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Mental Health of Families during Covid-19 Pandemic

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ABSTRACT

The current study examined the impact of Covid-19 pandemic on mental health of families. An exploratory study was conducted on 120 respondents from 60 families where 30 families were joint and 30 families were nuclear. The age group of respondents was 25- 50 years. Mental health inventory (Adult) by Dr. Jagadish and Dr. A.K. Srivastava, 1983 was used. The results interpreted that the mental health status of joint families was good when compared to nuclear families. However the relation was found to be non-significant. There was a significant relation between mental health status of male and female respondents. Female respondents had poor mental health compared to their male counter parts.

Keywords: *Mental health, Joint families, Nuclear families, Gender Differences, COVID - 19.*

Mental health is a state of well-being whereby individuals recognize their potential and are able to cope with the normal stresses of life, they work productively and fruitfully to make a contribution to their communities (World Health Organization, 2003). The concept of mental health comprises personal well-being, belief in self, independent functioning, abilities, intergenerational dependence and recognition of the belief in their intellectual and emotional potential. From childhood to old age at every phase of life mental health is very important. It also helps to determine how we handle stress, relate to others, and make choices. A person's mental health is influenced by his behaviour, day to day activities (personal, social, entertainment) and emotions.

The COVID-19 pandemic has exacerbated mental health challenges and led to a rise in mental illness diagnoses, substance misuse, and feelings of worry, stress, anxiety, hopelessness, and in some cases, job satisfaction (Capasso *et al.*, 2021) This has been intensified by the necessity of social distancing. While a successful mitigation strategy for COVID-19 transmission, it has negatively impacted people's well-being due to the loss of social support and increased feelings of loneliness and isolation (Hwang *et al.*, 2020). The uncertainty and sudden change to everyday life, as well as concerns over health, may explain why anxiety has initially risen, rather than depression. In the context of the pandemic, social media offers a wealth of information, so much so that the World Health Organization (WHO) developed the term "infodemic" to describe the overabundance of information available online (as well as offline), and argue that this infodemic and associated misinformation can be harmful to people physical and psychological health (Prowse *et al.*, 2021).

Mental Health is a major concern in this COVID-19 pandemic time. The covid-19 pandemic resulted in closure of schools and colleges for months together across the world and it leads to home

schooling impacted on families (Jyothi and Vijayabhinandana 2020). Covid-19 dis-proportionately affected families resulting in health and social inequities, including fewer financial and social resources, crowded homes and limited technology and internet access .The restrictions are especially challenging for families, with home schooling, work from home, quarantine. The collision of these stressors has contributed to increase in stress and anxiety which resulted in mental health problems. The positive impact of Covid-19 on families includes increase in the time that spent with families, increasing interactions among family members; sharing of house hold works, and more time available for self-care and hobbies. Findings from review show that female sex, younger age, unmarried, rural areas, nuclear families are the contributing factors to worst mental health during covid-19 pandemic.

In this context, the present study aimed to study the mental health status of the joint and nuclear families to understand the psychological impact of COVID-19 lockdown on individuals.

MATERIAL AND METHODS

This study was conducted to examine the impact of Covid-19 on mental health status of families. The present study was carried out in Srikakulam district of Andhra Pradesh with a sample of 120 respondents from 60 families, 30 families were from joint and 30 families were from nuclear families. The age range of respondents was 25- 50 years. The sample included married and having children. Purposive random sampling method was used select the respondents. Exploratory research design was adopted for the study. Mental health inventory (Adult) developed by Jagadish and Srivastava, 1983 was used to collect the data. The data was analysed through frequency, percentages, chi square and t- test respectively.

RESULTS AND DISCUSSION

Table 1. Mental health status of male and female respondents (N=120)

S.No	Category of mental health	Male	Female
		F (%)	F (%)
1.	Very good	-	-
2.	Good	-	-
3.	Average	8(13)	6(10)
4.	Poor	48(80)	46(77)
5.	Very poor	4(7)	8(13)

*Figures in parenthesis indicates percentages

The above Table 1 reveals majority (80.00%) of the male respondents had poor mental health status followed by average (13.00%) and very poor (7.00%) similarly, 77.00 per cent of the female respondents had poor mental health followed by very poor (13.00%) and average (10.00%). Hence this data clearly indicates that males were good in mental health compared to females. Interestingly none of the respondents were found be very good and good mental health.

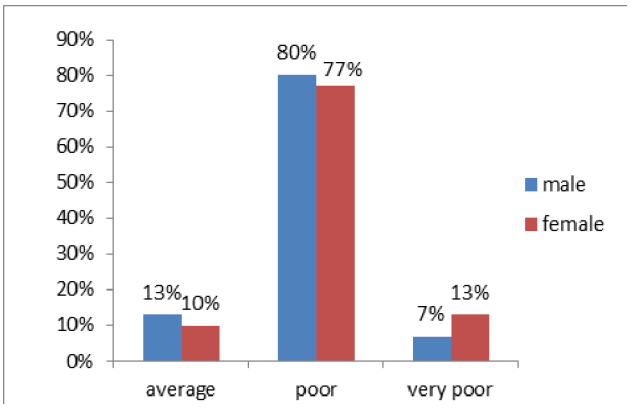

Fig 1. Representation of mental health status of male and female.

Table 2. Mean differences in mental health status of male and female

S.No	Dependent variable	Gender	Mean± S.D	t-value
1	Mental health	Male	147.58±8.13	2.20*
		Female	143.88±10.16	

*- Significant at the 0.05 level

The mean difference between mental health status of male and female was reported in Table 2 clearly indicated a significant difference in mental health of respondents where females experienced more mental health problems compared to males. These findings are in line with Hou *et al.* (2020) who found that females were experiencing more severe stress and anxiety symptoms, while males showed better resilience to stress. Coppola *et al*. (2021) stated that women perceived lower mental health than men. There are several possible reasons for this, including women's work-life balance, gender roles and increased responsibilities, domestic violence, harassment at work, and work roles (Gausman and Langer, 2020; Viveiros and Bonomi, 2020).

Table 3. Mental health status of respondents based on type of family (N=120)

S.No	Category of mental health	Joint	Nuclear
		F (%)	F (%)
1.	Very good	-	-
2.	Good	-	-
3.	Average	9(15)	5(8)
4.	Poor	48(80)	46(77)
5.	Very poor	3(5)	9(15)

The above Table 3 exposed that majority (80.00% and 77.00%) of the joint families and nuclear had poor mental health. Fifteen per cent of joint families had average mental health and (15.00%) nuclear families had very poor mental health. Five per cent of joint families had very poor mental health and (8.00%) had average mental health status. Hence the results clearly indicated that nuclear families had poor mental health status than joint families.

Table 4. Mean difference in mental health status of joint and nuclear families

S.No	Dependent variable	Type of family	Mean± S.D	t-value
1	Mental health	Joint	147.25±8.53	1.79^{NS}
		Nuclear	144.22±9.94	

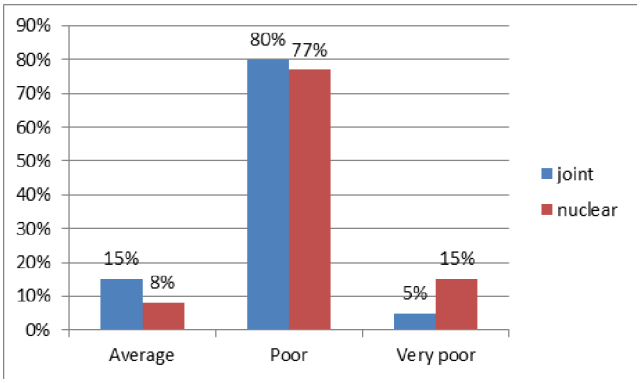

Fig 2. Representation of mental health status of joint and nuclear.

The mean difference between mental health status of joint and nuclear families was interpreted in Table 2 clearly indicated that joint families had good mental health compared to nuclear families, however non-significant difference was observed. A study by Singh *et al*. (2020) revealed that there was no significant difference in mental health and family structure. Another study by Prajapathi (2013) stated that there was no significant relation between mental health of nuclear and joint families. The advantages of joint family included family members never be alone, they have persons to look after their kids, works can be shared, expenses can be shared, Guidance will be there, Caring will be there. The enlargement of family support during quarantine happened as members shared their feelings more often and showed extensive care toward one another (El-Zoghby *et al.*, (2020).

Age

Mental health status of the respondents based on age was found to be significantly associated. Interestingly 13.00 per cent of young adults (25-35 years) were found to have very poor mental health whereas only 6.00 per cent of middle adults (36-50 years) had very poor mental health. This clearly indicates that age plays a significant role in adopting the better coping strategies and adjusts to the crisis situations. Similar findings with this study were found

Table 5. Association of age and size of the family with mental health of the respondents

S.No	Independent variables	Levels of mental health			Modified
		Average	Poor	Very poor	χ^2
1	Age in years				
	25-35 years	6	55	9	2.69**
		(9)	(78)	(13)	
	36-50years	8	39	3	
		(16)	(78)	(6)	
2	Size of family				
	1-6 members	8	63	11	3.90**
		(10)	(77)	(13)	
	≥7 members	6	31	1	
		(16)	(82)	(2)	

**Significant at the 0.01 level

*Figures in parenthesis indicates percentages

that younger age (<35 years) was associated with detrimental mental health outcomes Lin and Wang et al., (2020). Another study Badahdah *et al*, (2020) also stated that younger age group people had worse mental health.

Size of family

A significant association was observed between mental health and family size attributes. The data clearly indicates that increase in family size is directly contributing to better mental health status of family members. The mean scores obtained on the mental health status of joint families were found to be more than nuclear families. Contrary to these study findings Islam *et al*. (2020) stated that more than five members in the family is a contributing risk factor for mental health issues during covid -19 pandemic.

CONCLUSION

During the Covid-19 pandemic lockdown was imposed to reduce the spread of virus. People were unable to step out from their house expect for essential needs. Much of infodemic was passed through you tube and social media. This created fear and anxiety in general populace. The study concluded that irrespective of gender, age, size of the family and type of family majority of the respondents had poor mental health however male respondents, age group of 35-50 years, families having more than 7 members and joint families were slightly good in mental health compared to their counter parts. Resilience and effective coping strategies are very important for the individuals to come out from the stressful situations.

LITERATURE CITED

Badahdah A, Khamis F, Al Mahyijari N, Al Balushi M, Al Hatmi H, Al Salmi I, Albulushi Z and Al Noomani J 2020 The mental health of health care workers in Oman during the COVID-19 pandemic. *The International Journal of Social Psychiatry*.

Capasso A, Jones A M, Ali S H, Foreman J, Tozan Y and DiClemente R J 2021 Increased alcohol use during the COVID-19 pandemic: The effect of mental health and age in a cross-sectional sample of social media users in the US. *Preventive Medicine, 145*, p.106422.

Coppola I, Rania N, Parisi R and Lagomarsino F 2021 Spiritual well-being and mental health during the COVID-19 pandemic in Italy. *Frontiers in Psychiatry*. 12: 296.

El-Zoghby S M, Soltan E M and Salama H M 2020. Impact of the COVID-19 pandemic on mental health and social support among adult Egyptians. *J Community Health*.

Gausman J and Langer A 2020 Sex and gender disparities in the COVID-19 pandemic. *Journal of Women's Health*, *29*(4), pp.465-466.

Hou F, Bi F, Jiao R, Luo D and Song K 2020 Gender differences of depression and anxiety among social media users during the COVID-19 outbreak in China: a cross-sectional study. *BMC public health*. 20(1):1-11.

Hwang T J, Rabheru K, Peisah C, Reichman W and Ikeda M 2020 Loneliness and social isolation during the COVID-19 pandemic. *International psychogeriatrics*, *32*(10), pp.1217-1220.

Islam M S, Sujan M S H, Tasnim R, Sikder M T, Potenza M N and Van Os J 2020 Psychological responses during the COVID-19 outbreak among university students in Bangladesh. *PloS one*. 15(12).

Jagdish S and Srivastava A K 1983 Manual for *mental health inventory*, Published by *Manovaigyanik Parikshan Sansthan*, Varanasi.

Lin L Y, Wang J, Ou-Yang X Y, Miao Q, Chen R, Liang F X, Zhang Y P, Tang Q and Wang T 2020 The immediate impact of the 2019 novel coronavirus (COVID-19) outbreak on subjective sleep status. *Sleep Medicine*.

Prajapati R O 2013 The psychological well-being among joint and nuclear families: A comparative study. *The International Journal of Indian Psychology*. *1*(1).

Prowse R, Sherratt F, Abizaid A, Gabrys R L, Hellemans K G, Patterson Z R and McQuaid R J 2021 Coping with the COVID-19 pandemic: examining gender differences in stress and mental health among university students. *Frontiers in psychiatry*. 12: 439.

Singh G, Singh A, Zaidi S Z H and Sharma S 2020 A Study on Mental Health and Well-Being of Individuals Amid COVID-19 Pandemic Lockdown. *Mukt Shabd Journal, ISSN*. (2347-3150).

Viveiros N and Bonomi A E 2020 Novel Coronavirus (COVID-19): Violence, reproductive rights and related health risks for women, opportunities for practice innovation. *Journal of family violence*, pp.1-5.

JyothiV, and Vijayabhindhana B 2020 Perception of students about online education. *The Andhra Agric*. 67:142-143.

World Health Organization 2003 Investing in Mental Health (Geneva: WHO, 2003), at 8.

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