and in-depth investigation. The researchers hope that this paper will be beneficial to both Libyan people and government in improving and developing the social aspects to avoid spreading the COVID-19 in the future.

Keywords: COVID-19, social conditions, psychological conditions, economic conditions, health conditions, Libya.

1. Introduction

Recently, spreading a novel Corona Virus Disease (COVID-19) has become a matter of great global concern for all the people in the world, particularly in Libya, which suffers from the lack of health care and shortages of medical equipments. The COVID-19 pandemic is a novel corona virus, which first emerged in Wuhan, China, in December 2019. It began spreading rapidly in China and in the rest of the world through the movement of people in early 2020. At present, it is considered a pandemic in worldwide [1]. All people in the world are threatened by an emerging viral outbreak without a specific vaccine or effective treatment already available.

On the 30th of January 2020, the World Health Organization (WHO) declared the COIVD-19 a public health emergency of international concern. After 6-weeks the outbreak of the COIVD-19 was considered as a pandemic. In

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view of the speed of spreading of the fatal COVID-19 disease and the slow reach of vaccination, inflation of food and deterioration of other related livings would push many people towards famine and starvation, besides the spread of corruption, crime and terrorist power expansion are highly expected [2]. The COIVD-19pandemic is already affecting more than 3.86 million people (May 8, 2020), with 269 thousand deaths, this may lead to an expected number of deaths about 1 to 2 million people [3].

The corona virus pandemic is affecting many African countries including, for example, Libya, which is a part of the world and also has lately been affected by out breaking of corona virus. In Libya, the numbers of recorded and confirmed cases have been increasing quickly with a mainly severe situation. It is similar to severe situation in African countries such as Egypt, Algeria, Morocco, South Africa, and Cameroon [4]. For the period of an ongoing spread of the COVID-19 pandemic, although the quarantine and other preventive measures implemented to stop spreading of the COVID-19 in Libya, the number of infected cases continued to rise significantly. Because of increasing the cases affected with the COVID-19, most of the private sectors, restaurants, cafés, schools, higher education institutions, universities, mosques, clubs, entertainment centers, events halls and commercial outlets are completely locked. Furthermore, some public places are forbidden to be crowded with people like, funerals, weddings and mass transport; however there are exceptions for food companies and outlets, bakeries, petrol stations – during non-curfew hours.

The National Centre For Preventing Diseases has recorded the cases that have been infected with the Corona virus. The cases reached to more than 3,017 people across the country and this number will be increased every single day [5]. Currently, it is not possible to predict how long the COVID-19 pandemic will last in Libya and how many Libyan people will be infected with. The rising of a COVID-19 pandemic affected social communication and economic activities through the forced social distancing policies that have different levels of severity in several African countries in addition to Libyan country [4]. The social distancing can create global socio-economic crisis and psychological disorders, which leads to a state of confusion [6]. Also, there is no doubt the substantial decrease in economic activities, which ranges from the number of reserves in restaurants, hotels or travelling, up to the incomes to the media [7].

To date, there have not been many studies about spreading a novel COVID-19 and its effect on social, economic, psychological, and health conditions in Libya. The objective of this research is to measure four dimensions. To pursue this aim, the study solicits opinions of Libyan people.

In line with the above objective, the study endeavours to answer the main research question:

What are the effects of a COVID-19 on social, psychological economic and health conditions in Libya?

From the main research question above, the following subsidiary questions are derived:

1. To what extent are the effects of a COVID-19 on social condition in Libya?
2. To what extent the effects of a COVID-19 on psychological condition in Libya?
3. To what extent are the effects of a COVID-19 on economic condition in Libya?
4. To what extent are the effects of a COVID-19 on health condition in Libya?

2. Literature Review

Libya witnessed ongoing political division and widespread instability and insecurity, which, in turn has led to societal tensions and a set of economic challenge. Also, due to a rapid spread of Covid-19 day after day, many people in Libya are losing their jobs and income, with no way of knowing, when life and conditions will return to normal. The COVID-19 pandemic shed light on the difference among social classes. There are a lot of cases that show the transmission of illness from the employer to the worker. Transmission further occurs in local workers because of using of public transportation [2]. The condition concerning Covid-19and its impacts on health, social, economic and psychological conditions in Libya is investigated up until now.

In addition, the emerging literature has not explored the impact of the COVID-19 pandemic on social, psychological, economic, health and conditions in Libya. Conducting research about spreading the COVID-19isan important. This is

because in many countries specifically African countries including Libyan is vulnerable to face the outbreak of corona virus.

Health is a great concern in Libyan, the fact along with reasons thereof should be disclosed. In the past, incapacitated Libya's health system is further deteriorated because of fragmented governance, restricted financial resources, lacking of human resources, acute scarcity of lifesaving medicines and basic equipment, a incapacitated primary health-care (PHC) network, and ignored health services [8].

According to Health Situation Reports, (2017), there is a Service Availability and Readiness Assessment survey conducted by WHO and MOH, the survey showed that 17 out of 97 hospitals are closed and only 4 hospitals are functional between 75-80% of its capacity. More than 20% major health care facilities are closed and the rest of them are not well prepared for service delivery [8]. However, Libya like other country around the world has recently infected with a COVID-19 pandemic. The World Health Organization announced that it has classified Libya among the high-risk countries in the region and confirmed the importance of observing and following the preventive measures and regulations for protection against corona virus [9].

The country's National Centre for Disease Control (NCDC) reported a total of 1,563 cases, with 370 recoveries and 42 deaths. The ongoing rise in cases infected with corona virus is because of some reasons, including failure to follow safety instructions and precautions procedures for example, wearing masks, social distancing, avoiding congregations and socializing/visiting friends and relatives [9]. Moreover, there are isolation and curfew, which lead to fatigue and stress as many are tired of quarantining their family after months of abiding by safety regulations as well as following precautionary measures [9].

3. Methodology

Research methodology is the roadmap that deals with the manners in which data will be collected, analysed and interpreted in order to achieve research objectives. In this study, a quantitative approach is used to deal with a large number of samples within a relatively short period of time, which helps to augment the method's generalisation capacity [10].

2.1 Study population and sample

In sample-based studies, it is necessary to clearly define the population being surveyed and to ensure that the selected sample provides an accurate representation of the population [11]. The population of the current study consists of all Libyan people who are intended to answer the final questionnaire through social media. In this study, a random sampling method is used, which will give every person in the population an equal chance. A Google Form self-administrated questionnaire was used to collect information data about Libyan people such as social, psychological, economic and health conditions. To increase sample representation, as suggested by [12] respondents were approached from different social media (Facebook, Twitter, WhatsApp, Instagram, Viber, Telegram, Snapchat). The first section of questionnaire comprises of the respondents' demographic characteristics, which includes gender, age, marital status, education level, specialty and the number of people staying at home, whilst the second section comprises of social, psychological, economic and health conditions factors. For reliability, the questionnaire was previously subjected to a pilot test. A total of 915 responses were received, out of which only 902 were found usable. Therefore, the response rate was 98.5%. However, 13 questionnaires were rejected because some of them were repeated answers and other were incomplete answers. All data analysis was conducted using SPSS (version 25).

2.2 Sampling weights of survey

The sample of the study was designed as previously mentioned in the COVID-19 pandemic survey, so that the results can be generalized to all regions in Libya. However, after the data were collected, there was a shortage in some districts and gender, which requires correcting the shortage in these districts by using weights to correct the defects in the samples, which may lead to bias and other between the sample and the reference population [13]. As for the other dimensions that are very important to obtain reliable results, such as age groups distribution according to urban and rural areas, it can be said that the sample represents the reference population so that there is no need to use weights to correct defects in those demographic variables.

2.3 Validity content and construct

The content validity of the instrument of this study was established through the pilot study. Furthermore, the duration taken to complete the questionnaire by the pilot survey respondents was checked and timed to ensure that it was not so long that it made the participants shy away from completing it and answering all the questions. The questionnaire covers all the important aspects identified within the literature discussed in Section 2 of this study. However, comments obtained from pilot survey were incorporated before finally being used the questionnaire in the main study. The questionnaire used in this study contains clear and direct questions; this was reflected from the piloting tests, indicating that the construct validity is acceptable. Moreover, using the Google Form as data gathering techniques contributes positively to the construct validity. Finally, the use of a Five Point Likert scale in the questionnaire has also contributed to improving the construct validity.

2.4 Reliability analysis

The coefficient alpha method provides a summary measure of the inter-correlations that exists among a set of items. [14] argued that the alpha coefficient is the reliability test that is most commonly used by researchers to check internal consistency. The alpha coefficient ranges from 0 to 1, and it is common practice to take 0.60 as the minimum acceptable value of alpha. [15] suggested a minimum alpha value of 0.70, for reliability purposes. The alpha value is calculated based on the average correlation of items within a test if the items are standardised. The test results are summarised in the table 1.

Table 1 Reliability analysis of factors

No.	Abbreviation	COVID-19 Dimensions	Items	Cronbach Alpha (α)
1.	SC	Social Conditions.	5	0.717
2.	PC	Psychological Conditions.	6	0.840
3.	EC	Economic Conditions.	7	0.828
4.	HC	Health Conditions.	7	0.792
		Overall	**25**	**0.820**

Table 1 shows that the Cronbach's alpha in the social, psychological, economic and health conditions are of about 0.717, 0.840, 0.828 and 0.792 respectively, which are of above the minimum alpha value of 0.70. The overall Cronbach alpha of the scale is of about 0.820. This result indicates that the data obtained from questionnaire survey is reliable and suitable for further analysis.

4. Results and Discussion

The aim of this section is to present and discuss the findings of the questionnaire survey. The current study has used descriptive statistical measures (such as frequency distribution means, percentage, standard deviation, relative importance) to current states of COVID-19 in Libya, to help the researchers describe the characteristics or average scores and the variability of scores in the sample. The following subsections present and analyse the descriptive statistics results of the questionnaire survey data.

4.1 Background of the Respondents

It is important to introduce the background of respondents participating in the survey to understand the level of the respondents. Therefore, the gender, age, marital status, number of people staying at home, education level, and specialty of the questionnaire survey respondents are discussed in this section in order to facilitate a better understanding on their background. Data description is typically the first step in analysing any set of information. It mainly includes graphical presentation, frequency table, mean, and standard deviation of data.

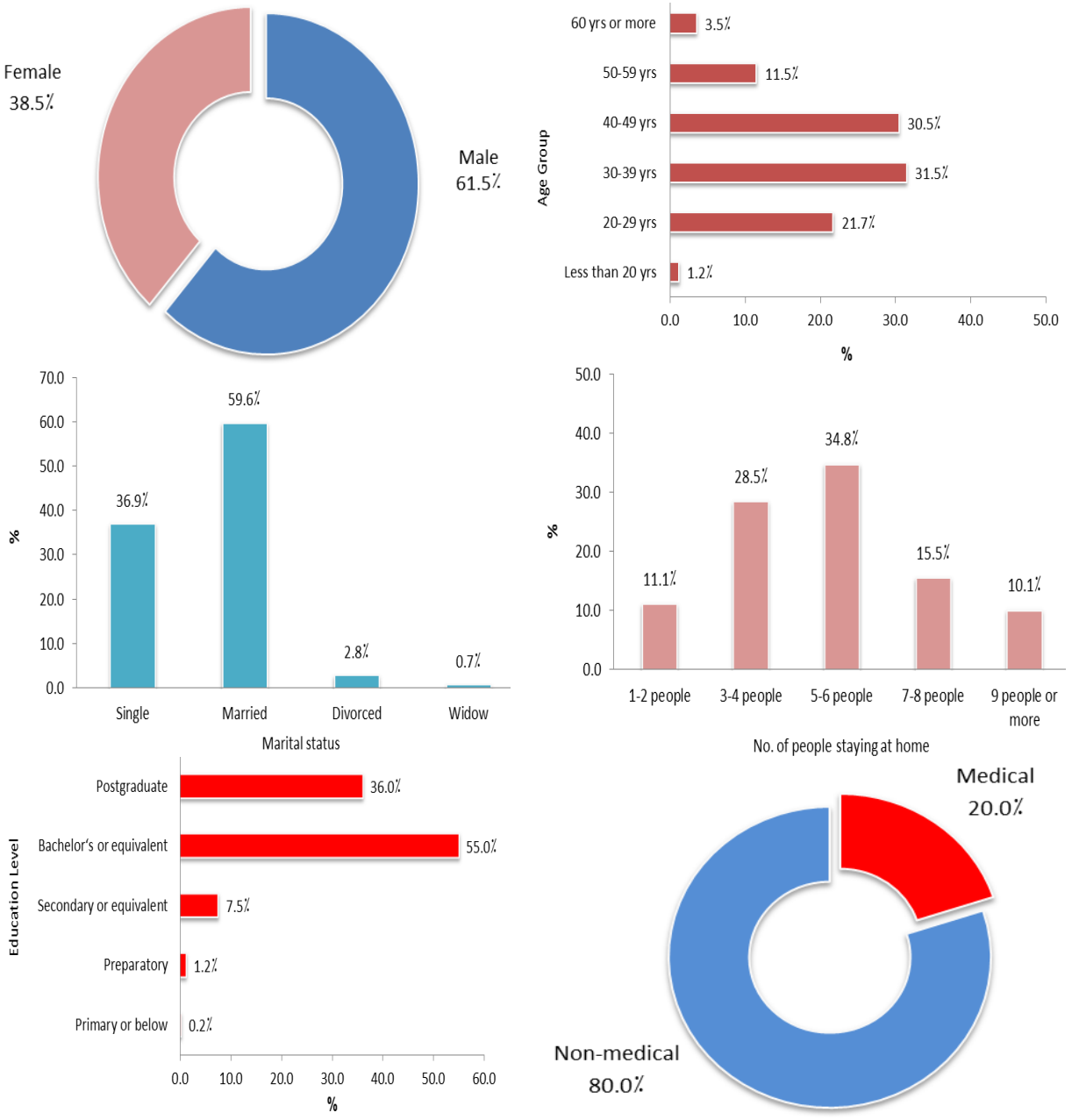

Figure 1. Distribution of the study sample by demographic characteristics of respondents

Figure 1 states that 555 out of 902 (or 61.5%) of respondents participating in the survey were males and 347 out of 902 (or 38.5%) females. Age group is presented in these tables and figure to give a better picture of respondents participating in the survey. The majority of respondents participating in the survey (31.5%) from age (30-39) years, followed by (30.5%) and (21.7%) of age from (40-49) years and age from (20-29) years respectively. The minority of participants were from age (Less than 20) years and (60+) years of about (1.2%) and (3.5%) respectively. These results indicates that most of the respondents aged (30-39) years and (40-49) years, which may have a good knowledge of Covid-19 infection in this survey. Regarding the marital status, 538out of 902 (or 59.6%) of respondents participating in the survey were married, followed by333out of 902 (36.9%) respondents were single, whereas the minority of participants were from divorced and widow of about (2.8%) and (0.7%) respectively. It can

be seen in Figure 1 that the number of people staying at home of respondents in the survey 314 out of 902 (or 34.8%) from 5-6 people, followed by 257out of 902 (or 28.5%) from 3-4 people and 140out of 902 (or 15.5%) from 7-8 people, whereas 100 (11.1%) and 91 (10.1%) out of 902 from 1-2 people and 9 people or more respectively. Figure 4.1shows that the majority of the respondents have obtained bachelor's or equivalent degree 55% (or 496 out of 902), and 36% (or 325 out of 902) of the respondents in this survey have a postgraduate's degree. The rest of the respondents have obtained secondary or equivalent, preparatory and primary or below 7.2%, 1.2% and 0.2% respectively. This reflects that the respondents who participated in the questionnaire survey are highly educated and, therefore, their participation in the survey has enriched the quality of survey findings in depicting the current states of COVID-19 in Libya. Figure 1 shows that 20% (or 180 out of 902) of the respondents specialised in medical, while 80% (or 722 out 902) of the respondents are from non-medical.

4.2 Descriptive Statistics Related to Social Conditions Dimension

The replies to indices pertaining to social conditions factor were important index. Table 2 presents the mean scores along with the std. of responses against the mentioned indices. Furthermore, the indices were ranked based on relative importance of the responses.

Table 2 Descriptive Statistics related to social conditions items

No.	Statement on social conditions items	Mean	Std.	RI*	Rank
SC_1	Abnormal role of the father or mother within the family.	2.17	1.13	43.4	5
SC_2	Intellectual differences within the family.	3.00	1.15	60.0	3
SC_3	Low rates of marriage.	3.44	1.21	68.8	1
ST_4	Increasing divorce rates.	2.80	1.11	56.0	4
SC_5	A direct threat to the family as a social organization.	3.04	1.22	60.8	2
	Overall score	2.89	1.16	57.8	-

* Relative Importance $\mathrm{RI} = \frac{\text{Mean Score}}{\text{5–point Likert Scale}} \times 100$

Regarding the statements on social conditions provided to the respondents participating of the effect of the Covid-19. From the table 2, it can be seen that the mean score ranged between (2.17-3.44 out of 5-point scale) and the standard deviation ranged between (1.11-1.22). It is obvious from Table 2 that the item, "Low rates of marriage" is the most significant factor (mean score 3.44 out of 5-point scale and std. 1.21), which represents the first rank with a relative importance of (68.8%), followed by the item: the second most influential index is the statement: "A direct threat to the family as a social organization" (mean score3.04 and std. 1.22), whereas the item "Abnormal role of the father or mother within the family" is rated the last item with a mean score (2.17 out of 5-point scale and std. 1.13)with a relative importance of (43.4%). In general, the Overall score of social conditions has reached (2.89 out of 5-point scale and std. 1.16) with a relative importance of (57.8%).

The study's results indicate that the spread of the Covid-19 is one of the most difficult challenges for social conditions, which makes many countries across the globe take preventive measures to prevent the outbreak of Covid-19, for example, closing borders and airports, as well as curfews in some cities. It is also difficult to predict all social effects that might occur in the future. This is due to the conditions are ongoing developed and nobody knows when the Covid-19 crisis will discontinue.

4.3 Descriptive Statistics Related to Psychological Conditions Dimension

The second dimension of the questionnaire on psychological conditions factor was aimed at researching which items is more important on psychological conditions. Table 4.2 presents the responses of this section mean score, standard deviation (std.), relative importance and then items were ranked based on relative importance of the responses.

Table 3. Descriptive Statistics Related to Psychological Conditions Items

No.	Statement on psychological conditions items	Mean	Std.	RI*	Rank
PC_1	Psychological tensions affect family relationships.	3.39	1.19	**67.8**	3
PC_2	Children's behavior in the family changed.	3.33	1.12	66.6	**4**
PC_3	A change in the parents' behavior towards their children.	2.86	1.18	**57.2**	5
PC_4	Family stress from staying home.	3.61	1.13	72.2	**2**
PC_5	The increase in the phenomenon of family violence.	2.64	1.20	**52.2**	6
PC_6	Boredom and depression from the length of being at home.	3.70	1.17	74.0	**1**
	Overall score	3.25	1.16	65.0	

* Relative Importance $\mathrm{RI} = \frac{\text{Mean Score}}{\text{5–point Likert Scale}} \times 100$

Table 3 shows that mean are very different to the responses to the items on psychological conditions factor. The statement, which represents "Boredom and depression from the length of being at home" was above of all the statements (mean score 3.70 out of 5-points and std. 1.17) with a relative importance of (74.0%). The statement, which represents "Family stress from staying home" has (mean score 3.61out of 5-points and std. 1.13) with a relative importance of (72.2%), so it was the second most suggested statement for psychological conditions. The last statement "The increase in the phenomenon of family violence" has (mean score 2.64out of 5-points and std. 1.20) with relative importance of (52.2%). Overall score, of the respondents has reached mean score (3.25 out of 5-points and std. 1.16) with relative importance of (65.0%), which means that the impact of the Covid-19 on psychological conditions for study participants was at the middle level.

The study's results indicate that the spread of the Covid-19 caused psychological issues for some people in different social classes, whether rich people or poor people. In addition, the symptoms of boring, fear and depression have occurred in their practices and behaviors. As the more they stay at home for long times, the more pressures and tensions they will get. The study also showed that the Covid-19 has affected the behaviour of family members, as well as the behaviour of society as a whole. This is due to feeling of concern and fear illness and death.

4.4 Descriptive Statistics Related to Economic Conditions Dimension

The analysis of the responses might be more facilitated if the mean scores with standard deviations of response in relation to the items are reported for the economic conditions. Therefore, the table 4 presents the mean scores and standard deviations of the responses towards the 7 statements of economic conditions factor.

Table 4. Descriptive Statistics Related to Economic Conditions Items

No.	Statement on economic conditions items	Mean	Std.	RI*	Rank
EC_1	The deterioration of the family's economic condition.	3.76	1.10	75.2	3
EC_2	I have nothing to fulfill my need of foodstuffs.	2.72	1.11	54.4	**7**
EC_3	Increasing incidence of poverty and the spread of the phenomenon of begging	3.48	1.14	69.6	4
EC_4	Decreased job opportunities and high unemployment.	3.97	1.08	79.4	**2**
EC_5	Losing my job and source of income in the coming weeks.	2.89	1.32	57.8	6
EC_6	The general level of prices increased significantly.	4.50	0.89	90.0	**1**
EC_7	Inability to meet financial obligations or basic needs, such as rents, drug prices, disinfectants and sterilizers, and food commodities.	3.52	1.12	66.8	5
	Overall score	3.52	1.16	70.4	

* Relative Importance $\mathrm{RI} = \frac{\text{Mean Score}}{\text{5–point Likert Scale}} \times 100$

Table 4 shows that mean are similar opinions to the responses to the items on concerned about economic conditions factor. The concerning item, which represents "The general level of prices increased significantly" was above of all the concerning statements (mean score4.50 out of 5-points and std. 890) with a relative importance of (90.0%). The second concerning item, which represents "Decreased job opportunities and high unemployment" has (mean score 3.97 and std. 1.08)with a relative importance of (79.4%), and the third of the most suggested item for concerning "The deterioration of the family's economic condition" has (mean score 3.76 std. 1.10) with a relative importance of (75.2%). The latest item on economic conditions factor, which represents "I have nothing to fulfil my need of foodstuffs" has (mean score 2.72 out of 5-points and std. 1.11) with a relative importance of (54.4%). Overall score, of the respondents has (mean score 3.52 out of 5-points and std. 1.16) with a relative importance of (70.4%).

It is possible that there will be a greater problem for citizens in the forthcoming months due to the significantly high prices of basic materials. At the same time, the effect of the Covid-19 has caused a decrease in employment opportunities and an increase in the unemployment rate, especially in self-employment, which is exacerbated by unemployment as long as no set of measures has been put in place to mitigate the economic impacts.

4.5 Descriptive Statistics Related to Health Conditions Dimension

The fourth dimension of the questionnaire on health conditions, the descriptive statistics of the responses might be more facilitated if the mean scores with standard deviations and then the items were arranged based on relative importance of the responses.

Table 5. Descriptive Statistics Related to Health Conditions Items

No.	Statement on health conditions items	Mean	Std.	RI*	Rank
HC_1	Concern about my personal health.	4.57	0.73	91.4	4
HC_2	Concern about the health of my family members.	4.84	0.42	96.8	**1**
HC_3	Concern for the health of the vulnerable people (the elderly and the sick people).	4.69	0.57	93.8	2
HC_4	Concern for The health of all Libyans.	4.61	0.64	92.2	**3**
HC_5	Concern for the health of the entire world's population.	4.19	0.93	83.8	7
HC_6	Concern about not providing healthcare to the citizens because of the Coronavirus.	4.38	0.91	87.6	**6**
HC_7	Concern about not providing healthcare to the groups that need more care, such as those with lowest income.	4.49	0.81	89.8	5
	Overall score	4.53	0.49	90.6	

* Relative Importance $\mathrm{RI} = \frac{\text{Mean Score}}{\text{5–point Likert Scale}} \times 100$

Table 5 demonstrates the concerning of responses to the statements relating to "Concern about not providing healthcare to the citizens because of the Coronavirus" (mean score 4.84 out of 5-points and std. 0.420) was scored as the first rank with relative importance (96.8%). The statement has ranked the second, which represents "Concern for the health of the vulnerable people (the elderly and the sick people)" with (mean score4.69 out of 5-points and std. 0.570) and relative importance (93.8%). The statement relating to "Concern for The health of all Libyans" has ranked the third with (mean score 4.61out of 5-points, std. 0.640) and relative importance (92.2%). The statement has ranked the forth, which represents" Concern about my personal health" with (mean score4.57 out of 5-points, std. 0.730) and relative importance (91.4%). The concerning of responses to the statements relating to "Concern for the health of the entire world's population" has ranked the last one (83.8%), with (mean score 4.19 and std. 0.930. Overall score, of the respondents has (mean score 4.53 out of 5-points and std. 0.490)with a relative importance of (90.6%).This result indicates that the respondents are somewhat effective, but that the level of effectiveness is up to the mark concern and fear about the health in general.

On the other hand, the emergence of this sudden pandemic raised concern among the general public and in Libya in particular, where the results of the study indicate a more serious concern and fear for the health of family members,

the health of vulnerable people (elderly and sick), and concern for the health of all Libyans. Moreover, the large shortages of medicine stocks, the lack of equipment and respirators, the low quality of care (the lack of masks and antiseptics), and the wrong news and reports have considered the higher levels of concern and fear.

4.6 Descriptive Statistics ComparisonofCOVID-19 Dimensions

The comparison of the questionnaire dimensions on COVID-19 was aimed at researching which dimension is more important on COVID-19 as conclusion of the questionnaire. In order to identify exactly which dimension differ(s) with which, further investigation has been undertaken using the relative importance comparison reveals that COVID-19 differ with other three dimensions. Table 6 and Figure 2 present the responses of this section mean score, standard deviation (std.), relative importance and then the dimensions were ranked based on relative importance of the responses.

Table 6. Descriptive Statistics related to COVID-19 Dimensions

No.	Abbreviation	COVID-19 Dimensions	Mean	Std.	RI *	Rank
1	**SC**	Effect of Corona Virus(COVID-19) on social conditions.	2.89	1.16	57.8	4
2	**PC**	Effect of Corona Virus(COVID-19) on psychological conditions.	3.25	1.16	65.0	3
3	**EC**	Effect of Corona Virus(COVID-19) on economic conditions.	3.52	0.79	70.4	2
4	**HC**	Effect of Corona Virus(COVID-19) on health conditions.	4.53	0.49	90.6	1
Overall score			3.55	0.90	70.95	-

* Relative Importance $\mathrm{RI} = \frac{\text{Mean Score}}{\text{5–point Likert Scale}} \times 100$

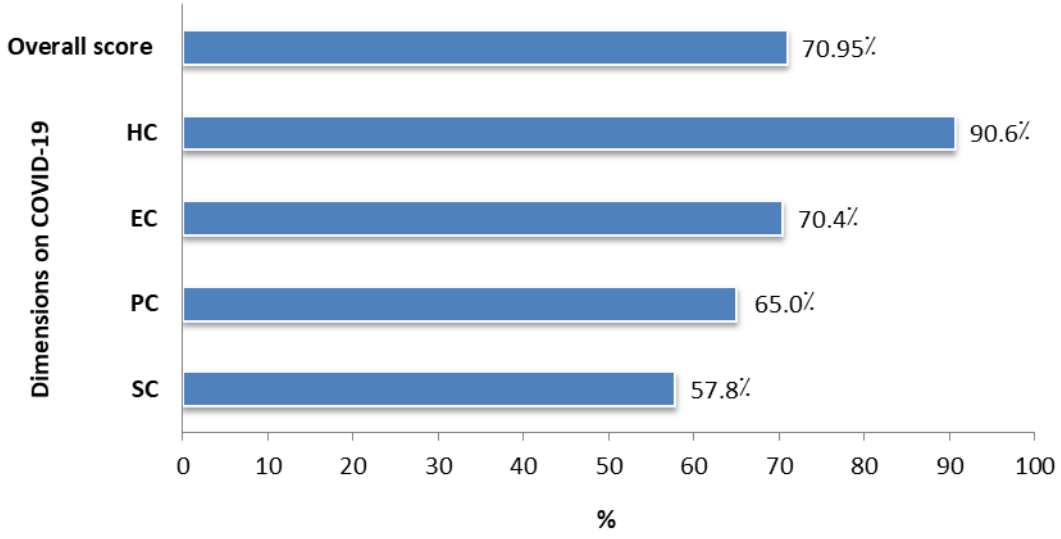

Fig. 2. Comparison on COVID-19 dimensions of social, psychological, economic and health Conditions

Regarding descriptive statistics for effect of COVID-19on social, psychological, economic and health conditions as shown in Table 6, it can be indicated that overall score ranged between (2.89-4.53) and the std. ranged between (0.490–1.160). Effect of COVID-19on health conditions is the first dimension compared to other dimensions with a mean score (4.53out of 5-points, std. 0.640) and relative importance (90.6%), while effect of COVID-19 on economic conditions is the second dimension with a mean score (3.52 out of 5-points, std. 0.790) and relative importance

reached (70.4%), However, the effect of COVID-19 on social conditions is the lowest dimension among other dimensions with a mean score (2.89 out of 5-points, std. 1.16) and relative importance reached (57.8%), followed by effect of COVID-19on psychological conditions with a mean score (3.25 out of 5-points, std. 1.16) and relative importance reached (65.0%).Overall score, of the questionnaire dimensions on COVID-19 was (mean score 3.55 out of 5-points and std. . 90) with a relative importance of (70.95%).

Finally, the results of this paper showed that COVID-19 had a small positive effect on social, middle or above positive effect on psychological, economic and high positive effect health conditions with various percentages in Libyan society. The findings of this study introduce several implications for Libyan government and National Centre For Disease Control about social, psychological, economic and health conditions for Libyan society.

According to the results, most of the respondents focus mainly on health conditions, because it is well-known that a health condition is the first thing that motivates Libyans to save their lives and being safe. The Libyans would be very cautious for their health as COVID-19 is a life-threatening disease. Psychologically, many people are fed up in being at home for long times because they do not have anything to do, for example, work distance. This, in turn, had influenced parents and children's behavior. Moreover, COVID-19 had influenced on economic conditions, which plays an important role in people's life. Also, the prices of products and services are increased remarkably because of outbreak COVID-19. Some people lost their jobs specifically people who work in the private sector. This leads to an increase in the rate of unemployment. Regarding the social conditions, it is also influenced by the spreading of COVID-19. This gives rise to a decline in the rates of marriage because the places of events halls and entertainment centers are closed as preventive measures reduce the spread of COVID-19.

5. Conclusion

In the current result study, it can be seen that the level of effect of COVID-19 on health conditions is very high compared with economic conditions, psychological conditions and social conditions. This is a typical situation in these days because all people in the world take care of being in good health condition to protect themselves from COVID-19. Therefore, the application of curfew and quarantine to limit the spread of COVID-19 pandemic is very important. People around the globe should follow safety instructions and preventive measures in the face of this dangerous virus. This is because awareness of the risks of the spread of this pandemic leads to mitigating the health crisis and responding to it as well as living with it.

Several observations can be made from the results presented in this paper. Firstly, it reflects the fact that COVID-19 in Libya is affected on social, psychological, economic and health conditions. These factors relating to dependent variables in Libyan society were also viewed as the key factors that affect COVID-19 effectiveness in Libya. Secondly, it appears that the respondents participating in the survey have sufficient knowledge about COVID-19. Thirdly, the agreement level (mean score) towards the statements in the questionnaire viewed by the respondents is higher in dimension of health conditions in comparison with the other three dimensions, whereas the lowest level of agreement is observed on social conditions. Future studies should focus on which type of social media that is the most using among Libyans regarding affecting Covid-19on social, psychological, economic and health conditions.

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