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Covid-19 Pandemic: Psychological, Social and Economic Impacts on Saudi Society

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Abstract

COVID-19 is a global crisis that has caused many consequences on societies, including Saudi society. For instance, fear, anxiety, and social divergence due to the disease's rapid spread and the absence of efficacious treatment. In addition to closures and quarantine. This study aims at identifying the psychological, social, and economic effects on Saudi society. We used the analytic approach. More specifically, the snowball sampling method was conducted with (1624 participants) aged between (18 -+60) during the COVID-19 pandemic from Riyadh and Najran cities. Accordingly, an online survey was conducted during the outbreak's peak phase, using the researchers' questionnaire. The results indicated that the psychological impact level was 42.25%, social (64.4%), and economic (51%) on Saudi society during the COVID-19 outbreak. In particular, psychosocial influence levels are exceptionally high for unmarried women, patients, and over 60 years. In contrast, the economic impact is high for married couples, private sector employees, and those living in rural areas with less than SAR 5,000. As a result, the study recommended that the Saudi government pay more attention to individuals' social, psychological, and economic aspects by developing medium and long-term political strategies, such as mapping the rates of psychological, social, and economic health problems to allocate adequate support and creating innovative ways online to increase the people well-being.

Keywords: COVID-19, psychological, Social, Economic, Saudi Arabia

1. Introduction

In late December 2019, the COVID-19 appeared and spread from Wuhan town of Hubei Province in China. Then, spread across individuals until it stretches worldwide. Despite the world's nations' efforts, it still moved from one person to another and one country to another (Nueangnong et al., 2020; Xu et al., 2020). The COVID-19 spread rapidly and widely. Therefore, the World Health Organization (WHO) announced a health emergency on 30 Jan 2020. In addition, on 11 Mar 2020, It declared that the COVID-

19 is "a global pandemic," making people panic through various behaviours (Aygün & Tüfekçi, 2020; Sood, 2020). Regardless of whether the person is infected or has direct contact with an injured person or away from the places of infection, it has led to many psychological, social, and economic pressures worldwide (McKibbin & Fernando, 2020). More specifically, people's concern and turbulence rise rapidly due to the spread of COVID-19 and the absence of vaccines or approved medicines, as well as isolations, closures, and quarantine, leading to many social problems. For instance, isolation, stay away from family members and socialize with friends, and change lifestyle. In addition to spreading the wrong information across social media (Sood, 2020).

Beside this, economic aspects have been affected. Remarkably, global stock markets lost about $6 trillion in one week from 24 Feb to 28, 2020 (Ozili & Arun, 2020). Current projections have also indicated a loss of many jobs in some regions and sectors, economic stagnation, and a large-scale financial meltdown, causing a significant blow to the global economy and the financial insecurity of societies and individuals, especially those that are financially fragile. Furthermore, many countries take precautionary measures, such as keeping people at home, closing cities, banning travel, and closing educational institutions that may reduce the disease's spread. However, it will have many implications for states and individuals' psychological, social, and economic aspects, especially those who are paid daily and have no fixed income (Hafiz et al., 2020; Prem et al., 2020). Thus, the psychological state takes a terrific part. Notably, countries have sought to limit social distancing and keep people at home for long periods, except for basic needs, causing social isolation and loneliness for individuals. It is also a catalyst for death (Sood, 2020). In particular, people who live away from groups like the education community, the labour group, and those separated from their loved ones, relatives, and friends feel that they are under great psychological stress. Besides, disseminating information via social media sites, which may be a central source of false and misleading information and rumours, is also a significant social, psychological, and neurological pressure (Shigemura et al., 2020). More specifically, hearing continuous updates every hour about the increasing number of people infected and dead can lead to many deaths far from being infected by stress, especially for individuals with previous mental and psychological disorders (Depoux et al., 2020; Sood, 2020). In addition, older people who are compelled to live alone without social contact, leading them to further psychological disorders such as post-traumatic stress disorder (PTSD), anxiety, panic, depression, and behavioural disorders; these disorders and psychological problems may worsen, especially in the light of the limited number of psychiatric practitioners and psychosocial health (Garg et al., 2019; Sood, 2020). Remarkably, psychosocial and economic health disorders are inevitable during and after the pandemic, and their effects on psychosocial health may affect physical health after the crisis has ended (Bonaccorsi et al., 2020; Li et al., 2020).

Many studies have concluded many psychological, social, and economic consequences of the social divergence applied in different democratic groups. For instance, anxiety, frustration, a sense of threat, social isolation, confusion, financial damage, and post-traumatic stress. However, other studies have reported loneliness, lack of information, anger, and feelings of loss and stigma (Ayittey et al., 2020). Based on the above consequences of social, economic, and psychological aspects of COVID-19. Therefore, this study is a step in identifying the actual magnitude of the social, psychological, and economic impacts of COVID-19 on the social, economic, and psychological aspects of societies and individuals.

1.1 Study problem

On 12 Dec 2019, COVID-19 appeared in Wuhan's Chinese city, and within three months, the virus spread worldwide rapidly. Besides, it is highly contagious, and there is no known vaccine or specific antiretroviral therapy. Therefore, the WHO announced that COVID-19 is a global pandemic. Thus, many precautionary and exceptional measures have been taken to address the pandemic and reduce its spread within countries (Xu et al., 2020).

Saudi Arabia considers as one of the first countries that sought several audacious and early

precautionary measures to prevent COVID-19 outbreak among society. More specifically, on 27 Feb 2020, the Kingdom decided to suspend Umrah purposes and visit Al-Masjid an-Nabawi 'The Prophetic Mosque' from outside the Kingdom. The decision was made two weeks before the WHO announced COVID-19 as a global pandemic on 11 Mar(Ebrahim & Memish, 2020). However, on 4 Mar, the Umrah was temporarily suspended for citizens and residents of the Kingdom, and on 9 Mar, the study was stopped in all educational institutions (Alkhamees et al., 2020). Furthermore, from 9 Mar to 12, Saudis and residents' travel to many Arab, Asian, African, and European Union countries was suspended. In addition, on 14 Mar, international flights were held off for two weeks, as well as suspension of sports activities and closure of private lounges and sports centers. On 15 Mar, all businesses were closed and all activities inside except supermarkets and pharmacies, and on 16 Mar, attendance at government headquarters was held off. Thus, on 16 Mar, attendance at government headquarters was postponed. On 17 Mar, the Friday and Jama'a prayers were suspended. Hence, on 18 Mar, the private sector's main offices' staff was adjourned, and on 20 Mar, domestic flights, buses, and trains were stopped. Also, on 23 Mar, a curfew was imposed in the evening, and on 25 Mar, city-to-city mobility was banned within the Kingdom (Alkhamees et al., 2020; Argaam, 2020). Health (2020) Stated that these quick and effective precautionary decisions have significantly reduced the infections increasing rate and alleviated this pandemic's spread within the Kingdom. To date, there have been 2,385 infection cases, 420 recovery cases, and 29 deaths. Furthermore, Guardian (2020) mentioned that these numbers are feeble compared to many other countries, where the pandemic has spread rapidly, and the cases have increased by hundreds of thousands, and the death toll has exceeded tens of thousands.

The community's psychological, social, and economic consequences result from all these pressures caused by the COVID-19 pandemic. In particular, it's a rapidly spreading pandemic, and there is no effective treatment so far, which increases those consequences and pressures (Buheji, 2020; Hafiz et al., 2020; Ho et al., 2020; Li et al., 2020; McKibbin & Fernando, 2020; McMillan, 2020; Nicola et al., 2020; Ozili & Arun, 2020; Shigemura et al., 2020; Sood, 2020; Van Bavel et al., 2020).

In this context, acute stress, such as outbreaks of infectious diseases like COVID-19, has a more severe and broader impact, resulting in stressful events affecting society's psychological, social, and economic aspects. However, these pressures were not studied at the epidemic peak inside the Saudi community. Hence, the coping mechanisms with these pressures and the pandemic consequences are not known. Therefore, the current study focuses on determining the psychological, social, and economic effects of the COVID-19 pandemic in Saudi society.

1.2 *Research questions*

Q1: What are the psychological effects of the COVID-19 pandemic outbreak on Saudi society?
Q2: What are the social effects of the COVID-19 pandemic outbreak on Saudi society?
Q3: What are the economic effects of the COVID-19 pandemic outbreak on Saudi society?

2. Method

2.1 *Participants*

Society members were invited to participate in the online survey conducted 16 weeks after the COVID-19 outbreak. Therefore, it's a cross-sectional study. The participants were 1624 (872 males, 752 females) of the community member from Riyadh and Najran cities, aged between (18 to 60≤) with a life expectancy (46 years). This scan period corresponds to the reduction phase of some pre-prevailing precautionary measures.

2.2 *Procedures*

The descriptive approach was used for this study, with researchers obtaining approval from the

authorities at Najran University. More specifically, the snowball sampling method was used to recruit participants living in Riyadh and Najran during the COVID-19 pandemic. The participants voluntarily filled out the questionnaires without any pressure, ensuring the confidentiality of the information. Hence, the survey was first disseminated online to university students and academic/administrative staff. Later, they distributed them to their relatives, friends, and others. 1702 questionnaires were received from participants; 78 were excluded because the answer was out of the resolution's instructions. As a result, the sample is 1624 participants.

2.3 The Questionnaire

Two tools were used to collect data. The first tool, a questionnaire created by researchers after reviewing the literature relevance, has four main parts. The first part is to collect fundamental data such as gender, age, and level Education, residence, social status, occupation, and income. The second part is about social consequences during the extended COVID 19 period. It contains eight points, five negatives, and three positives, which include alternatives to social relations, the social divergence impact on family relations, and thinking about accommodation the priorities of social and professional life. The third part comprises economic implications on the society members and contains eight paragraphs. For instance, the extent they fulfill their financial obligations, basic needs, and the period they stay in office.

In the second and third part of social and economic consequences, the 5-point Likert scale (strongly agree - agree – somewhat - disagree - strongly disagree) was used. The scores were distributed from five to one, five for "strongly disagree," and one for "strongly agree," The grades are reversed in negative points. However, the fourth part, Short General Health Questionnaire (GHQ 12), is a scale of 12 elements, used to identify psychological consequences during the social divergence period. More specifically, each element assessed the severity of a mental problem over the past few weeks, and the scale responses are from 4-point Likert (0 to 3). The result was used to generate a total score of 0 to 36. Positive elements are corrected from zero (always) to three (never) and negative from three (always) to zero (never). High scores indicate poor health.

The GHQ-12 scale is concise, simple, and easy to complete, and its implementation in the original search setting as an inspection tool is very reliable. Instruments are tested in terms of the face, content, and building authority from a panel of five social experts in economic, psychological health, and the medical field. Instrument reliability was also done using Cronbach's Alpha coefficient test, indicating high reliability (r=0.885).

2.4 Data collection

The data was collected at the Covid-19 peak outbreak, from the beginning of June to its end of 2020. The survey was then promulgated online through social media, including WhatsApp and Twitter groups, ensuring the confidentiality of the information. The study and data collection approval have been obtained from the Faculty of Scientific Research at Princess Nura University and Najran University.

2.5 Data analysis

After collecting the data, SPSS Statistics V21 is used for data analysis. Descriptive statistics such as number, percentage, averages ± SD, and standard deviation, one-way ANOVA were used to describe data.

3. Results

According to table (1), we note that more than half of the sample are youth (55.4%), with (53.7%) male.

Also, (71.4%) have a university education. Furthermore, most participants are working in government institutions, where (46.4%) work in government institutions, (22.5%) work in non-governmental institutions, (27.5%) do not work, and the rest are students. However, 40.7% have a monthly income of (5,000-10,000 SAR). Besides, two-thirds of the sample are perfectly healthy, with (83.9%) married and (91.4%) live in urban areas.

Table1. Frequency Distribution of Demographic Variables

Variable	No (1624)	Percentage%
Sex		
Male	872	53.7%
Female	752	46.3%
Education		
Secondary or lower	318	19.6%
Bachelor	1159	71.4%
Postgraduate	115	7.1%
Marriage		
Married	1363	83.9%
No married	261	16.1%
Working condition		
Governmental work	752	46.3%
Private work	361	22.2%
Don't work	511	32.5%
Age		
18-29	521	32.1%
30-44 age range	899	55.4%
45-59 age range	1737	10.7%
60≤	29	1.8%
Living Areas		
Urban	1485	91.4%
Rural	139	8.6%
Monthly income		
<5000 SAR	451	27.8%
5000-10,000SAR	660	40.7%
>10,000SAR	511	31.5%
Health status		
Excellent	1247	76.8%
Good	259	17.8%
Sick	87	5.4%

Table 2. Social, Psychological social and Economic impacts of Covid-19 among Saudi participants (n=1624)

Social effects of Covid-19 epidemic				
Items (Social consequences)	M	SD	%	Rank
Many domestic conflicts have happened due to my long stay at home.	3.75	0.85	75%	2
I reinforced my family relationships by staying home.	3.43	1.15	68.6%	4
The cancellation of many social events harms our social interaction with family and friends.	3.78	0.88	75.6%	1
I missed the people around me.	3.12	0.98	62.4%	5
I had a general sense of social isolation.	2.88	0.84	57.6%	7
My social relationships have been negatively affected.	2.30	0.93	46%	8
I have many friends that I can count on when I have a problem.	3.01	1.12	60.2%	6
It was an opportunity to think about prioritizing my social and professional life.	3.55	1.33	71%	3
Total	3.22	0.50	64.4%	

The psychological impact of the Covid-19 epidemic

I could concentrate.	1.53	0.53	38.25%	8
I didn't sleep many times because of worries about what happens around me.	2	3.85	50%	3
I played a useful role in many of the events around me.	1.65	0.67	41.25%	7
I could make many decisions.	1.76	0.65	44%	6
I felt under pressure.	1.94	0.79	48.5%	5
I couldn't overcome many difficulties.	1.96	0.74	49%	4
I enjoyed the usual activities I was doing.	1.41	0.6	35.25%	11
I managed to confront many problems.	1.52	0.6	38%	9
I was sad and depressed.	2.01	0.65	50.25%	2
I felt like I lost my confidence	1.42	0.75	35.5%	10
I felt that man is weak and has no value.	2.1	0.63	52.5%	1
I felt sensible happiness.	1.31	0.53	32.75%	12
Total	1.71	0.36	42.75%	

The economic impact of the Covid-19 epidemic

I lost my job or my primary income	2.23	0.62	44.6%	8
I was worried about losing my job or main income in the weeks or months ahead if nothing changes.	2.64	0.86	52.8%	3
I could not meet my financial obligations, such as rent, installments	2.58	0.73	51.6%	5
I could not provide basic needs, such as groceries, electricity bills, water, the Internet, etc.	2.46	0.65	49.2%	6
I had to spend part of my savings to meet my financial obligations.	2.63	0.80	52.6%	4
My work was not affected by the current crisis.	2.89	0.75	57.8%	1
My savings or money were not affected.	2.66	0.74	53.2%	2
There was a positive impact, such as an increase in salary, an upgrade, or a new job.	2.35	0.67	47%	7
Total	2.55	0.20	51%	

According to table 2, there are many social effects of the COVID-19 pandemic on Saudi society, where the arithmetic averages of participants' responses ranged from (3.78-2.3). More specifically, the point "The cancellation of many social events harms our social interaction with family and friends" comes first. However, the point "My social relationships have been negatively affected" comes last. It is noted that negative points have high percentages of responses, which means that COVID-19 negatively affects the sample.Furthermore, there were many psychological effects of COVID-19 on Saudi society, where the arithmetic averages of participants' responses ranged from (2.01-3.15). More specifically, the point "I felt that man is weak and has no value" comes first. However, the point "I felt sensible happiness" comes last. It is noted that negative points have obtained high average ratios, which means that COVID-19 negatively affects the sample. Lastly, there are many economic effects of COVID-19 on Saudi society, where the arithmetic averages for participants' responses ranged from (2.89-2.23). More specifically, the point "My work was not affected by the current crisis" comes first. However, the point "I lost my job, or my primary income" comes last. It is noted that most responses obtained high average ratios ranged from negative to positive, which means that COVID-19 negatively affects the sample.

Table 3. One-way ANOVA showing socio-demographic characteristics differences in Social, Psychological and Economic Impact of Covid-19 pandemic

Variables	N (%)	Social consequences	Psychological consequences	Economic consequences
Sex				
Male	872 (53.7%)	24.33±3.04	17.33±4.65	26.11±4.85
Female	752 (46.3%)	23.25±5.77	18.39±5.93	23.39±4.09
		F 4.57 P > 0.42	F.63 P > 0. 42	F 4.05 P > 0.49
Education				
Secondary or lower	318 (19.6%)	19.81 ± 5.15	18.63 ± 4.99	24.36 ± 4.63
Bachelor	1159 (71.4%)	25.75±3.30	18.46±5.85	23.68±3.97
Postgraduate	115 (7.1%)	24.17± 5.15	21.02± 3.89	22.38± 4.31
		F 3.47 P >0.38	F 0.38 P > 0.68	F 0.293 P>0.74

Variables	N (%)	Social consequences	Psychological consequences	Economic consequences
Marriage				
Married	1363 (83.9%)	22.65± 5.18	17.82± 4.84	27.12± 3.65
No married	261 (16.1%)	28.44± 5.10	23.11± 6.66	23.24± 4.20
		F 8.47 P ≤ 0.04	F 7.84 P≤ 0.007	F 13.72 P ≤ 0.00
Working condition				
Governmental work	752 (46.3%)	23.56± 5.73	18.08± 4.31	22.12± 3.64
Private work	361 (22.2%)	25.01± 5.62	20.16± 7.43	26.10± 4.77
Don't work	511 (32.5%)	21.02± 5.41	18.52± 5.62	24.83± 2.85
		F 0.82 P > 0.48	F 0.58 P > 0.56	F 4.45 P ≤ 0.02
Age				
≥29	521 (32.1%)	24.16± 5.76	19.44± 7.27	24.11± 4.12
30-44 age range	899 (55.4%)	22.77± 5.67	18.58± 4.80	23.64± 4.19
45-59 age range	1737 (10.7%)	24.16± 4.25	17.77± 4.58	22.66± 3.12
60≤	29 (1.8%)	26.01± 5.21	19.75± 5.23	25.21± 3.46
		F 0.65 P > 0.58	F 0.25 P > 0.85	F 1.61 P > 0.19
Living Areas				
Urban	1485 (91.4%)	23.27± 5.73	16.62± 3.55	23.51± 3.94
Rural	139 (8.6%)	24.22± 3.45	19.36± 5.74	28.92± 3.91
		F 0.22 P > 0.63	F 1.35 P > 0.25	F 25.73 P ≤ 0.00
Monthly income				
<5000 SAR	451 (27.8%)	25.20± 6.16	20.2s5± 6.18	25.80± 5.22
5000-10,000SAR	660 (40.7%)	22.06± 5.61	17.98± 4.65	23.33± 3.23
>10,000SAR	511 (31.5%)	22.11± 3.83	17.01± 4.86	22.41± 3.16
		F 2.37 P > 0.10	F 1.89 P > 0.16	F 3.29 P ≤ 0.04
Health status				
Excellent	1247 (76.8%)	23.69± 5.75	17.66± 5.61	23.60± 5.75
Good	259 (17.8%)	21.50± 4.27	17.40± 5.38	24.63± 5.02
Sick	87 (5.4%)	26.06± 3.19	19.04± 5.94	24.04± 3.65
		F 1.02 P > 0.36	F 0.40 P > 0.66	F 0.13 P > 0.87

Values are Mean ±; P (not significant) > 0.05; * P significant at ≤0.05

Based on table 3 data, there are no statistically significant differences at P ≤ 0.05 among many participants' demographical variables, indicating that the negative consequences of COVID-19 affected most participants at the same level. Although, there are some differences in averages, such as males have been associated with higher socioeconomic mediations, yet females have been more affected by psychological effects. Besides, participants with a high school degree or less are more likely to get higher averages in psychological and economic impacts, while bachelor students were more moderate in social effects. Where they were students, who are more closely associated with their college colleagues and friends. As regards marriage, there are statistical differences between married and unmarried couples. Unmarried young people have been more affected by the psychological and social aspects of their connection with their peers and their love to leave home permanently, while married couples have been more affected by the economic aspects of their high financial obligations to their families. However, there are differences between non-workers, government, and non- government workers, where the non-workers were the most vulnerable. According to age, the people who are over 60 are the most affected psychologically, economically. However, the rural is more afflicted socially and economically than the city. Obtaining less than 5,000 SAR has been significantly associated with higher averages in all questionnaire dimensions. Ultimately, concerning the health level, the low level of health was most affected in all social, psychological, and economic aspects. Through an open question in the study, participants were asked to write suggestions that reduce COVID-19's social, psychological, and economic impacts. Accordingly, participants included some suggestions, including government support to needy and non-working families. Also, severe penalties are imposed for those who foster rumours and misleading information via social media about COVID-19. Hence, act with

great caution and precautionary precautions and conduct intensive media outreach and psychosocial and economic outreach.

4. Discussion

The start of 2020 was unexpected, although it was a significant figure and a new decade in the third millennium. Everything has started since coronavirus appeared in China. In two months, the virus invaded the world map, which has brought about rapid changes worldwide, both humanity and economics. Exceedingly, panic, fear, anxiety, and social divergence prevailed, as well as a drop in most global economic institutions, which have had many psychological, social, and economic consequences for many societies (Cao et al., 2020; Nicola et al., 2020).

This study's main objective was to assess Saudi society members' psychological, social, and economic effects during the pandemic outbreak. Al-Tuwaijri et al. (2019) Asserted that the latest national survey in Saudi Arabia showed the prevalence of mental health disorders and social isolation: anxiety was 23%, depression 6%, and social isolation 5.6%. However, the current study found that psychological effects are much higher (42.25%), social effects (64.4%), and economic effects (51%) during COVID-19 Outbroke in Saudi society. These results are coherent with previous studies, which indicated that epidemics outbreak and public health problems harm the social, psychological, and economic community, such as the Covid-19 outbreak (Atlani-Duault et al., 2020; Ayittey et al., 2020; Depoux et al., 2020; Gao et al., 2020; Qiu et al., 2020) and SARS outbreak (Hawryluck et al., 2004; Mak et al., 2009; Peng et al., 2010).

Based on the GHQ 12 results, depression (50.25%), anxiety (50%), and loss of confidence (35.5%) were reported. Our results are in compliance with previous results of the study conducted during the pandemic, according to Moccia et al. (2020) where found 40% in Italy. Nonetheless, It is close to those in France, according to Chaix et al. (2020) 38% of the public was disturbed and concerned by COVID-19. Likewise, Iran indicated that 59% of its population suffers from psychological health problems such as psychological distress due to the pandemic (Jahanshahi et al., 2020). Therefore, the study results reveal that Saudi Arabia has similar levels to COVID-19 as some countries. Al-Hanawi et al. (2020) asserted that about 40% of Saudi Arabia citizens suffer from psychological distress. In contrast, a study published in Saudi Arabia found that the prevalence of anxiety, depression, and psychological stress ranged from (22.3%-28.3%) (Alkhamees et al., 2020). The low prevalence rate in the previous study can be attributed to the fact that these studies were conducted in the early days of the outbreak; only a few cases were reported in Saudi Arabia, with the majority of cases imported from abroad and the low probability of infection during the current outbreak.

The outbreak, the increasing number of patients, and suspected cases. In addition, the rising number of affected countries leads to concern, fear, isolation, and social divergence. For this reason, the social consequences on society members have increased. Moreover, overwhelming and titillating news headlines and misreporting have augmented anxiety and fear (Ayittey et al., 2020). Furthermore, Nicola et al. (2020) indicated that school and university students are concerned about COVID-19 and its impact on their studies and future employment. On the other hand, Van Bavel et al. (2020) pointed out that social distances due to quarantine may gradually increase society members' concerns. It is known whether these threats from COVID-19 are likely to have social and cultural effects on behavior, ethical decision-making, leadership, and adaptation in the absence of communication between people. In this context, the results indicated a significant economic impact from the pandemic outbreak compared to World War II's economic landscape. Social divergence, self-isolation, and travel restrictions reduced the labour force in all economic sectors and lost many jobs. Schools shut, and the need for manufactured goods decreased. In contrast, the demand for medical supplies has increased dramatically (Nicola et al., 2020). Bonaccorsi et al. (2020) Pointed out that social divergence and closure posed an unprecedented challenge. On the one hand, this crisis has led to a sharp diminution in national and local governments. On the other hand, a significant financial effort is needed to support more individuals that are fragile and alleviate poverty and inequality resulting from the closure.

Although Saudi Arabia has supported all economic sectors and workers, according to Meo (2020), many non-workers or non-Saudi workers have suffered economic damage.

The results also indicated a few statistical function differences in demographic variables, despite the pandemic's significant social, psychological, and economic impact, since all study members have been significantly affected. In particular, Females were more susceptible to mental health problems than males. Similarly, recent studies in China and Italy, which assessed psychological distress following the COVID-19 outbreak, found that females were more potentially to suffer from psychological distress. However, males are less susceptible to post-traumatic stress in response to tension. It can be attributed to gender differences in the hormonal stress response. In addition, women are more emotional than males (Sareen et al., 2013). Married couples are more economically vulnerable because they are in charge of their family members and have many financial obligations. More specifically, private sector employees are more economically susceptible than governmental and non-workers, which may be due to differences in Saudi Arabia's employment sector benefits. According to Alkhamees et al. (2020) the government sector has greater job security than the private sector. In case the macroeconomic closure is triggered by the pandemic and leads to a loss of business, especially for non-essential services, private sector employees may lose their jobs; this is not the case for government officials. Non-workers may also have their own business.

Furthermore, people with incomes below SAR 5,000 were more economically affected, owing to high prices and financial obligations, often working in the private sector. Therefore, they may have lost their jobs, and their salary reduced, which increased the psychological and socioeconomic impact. However, there are differences in the economic effects between the city's population and the countryside, with differences in social and psychological impact, as the urban population is less affected economically, socially, and psychologically. The imbalance can explain this in economic, cultural, and educational resources between urban and rural areas. Hence, the urban economy is relatively prosperous and provides citizens with better physical security (Shigemura et al., 2020). Tang et al. (2020) stated that Health conditions in cities are better than in towns and villages, reducing the chances of survival from the virus. Cities also have magnificent economic and knowledge resources and have made great efforts to spread knowledge about preventing the pandemic, drawing attention to measures to stop it. Moreover, sick people are more affected by the psychological, social, and economic aspects, as the media have shown that older people are the most likely to die of the pandemic. Thus, they need money to spend on treatment costs or fear that their relatives will not communicate with them in case of their illness. Another critical point, Yao et al. (2020) mentioned that the new coronavirus was more aggressive for people with concomitant diseases and less-than-optimal health conditions, leading to more psychological burden and excessive anxiety. This research emphasizes the need to support this population group by expanding psychiatry services and home delivery of drugs, especially during the closure, where access to psychiatric services is complicated. By expanding psychiatry services and home delivery of drugs.

The study results underscore governments need to adopt new strategies to enhance social, economic support, and psychological services at the community level and individuals. For instance, focus on providing accurate and evidence-based information to reduce the misleading impact and identify and support vulnerable groups, especially the elderly, private, non-working, and rural employees. Also, expand social support services and remote psychiatry, and promote psychosocial health and interventions at the national level for students.

5. Conclusion and Implication

At the early phase of the COVID-19 pandemic in Saudi Arabia, the results showed that nearly half of the general population suffers many social, psychological, and economic impacts. Despite the precautionary measures carried out by Saudi Arabia, which caused many positives and control pandemic outbreak like many countries, However, closures, social exclusion, and the closure of many economic institutions, such as aviation, transport, and shops, have had many effects on the population

of society. Our findings can be used to build social and psychological intervention and economic support for the general and vulnerable people, and to implement medium- and long-term strategies for social, economic, and public psychosocial support, in response to the pandemic peak; not only in Saudi Arabia but also other Gulf Arab countries with similar backgrounds, cultures, and religion, and similar challenges.

6. Study Limitations

The study has encountered some limitations. First, at the data collection time, the outbreak in Saudi Arabia was at its peak, with the reported number of cases estimated at 5,000, increasing the social, psychological, and economic impact of the outbreak. Second, study design, the survey provides only a quick overview of social, psychological, and economic responses at a given time, and a longitudinal study is reordered to provide information on whether the observed effect will last longer. Authors admit that the technological selectivity and unreliability of self-managed survey issues have not been fully resolved. However, the online survey is the best possible case with the current need to maximize social distance while diminishing COVID-19. Third, the psychosocial or economic impact that has been sufficiently reported may not represent the social, mental, or economic situation assessed by the questionnaire. Thus, in order to determine the outcome, future studies are necessary to provide more accurate data to support the need for strategies, to reduce social divergence, focused public psychosocial health, and economic support. Notwithstanding all the above limitations, our study provides information on the psychological, social, and economic effects of the population of Saudi Arabia on the COVID-19 pandemic during the peak period. Thus, supply a broader view of the issue for future researches, and give ideas of the magnitude of the psychological, social, and economic burden on society, like this outbreak, and the government's role in reducing society members' impact.

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