



WOMEN'S MENTAL WELLNESS: COPING AND RESPONDING TO COVID -19

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ABSTRACT

The COVID 19 pandemic greatly creates impact to the women in the education sector, specifically in their mental health. Quantitative in nature, this research assessed how the 200 women – teachers and students - reacted and adjusted with the varying mental adversities amidst the crisis brought about by the pandemic. To better understand the respondents' coping mechanisms and responses, a comprehensive survey, as a research instrument, was conducted. The study revealed that feeling unsafe, less calm, worried, apprehension, being immersed in information confusion, and being in a high emotional state are the most dominant mental adversities experienced by the research participants. To cope with such mental adversities, the respondents exercised health compliance, engaged in open communication, and immersed in entertainment activities, and active campaign against COVID-19. This research highlights the importance of women's mental health status identification amidst a pandemic crisis for academic institutions and the government to introduce intervention programs addressing women's mental adversities during crises.

Keywords: COVID-19 Pandemic, women, mental health, coping and responding

INTRODUCTION

COVID – 19 has greatly impacted the world – even education. The Commission on Higher Education (CHED 2020) and the Department of Education (DepEd 2020) admitted that thousands of pupils and teachers were displaced by the COVID-19 health crises. Correlated to this, people's health, and their economy - even those in the Academe - have excessively been impacted by COVID-19. This study explores how women in the academy mentally coped and responded to a global health crisis. The Philippine Government has implemented and advocated mental health services like raising awareness of people for mental health (PMHA, 2020), still, the shocking entrance of the health crisis place an urgent need to tailor-fit the strategies on how to run program

and services for mental health to women in the Academe. Notwithstanding, the initiative through the Special Amelioration Program (SAP) or the 'Tulong Panghanap Buhay sa Ating Disadvantaged/Displaced' workers (TUPAD) aimed to help the workers on one-time financial assistance (PNA, 2020). However, this initiative would not sustain, would not fill in the loss of income of the women educators, learners, or even those in the community. This gap caused so much mental anguish for the Academe women and those working students because their income from salaries and sidelines for their education is now halted.

Forbes (2020) published an article that explains the increased vulnerability of women to mental health complications brought about by the pandemic. It led women teachers and students to think of their unpredictable future and survival. As



if these predicaments are not enough for women, there are other compelling concerns that women need to attend to, like sexual and reproductive health issues, which load up their mental health capacities (UN, 2020).

In the local sphere like Zamboanga City, they prioritize the response against COVID-19 on the aspect of public safety over other functions (PIA, 2020). Women's income in teaching was halted because schools shut down or their markets for their sidelines were distracted by the impact of COVID-19. The same happened to women learners engaged in informal economic activities as their clients and consumers are reduced drastically. These inequalities are corroborated by World Bank's findings (2020), indicating that women are more affected as they have multiple roles in the family despite them already being forced to find means to provide the basic needs at home alone.

Thus, this study aimed to understand and frame policies from the coping mechanism and response of women teachers and learners amid the crisis from the impacts of COVID – 19 to their mental health.

OBJECTIVES OF THE STUDY

The study sought to fulfill following specific objectives:

1. Identify the mental health adversities of women during the COVID-19 pandemic.
2. Determine women's coping mechanisms and responses to their mental adversities.
3. Find out whether there is a significant difference in women's coping mechanism and response from their mental adversities when classified according to their profile.

METHODOLOGY

The Purposive sampling was used for the quantitative part to elicit data for the study's mental health aspect. The study included 200 women respondents for the study's mental health aspect, broken down with 100 respondents were women student respondents with ages 18 years old and

older, and the other half of the sample were women instructors from basic and higher education institutions in Zamboanga City. In conducting this study, the researchers utilized a survey as a research instrument to gather data. The quantitative research used an original instrument, the Women's Mental health Adversities survey, with 13 categories and 76 statements. The researchers ethically asked permission from the respondents to answer the survey, interview, and essay. All participants were given a letter of consent and agreed to take part in this study. The survey and the guide questions were administered online. Respondents were given clear instructions before the conduct of the survey. They were asked whether they have understood the instructions and were allowed to ask questions for clarification. The survey was administered in the last week of June, and results were retrieved a week after. Ethical guidelines were observed for the research period. Participants were fully informed regarding the study's objectives while reassuring that the data collected were entirely confidential. There was no physical harm that may endanger the respondents for the entire duration of the study. The data gathered were treated using frequency distribution, Mean, Standard Deviation, and t-test.

RESULT AND DISCUSSION

1. Mental health adversities of women during the COVID-19 pandemic

Table 1 indicates that adversities on worries and apprehension of respondents indicate high remarks 3.34 or that the respondents are worried and apprehensive in the face of a global health crisis. The respondents' level of calm is indicated by the low weighted remarks of 2.10. This implies that amid pandemic, respondents are not calm. The adversity of respondents' safety earned a low remark of 1.74 and this means that they did not feel safe amid the pandemic. Finally, the adversity on information confusion earned a high remark of 3.07 from the responses, explaining that respondents are not deprived of information and that these data are easily accessible and accurate. However, in



cases of fake information, respondents can recognize them.

Table 1
Results on adversities of worries and apprehension of respondents

Variable	Mean score	Remarks
Adversity Of Worries and Apprehension	3.34	High
Level Of Calmness	2.10	Low
Adversity On Safety	1.74	Low
Adversity On Information Confusion	3.07	High
Emotional Adversity	3.05	High
Sleep Patterns Status	2.58	Moderate
Eating Patterns	2.07	Low

More so, the emotional adversity scored a high remark of 3.05, which means that respondents are emotionally affected by the pandemic. These emotions include anxiousness and sadness and only a moderate feeling of anger. Sleep patterns were moderately 2.58, unusual which some respondents do not get enough sleep, while some moderately sleep perfectly fine. Finally, the eating pattern garnered a low remark of 2.07, which means the respondents' eating pattern is distracted by the crisis on responses intended to assess the pandemic's adverse impact on respondents' eating patterns.

On the mental health adversities of women during the COVID-19 pandemic, responses indicate high remarks on adversities' worries and apprehension, information confusion, and emotional adversity, illustrating that these three mental health adversities are the most adversarial categories among women participants. The level of calmness and eating patterns are both distracted by the crisis. According to Collignon (2020), women are worried than men about the spread of the COVID -19, which explains this study's findings. Women said they were anxious about the spread of the virus, and the same case with health-related issues are at the top of everyone's minds. The study also revealed that women are more concerned about isolation or the inability to reach family and friends in case of need. In the same dimension, the findings that suggest women fear information confusion are supported by a study of

the United Nations (2020) explaining the prevalence of an infodemic amid the pandemic. According to Faville (2020), as COVID-1 continues to sweep the globe in terms of women's emotional adversities amid the pandemic, the emotional and cognitive toll on women is tremendous.

2. Women's coping mechanisms and responses to their mental adversities

Table 2
Results on the coping mechanism through the entertainment of respondents

Variables	Mean Score	Remarks
Coping Mechanism Through Entertainment	2.91	High
Coping Mechanism Through Open Communication	3.01	High
Health Compliance as Coping Mechanism	3.60	Very High
Responsiveness and Active Campaigning	3.11	High
Self-Initiated Learning as Coping Mechanism	3.16	High
Academic Response: Willingness and Intent to Enroll (For Students Only)	3.67	Very High

Table 2 shows the Coping Mechanism Through Entertainment data obtained a weighted mean of 2.91 and implies that respondents use entertainment as a coping mechanism during pandemic. However, using communication as a coping mechanism received a mean of 3.01 manifesting those women use communication to cope up with the pandemic's impacts. Respondents adhere to health compliance as a coping mechanism. Their responses revealed that women believed that health compliance helps significantly as it scored a weighted mean of 3.60 as their coping mechanism during pandemic. Responsiveness and active campaigning revealed that women respond positively even to a crisis such as the pandemic and even campaign actively to respond to it, especially informing the public about the health-related information combating the virus. Self-initiated learning as a response of the women to the pandemic garnered high remark with a mean of 3.16 as women responded to the crisis by initiating learning by themselves, like only getting valid information surrounding the COVID-19



pandemic. Amid the crisis, women students rated the willingness and intent to enroll with a very high remark or a mean of 3.67 as students opted to choose to learn and continue their education.

In terms of women's coping mechanism and response from their mental adversities, health compliance and academic responses were the two most illustrated and manifested coping mechanisms, garnering very high remarks from participants' answers. Conversely, all other coping mechanisms received high remarks using entertainment, open communication, responsiveness, active campaigning, and self-initiated learning. Furthermore, in terms of obedience to government protocols and guidelines, Milgram (cited in Cherry, 2020) revealed that authority could be used to get people to obey, making it easier to understand why responses received very high remarks. Such is because of their communities and legislators, who, from the start, employed necessary guidelines to control the spread of the virus, which in return helps them feel safe and protected. Finally, in terms of coping through communication and entertainment, Nolin (2010), in her study, concluded that all coping approaches are influenced by interpersonal communication, where social support acts as a resource indirectly coping with stressful conditions.

3. Significant difference in their coping mechanism and response from their mental adversities when classified according to their profile

3.1 in terms of Marital Status

Table 3
Significant difference of coping mechanism and response from respondents' mental adversities when classified according to marital status. (*Significant at the 0.05)

Coping Mechanism and Response	Mean	T	Sig.	Remarks
Responsiveness and Active Campaigning	3.6967	1.334	0.027	Significant
Self-Initiated Learning as Coping Mechanism	3.5959	1.245	0.016	Significant

Table 3 exhibits that significant differences in responsiveness and active campaigning and Self-Initiated Learning as Coping Mechanism when the respondents were grouped according to marital status. Although both groups have high remarks on both coping mechanism categories, the singles have higher coping mechanisms.

3.2 in terms of Computer Literacy

Table 4
Significant difference of coping mechanism and response from respondents' mental adversities when classified according to computer literacy. (*Significant at the 0.05)

Coping Mechanism	F	Sig.	Sum of Squares	Remarks
Coping Mechanism through entertainment	1.670	0.195	0.000	Significant
Coping Mechanism through Open Communication	1.189	0.347	0.034	Significant
Self-Initiated Learning as Coping Mechanism	1.020	4.125	0.018	Significant

Table 4 shows significant differences in the Coping Mechanism through entertainment, Coping Mechanism through Open Communication, and Self-Initiated Learning as Coping Mechanism when respondents were grouped according to computer literacy. Although the data tell that these groups have high remarks on the mentioned categories, the proficient level got the highest leaning towards the categories than the other computer literacy levels.

3.3 In terms of Indigent Status

Table 5 presents a significant difference in the Level of Calmness women student respondents were grouped according to indigent status. Thus, although the data tell that both groups are not calm during this crisis, the indigent women students are much less calm than the non-indigent women students.



Table 5
*Significant difference of mental health adversities of respondents when classified according to indigent status. (*Significant at the 0.05)*

Adversity	Marital Status	Mean	t	Sig.	Remarks
Level of calmness	Indigent	1.8108	-1.598	0.049	Significant
	Non – indigent	2.0492	-1.743		

Table 5 presents a significant difference in the Level of Calmness women student respondents were grouped according to indigent status. Thus, although the data tell that both groups are not calm during this crisis, the indigent women students are much less calm than the non-indigent women students. On the significant difference of mental health adversities and their coping mechanism and response of women when classified according to their profile: there are significant differences in the responsiveness and active campaigning when the respondents were grouped according to the length of service; there is a significant difference on the Level of Calmness respondents were grouped according to educational attainment; that there were significant differences on the Coping Mechanism through entertainment, Coping Mechanism through Open Communication, and Self-Initiated Learning as Coping Mechanism when respondents were grouped according to computer literacy; there is a significant difference on the Level of Calmness women student respondents were grouped according to indigent status.

CONCLUSIONS

On the mental health adversities of women, it was seen those adversities on worries and apprehension, information confusion, and emotional adversity appeared to be the most problematic aspect among the health adversities. The level of calmness is low for our women as it hit many aspects of their mental adversities. These are good inventories to decide which way to go for mental health care and policies. Regarding women's coping mechanism and response, health compliance and academic response were the two

most illustrated coping strategies. Women also resort to coping mechanisms through entertainment activities, open communication, responsiveness, active campaigning, and self-initiated self-initiated learning. These manifestations are solid initiatives to mediate the unpredictable state of women across many profiles. Women are strong and can cope and respond to mental health adversities caused by many factors. As a concrete response, women can engage in economic activities to alleviate their worries and apprehension on factors related to health costs and economic issues.

Finally, on programs initiated for women's mental health and the economic status during the COVID-19 pandemic, respondents suggested the government's need for tangible and concrete plans. These included providing free online skills training, start-up capitals, industry compatibility, micro-entrepreneurship, structural support like the internet connection and digital tools, and exploiting the online platform's benefits.

RECOMMENDATIONS

With respect to the conclusions drawn, the succeeding recommendations are presented:

1. Gendered Mental Health Services during COVID-19: To identify mental health adversities, coping, and response mechanisms within the organization to facilitate decisions on mental health care and other related programs are significant to alleviate women's mental health situations. Profiles of women may have different intensities of mental health statuses. In academic institutions, the guidance office should be prepared to map out its clientele's situation to identify their mental health status and initiate responses proactively. For community replication, mental health education can be integrated into the impacted women's skills training courses.
2. Women Program Manual: For tangible materials to the community, craft programs, and mapping policies through a manual available online or pamphlets for the educational institutions including other



organizations on the findings of this study and distribute the materials to all agency heads or teachers to monitor and respond to the mental health status of their personnel or students. It is highly emphasized that women should move on from mental adversities and provide them concrete programs like economic activities to mitigate their mental health issues.

3. Training Catalogue: Educational institutions should tap their resources like the extension services offices or related welfare agencies to offer sustainable economic and livelihood packages to teachers impacted by the pandemic. These can be on specific skills training the institution can transfer to the affected women to pursue livelihood or income-generating pursuits. These should be packaged with a long-term program, including entrepreneurial education on sales and marketing. In the same breath, these programs can be extended to other similar women profiles in the community who may be equally affected by the current health crisis.
4. Data Bank: For database and archiving, create a community inventory of women with vulnerable economic status such as those whom their employers disenfranchised, income losses from the industries they are profiting from, and what skills they are currently practicing. This database will be used as the basis for decision-making on how to mitigate their economic situations.

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