

A Preliminary Assessment of the Mental Health Status of Davao City Residents during the Early Days of the COVID-19 Pandemic

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ABSTRACT

This study determined the mental health status of a sample of 113 individuals in Davao City during the Covid-19 pandemic. The descriptive-comparative design was utilized in the study. The respondents were selected using the purposive sampling technique with criteria of age above 18 years old and being official residents of Davao City. The mean, independent t-test, and analysis of variance (ANOVA) were utilized as statistical tools in the study. The results reveal that most of the respondents are from the middle to older adults age group, female, and employed mostly in non-health sectors. Meanwhile, the participants have a mild degree of anxiety with notable worries in the aspects of the impact of the pandemic on their families. Furthermore, the findings suggest that the younger age group has higher anxiety than older adults. On the other hand, those unemployed have a higher degree of anxiety as compared to those with employment.

Keywords: *mental health status, anxiety, Covid-19 Pandemic, Davao City, Philippines*

INTRODUCTION

The COVID-19 pandemic brought many societal changes as it altered daily routines, causing financial pressures and social isolation that leads to experience stress, fear, sadness, and loneliness (Mayo Clinic, 2020). It also affects our mental health status leading to anxiety and depression in all age groups regardless of social status. A study in Ethiopia reported that there is a 3-fold increase in the prevalence of symptoms of depression compared to estimates before the pandemic (Ethiopia Monitoring, 2020). Moreover, in China, health-care workers have reported high rates of depression (50%), anxiety (45%), and insomnia (34%) and in Canada, 47% of health-care workers have reported a need for psychological support (WHO, 2020).

In the Philippines, the first case was reported on January 30, 2020. Subsequently, the country was placed on enhanced community quarantine (ECQ) to limit the movement of people, local government units were allowed to impose their own versions of ECQ such as suspension of non-essential work, prohibition of mass gatherings, travel restrictions, and closure of establishments, imposing curfews and arrest those who violate curfews and lockdown (Buenaventura, Ho and Lapid, 2020). Meanwhile, the study of Sison and Lasco (2020) revealed that many Filipinos experienced financial burdens due to the loss of work, and the mental and emotional burden of being unable to provide for one's self and family. Moreover, the study highlighted that healthcare workers are receiving end of stigma and discrimination aside from the pressures of being a frontline against a deadly virus. Furthermore, according to World Health Organization, managing your mental health and psychosocial well-being during this time is as important as managing your physical health (WHO, 2020).

There is a need for research on mental health during this time of pandemic especially since this condition is not commonly existent. Evidence also suggests that individuals may experience symptoms of psychosis, anxiety, trauma, suicidal ideation, and panic during outbreaks of communicable diseases (WHO, 2020; Taylor et al., 2008; Tucci et al., 2017). Hence, there is an urgency to conduct this study. Meanwhile, studies have been made in other countries pertaining to Covid-19 and mental health problems but less has been made in the Philippines. Furthermore, there is an urgency to conduct this study.

This research study will help in knowing the mental health status of Filipinos during the COVID-19 pandemic. This will also give emphasis if there is a significant difference in the mental health status of Filipinos during the COVID-19 pandemic when grouped according to their demographic profile.

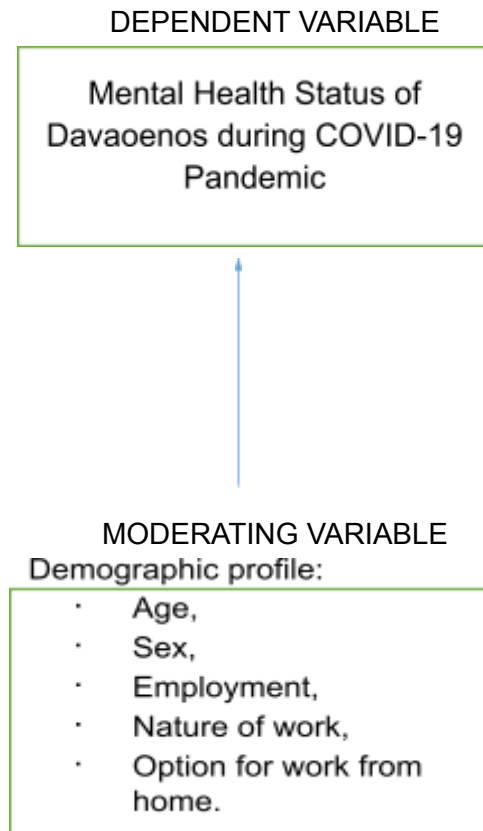
Statement of the Problem

1. What is the Mental Health Status of Filipinos during the COVID-19 Pandemic?

2. Is there a significant difference in the Mental Health Status of Filipinos during the COVID-19 Pandemic when grouped according to:

- 2.1. Age,
- 2.2. Sex,
- 2.3. Employment Status,
- 2.4. Nature of Work
- 2.5. Option for Work from Home

Conceptual Framework



The figure shows the conceptual framework of the study. The Mental Health Status represents the dependent variable while the Demographic profile represents a moderating variable.

METHOD

Research design

The study utilized descriptive-comparative design. A descriptive research design is used to obtain information concerning the current status of the phenomena to describe (Shuttleworth, 2008). Moreover, descriptive design was used in the study to describe the independent variable which is the Mental Health Status of Filipinos during the COVID-19 Pandemic, and the demographic profile of the respondents. Furthermore, the comparative design was used to find out if there is a significant difference in the Mental Health Status of Filipinos during the COVID-19 Pandemic when grouped according to age, sex, employment status, nature of work, and the option for work from home.

Respondents

A total of 113 individuals in Davao City during the Covid-19 pandemic were the respondents of the study. The respondents were selected using the purposive sampling technique with criteria of age above 18 years old and being official residents of Davao City. This technique is a form of non-probability sampling in which decisions concerning the individuals to be included in the sample are taken by the researcher, based upon a variety of criteria which may include specialist knowledge of the research issue, or capacity and willingness to participate in the research (Oliver, 2006).

Instruments

This study utilized an adopted questionnaire by Chukwu, 2020 to gather the pertinent data from the respondents. The questionnaire includes a demographic profile section and questions to assess the mental health status of the respondents.

The demographic profile includes age, sex, employment, nature of work, and option for work from home. The mental health status section comprised 19 questions that were rated on a 4-point Likert scale.

Statistical Tools

The following statistical tools were used in the study:

Frequency and Percentage Distribution. This was used for the demographic profile of the respondents.

Mean. This was used in describing the mental health status of the Davaoenos.

Independent t-test. This was used to determine the significant difference between the demographic profile and the mental health status of the respondents.

Analysis of Variance. This was used to compare the mental health status of Davao City residents when grouped according to their demographic profile.

RESULTS

Profile of the Participants

Table 1 shows the profile of the participants. In terms of demographic profile, most participants are dominantly in the age group between 25 to 44 years old (f=63, 55.8%), then followed by a younger age group between 18 to 24 years old (f=46, 40.7%). Meanwhile, only 4 representatives in the age group between 45 to 64 years old (f=4, 3.5%). This denotes that the majority of the participants are from the early adult to middle adult group. In the aspect of sex, the highest representation is female with a frequency of 79 or 69.9%, while males only have 34 or 30.1 percent. This means that the participants of this study are predominantly female.

On the other hand, most of the participants are employees that include full-time employed (f=51, 45.1%), and part-time employed (f=13, 11.5%). Nevertheless, there is a substantial number of unemployed (f=49, 43.4%). From the nature of work of employed individuals, the majority are non-health workers (f=42, 37.2%), and most do not have an option for work from home (f=40, 35.4%).

Table 1. Profile of the Participants

Profile		Frequency	Percent
Age	18-24	46	40.7
	25-44	63	55.8
	45-64	4	3.5
Sex	female	79	69.9
	male	34	30.1
Employment	Full time employed	51	45.1
	Part-time	13	11.5
	Unemployed	49	43.4
Nature of Work	health worker	22	19.5
	non-health worker	42	37.2
	Unemployed	49	43.4
Option for work from home	Yes	24	21.2
	No	40	35.4
	NA	49	43.4
	TOTAL	113	100.0

Mental Health Status of Davaoenos during the COVID-19 Pandemic

Table 2 shows the degree of anxiety of the participants during the COVID-19 pandemic. It can be gleaned from the results that the highest mean score is on the aspect of *worrying too much about its effect on their family* (M=2.77, SD=1.086) with

a description of moderate. On the other hand, the lowest mean is represented by the item *having trouble concentrating on things* ($M=1.57$, $SD=.895$). Meanwhile, the overall mean is 1.96 described as a “Mild degree”.

Table 2. Mental Health Status of Davaoenos during the COVID-19 Pandemic

Items	Mean	Std. Deviation	Description
Are you feeling more nervous or anxious	2.01	.891	Mild
Are you worrying too much about its effects on your health	2.27	.964	Mild
Are you worrying too much about its effect on your family	2.77	1.086	Moderate
Are you worrying too much about its effect on your job	2.26	1.076	Mild
Are you worrying too much about its effect on the nation	2.45	.945	Mild
Are you worrying too much about its effect on the world	2.49	.946	Mild
Are you becoming restless that it is hard to sit still	1.68	.858	Very Mild
Are you getting easily annoyed or irritable	1.72	.891	Very Mild
Are you feeling afraid as if something awful might happen	2.01	.950	Mild
Are you losing interest or pleasure in doing things	1.65	.915	Very Mild
Are you facing trouble falling asleep or staying asleep	1.87	1.056	Mild
Are you feeling tired or having little energy	1.78	.914	Very Mild
Are you overeating or experiencing poor appetite	1.58	.843	Very Mild
Are you having trouble concentrating on things such as read	1.57	.895	Very Mild
Are you feeling bad about not being able to help yourself	1.93	.923	Mild
Are you feeling down depressed or hopeless	1.67	.930	Very Mild
Are you feeling helpless or frustrated	1.60	.892	Very Mild
Overall	1.96	.644	Mild

Comparison in the Mental Health Status of Davaoenos during the COVID-19 Pandemic according to demographic profile.

Table 2.1 shows the comparison of the mental health status of the participants when grouped according to their demographic profile. The results reveal that there is a significant difference in the degree of anxiety of the participants when grouped according to age ($F=12.163$, $p<.05$), employment status ($F=3.855$, $p<.05$), nature of work ($F=3.979$, $p<.05$), and option for work from home ($F=4.929$, $p<.05$). On the other hand, there is no significant difference in the degree of anxiety of the participants when grouped according to sex ($t= 1.117$, $p>.05$).

Table 2.1 ANOVA test to compare the Mental Health Status of Participants According to Profile

Profile	Mean	SD	F/t	p-value	Remarks
Age					
18-24	2.27	.706	12.163	.000	Significant
25-44	1.78	.501			
45-64	1.26	.034			
Sex					
female	2.00	.695	1.117	.267	Not Significant
male	1.87	.505			
Employment status					
Full-time	1.83	.558	3.855	.024	Significant
Part-time	1.76	.597			
Unemployed	2.14	.700			
Nature of Work					
health worker	1.83	.626	3.979	.021	Significant
non-health worker	1.80	.559			
Unemployed	2.15	.681			
Option for Work from Home					
With work from home options	1.67	.539	4.929	.009	Significant
Without work from home options	1.90	.564			
Unemployed	2.14	.700			

Since the ANOVA test is significant, a posthoc analysis was performed to find which among the groupings have significant differences as shown in Table 2.2. As viewed according to age, there is a significant difference in the anxiety of participants between 18-24 and 25-44 ($p < .05$), and between 18-24 and 45-64 ($p < .05$). By looking at the mean scores, the age between 18-24 ($M = 2.27$) have higher anxiety as compared to age 25-44 ($M = 1.78$) and 45-64 ($M = 1.26$).

When compared according to employment status, a significant difference in the level of anxiety can be observed between full-time employed and unemployed ($p < .05$). Based on the mean scores, those unemployed ($M = 2.14$) have higher degrees of anxiety as compared to full time employed participants ($M = 1.83$).

In the nature of work, there is a significant difference in the degree of anxiety between non-health workers and unemployed ($p < .05$). Comparing their mean scores, those unemployed ($M = 2.15$) have a higher degree of anxiety than those non-health worker employees ($M = 1.80$).

In terms of options from work from home, there is a significant difference in the degree of anxiety between those with work-from-home options and unemployed participants ($p < .05$). Based on their mean scores, those unemployed ($M = 2.14$) have a higher degree of anxiety than those with work from home options ($M = 1.67$).

(I) Employment status	(J) Employment status	Mean Difference (I-J)	Std. Error	p-value
Age				
18-24	25-44	.49135*	.11404	.000
	45-64	1.00256*	.30653	.001
25-44	18-24	-.49135*	.11404	.000
	45-64	.51120	.30320	.095
45-64	18-24	-1.00256*	.30653	.001
	25-44	-.51120	.30320	.095
Employment Status				
Full time employed	part-time	.063	.195	.746
	unemployed	-.316*	.126	.013
part-time	Full time employed	-.063	.195	.746
	unemployed	-.379	.196	.055
unemployed	Full time employed	.316*	.126	.013
	part-time	.379	.196	.055
Nature of Work				
health worker	non-health worker	.033	.165	.841
	Unemployed	-.313	.161	.054
non-health worker	health worker	-.033	.165	.841
	Unemployed	-.347*	.132	.010
Unemployed	health worker	.313	.161	.054
	non-health worker	.347*	.132	.010
Option for work from home				
With work from home options	no	-.234	.161	.149
	NA (Unemployed)	-.475*	.155	.003
Without work from home options	yes	.234	.161	.149
	NA (Unemployed)	-.241	.133	.072
NA (Unemployed)	yes	.475*	.155	.003
	no	.241	.133	.072

DISCUSSIONS

Based on the profile of this study's participants, the majority are between the age group of early adults to middle adults and predominantly female. Most of them are employed in non-health establishments, and many have no options for working from home. Even though the DOLE (2020) has issued an advisory regarding flexible work arrangements, it is up to the organizations to specify the regulations in the implementation of the labor advisory. Hence, in the study, most employees reported that they have fewer options for work-from-home arrangements.

Meanwhile, in the aspect of mental status, the results suggest that the participants are still alert with a wide perceptual field and can still able to focus attention even during the COVID-19 pandemic. Thus, notable aspects can be observed regarding their worries about the effects of the pandemic on their family.

This is a foreseeable attribute since Filipinos are widely viewed as family oriented and are intrinsically prioritizing their loved ones (Terry, 2014).

Furthermore, the younger age group has higher anxiety than older adults. This aligns with the findings of Tetreault (2021) that young adults have worsening moods and increased anxiety during the pandemic. On the other hand, those unemployed have a higher degree of anxiety as compared to those with employment. This conforms with the report of Sandel (2020) that unemployment can affect individual mental health, leading to hopelessness and humiliation.

CONCLUSION

The pandemic has a remarkable impact on the mental health status of young adults as reflected in their feeling of personal and interpersonal related anxieties. Hence, many Davaoenos are worrying too much about the effects of the pandemic on their family. Meanwhile, younger age groups are experiencing higher anxiety during the pandemic, especially those unemployed individuals.

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