

## Coping Strategies Adopted During Covid-19: A Study among Married Couples in Tamil Nadu

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### Abstract

Sudden outbreak created many psychological problems, social panic and it also worsen the mental health conditions. The survey was conducted in Tamil Nadu during the pandemic period to examine the COVID-19 related coping mechanisms and associated factors in the study locations. The lockdown restrictions had impacted among the significant proportion of the study population's mental health status and among them a major proportion of were cope up by 'engaged with family members'.

**Keywords:** COVID-19, Coping mechanism, Family members, Practices

### Introduction

The COVID lockdown related restrictions has led to disorders in most of people's routine life, their livelihood, health, social relations, their children's education, and their family food security and nutrition. Various Governments, across the world, have responded on their own strategies to this epidemic and have attained success at different levels. The controlling measures of COVID pandemic instituted by State governments such as restrictions on freedom of movement, social and physical distancing, self-isolation and quarantine measures, closure of schools and education institutions, etc., resulted in fear of getting infected, and losing

their close family members and friends<sup>1,2,3</sup>. Many researches has shown that sudden outbreak created many psychological problems, social panic and it also worsen the mental health conditions<sup>4</sup>. It is observed by Grupe, and Nitschke<sup>5</sup> and Anderson, Carleton, Diefenbach, Han<sup>6</sup> that this kind of unexpected events that upset the daily life and cause uncertainty in turn it has a serious impact on the psychological wellbeing of people. Hence, the World Health Organization<sup>7,8</sup> and other international agencies including Center for Disease Control and Prevention<sup>9</sup> have urged the need to include mental health interventions as part of efforts to support people through this crisis. However, a very limited number of studies has

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explored the coping strategies adopted in response to the pandemic nor the factors associated with such strategies. Therefore, this study tried to examine the COVID-19 related coping mechanisms and associated factors in the study locations.

**Study Design:** A cross-sectional study design was used. The survey was conducted in Tamil Nadu during the pandemic period - July 2021 to October 2021. As per the direction and guidance of Central Government of India, the State government has grouped all the 38 districts into hotspots, moderate and non-hotspots districts based on COVID case loads. One-fifth of the districts (8 districts) were selected as study districts, however, the proportionate sampling method was used to select the number of districts from each of the three category districts. The simple random sampling method was adopted to select the study districts from the three category districts with consideration of the geographical representation. One district was selected from hotspot districts (Chennai), four districts were selected from moderate incidence districts (Tiruvanamalai, Madurai Tirunelveli and Trichy) and three districts were chosen from non-hotspot districts (Coimbatore, Karur and Nagapattinam). The research team has approached the Non-Governmental Organizations (NGOs) in the selected study districts to identify target households (positive patient's households and non-infected households).

**Sample Population:** In Chennai district, with the support of NGO's Key Informants, the research team has identified 7 locations where totally 89 COVID-19 infected households were identified. While the research team approached all the 89 households, only 18 household's heads were cooperated to complete the interview. With respect to non-infected households, 179 households were randomly selected, however 71 head of households were permitted their spouse to participate or themselves participated in the survey. In total 89 respondents were interviewed at Chennai district. Similarly, in all the remaining seven districts the target population were interviewed. The team had identified 1,627 eligible households in the study districts as the target population however 691 households were fully cooperated to complete the survey schedule, of that 87 households were categorized as COVID positive cases households and

the remaining 604 households were categorized as not infected households.

**Results: Characteristics of the Study Population:**

The characteristics of study populations are shown in Table-1. The average age of the respondents was 38.99 years and majority of them were female (87.2%) and Hindu religion (89.7%). The average marital duration was 16.55 years and 69.3 percent of respondents were live in nuclear families. Overwhelming majority of the respondents were literates (94.6%), of them one-third (33.6%) were completed Diplomas/Degrees.

**Table No. 1 Percentage distribution of Respondents by Characteristics**

Characteristics of the Study Population	Respondents	
	Number	Percentage
<b>Residence</b>		
Rural	356	51.5
Urban	335	48.5
<b>Age</b>		
Less than 30	83	12.0
30-39	282	40.8
40-49	253	36.6
Above 50	73	10.6
<b>Sex</b>		
Male	88	12.8
Female	603	87.2
<b>Religion</b>		
Hindu	620	89.7
Muslim	16	2.3
Christian	55	8.0
<b>Caste</b>		
SC/ST	107	15.5
BC	232	41.4
MBC	286	33.6
FC	66	9.6
<b>Family Type</b>		
Nuclear	479	69.3
Joint	194	28.1
Extended	18	2.6
<b>Educational Status</b>		
Illiterate and primary	104	15.1
Middle	116	16.8
Secondary	150	21.7

Characteristics of the Study Population	Respondents	
	Number	Percentage
Higher Secondary	91	13.2
Diploma/ Degree	230	33.3
<b>Occupations</b>		
<b>Female</b>		
House wife	322	63.4
Agriculture and allied works	131	21.7
Business and Private sector	84	13.0
Teac., Govt emp/ Profession	66	10.9
<b>Male</b>		
Unemployed	8	6.8
Agriculture and allied works	29	33.0
Business and Private sector	39	44.3
Teach/Govt emp/ Professional	14	15.9
<b>Living Arrangement</b>		
With my spouse and children	488	70.6
with my spouse, children & others	203	29.4
<b>Financial condition during pandemic</b>		
Worse	489	70.8
Normal	202	29.2

More than three-fifth of the female respondents were housewives (63.4%) and more than two-fifth of male respondents involved in business and private sectors. Little above half of respondents were living in rural areas and remaining 48.5 percent were urban residents. A significant proportion of the respondents (70.6%) were living with their spouse and children. About seventy percent of the study population stated that their family financial condition get worst during the pandemic period.

**Coping Mechanism:** The emotional well-being of the individuals was affected largely because of panic about COVID, lack of their regular social actions and staying at home for a longer time during the pandemic period. However, there is little attention provided to the mental health status of the isolated, panicked and house-arrested people. Research has also shown that sudden outbreak can worsen the mental health conditions<sup>4</sup>. Therefore, there is a need to understand the possible measures to cope with the pandemic for their effective management. With this background, an attempt was made to analysis the coping mechanism adopted by the respondents to come out from the panic/stress during the pandemic period (table 2).

**Table No. 2 Percentage distribution of Respondents by Coping Mechanism Practice during Lockdown**

Cope Mechanism	Respondents		
	Not at all	Occasionally	Often / Very often
<b>Through Physical Exercise</b>			
Regular exercise	75.1	15.1	9.8
Yoga/ meditation	83.8	11.1	5.1
Breathing exercise	79.7	15.0	6.2
Physical activities	46.7	35.7	17.5
Good self-care strategies	9.6	51.2	39.2
Practice self-sympathy	24.6	43.3	32.1
<b>With participation of Family Members</b>			
Playing with kids/ pets	28.4	33.0	38.6
Caring children	4.6	23.2	72.2
Teaching to children	29.4	33.0	37.6
Talk to others	2.7	44.4	52.8
Connect with family & friends	6.8	30.1	63.1

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Cope Mechanism	Respondents		
	Not at all	Occasionally	Often / Very often
Engage in something more fun	17.4	44.3	38.4
Caring about others	4.8	37.2	58.0
Pay attention to others	19.1	30.8	50.1
<b>Connect with Media</b>			
Connect with online	54.1	23.0	22.9
Watching TV shows	14.9	43.7	41.4
Listening music	46.9	31.7	21.4
<b>Personal Engagement</b>			
Staying in bed	31.3	44.1	24.6
Plenty of rest	21.4	51.7	26.9
Reading books	68.5	18.4	13.2
Keep to a schedule	45.6	33.1	21.3
Finding other activities that interest you	18.1	41.7	40.2
Plan for future	18.7	45.6	35.7
Strengthening hobbies	48.8	34.2	17.1

Overall, it is noticed from the study area that 'caring children' (72.2%) and 'connected with family and friends' (63.1%) were the foremost strategies often/very often adopted by the respondents to cope the pandemic situation. The other prime coping mechanism frequently/very frequently stated by the respondents were 'cared about others' (58.0%), 'talk to others' (52.8%) and 'pay attention to others' (50.1%). Thus, the lockdown restrictions had impacted 'positively' on the respondents were they 'very often' engaged with family members especially with children to regulate the emotional conflict and eliminate the threat of epidemic during lockdown restrictions. A major proportion of respondents practiced 'good self-care strategies' (occasionally: 51.2% and often/very often: 39.2%) to cope the pandemic situation, followed by practice self-sympathy (occasionally: 43.3% and often/very often: 32.1%). It is also interesting to observed that regular exercise (75.1%), yoga/meditation (83.8% percent), breathing exercise (79.7%) and physical activities (46.7%) were 'not at all' practiced by a large number of the respondents to cope up their mental health during lockdown restrictions. The other interesting observation is 'use of any kind of substance abuse was 'not at all' practiced by majority of the respondents

during lockdown restrictions. Among various coping mechanism practiced related to mass media, 'watching TV shows' (41.4%) was the foremost coping mechanism practiced 'very often'. Only 22.9% of the respondents were 'very often' 'connected with online' during lockdown restrictions. An increased number of respondents reported that they 'very frequently' engaged in 'finding other activities that interested them' (40.2%) followed by 'planning for future' (35.7%) as their coping mechanism during lockdown restriction.

**Level of practice of Coping mechanism by Background characteristics:** It is noticed from the table 3 that urban (28.1%) residence were more likely adopted 'high coping mechanism' than rural residents (18.8%). Practice of coping mechanism was not much differed between male (21.0%) and female (21.0%) with respect to 'high coping mechanism'. Practice of high level of coping mechanism was not shown any difference with respect to age of the respondents. Diploma and Degree completed respondents (42.6%) were more likely practiced coping mechanism (high level) than the counterparts. The high level of coping strategies was adopted more by FC respondents (27.3%) than the SC/ST respondents (17.8%).

**Table No. 3 Percentage distribution of Respondents by Level of Coping Mechanism and Background Characteristics**

Background Characteristics	Coping Mechanism Index			Total
	Less level	Moderate level	High level	
<b>Place of Residence ** (11.051)</b>				
Rural	19.9	61.2	18.8	356
Urban	22.4	49.6	28.1	335
<b>Sex<sup>NS</sup></b>				
Male	26.1	50.0	21.0	88
Female	20.4	56.4	23.2	603
<b>Age<sup>NS</sup></b>				
Less than 30	10.8	61.4	27.7	83
30 to 39	19.5	58.5	22.0	282
40 to 49	25.7	51.8	22.5	253
50 And above	23.3	50.7	26.0	73
<b>Caste<sup>NS</sup></b>				
ST/SC	26.2	56.1	17.8	107
MBC	15.5	61.2	23.3	232
BC	23.4	52.1	24.5	286
FC	22.7	50.0	27.3	66
<b>Education*** (89.286)</b>				
No education and Primary	27.9	61.5	10.6	104
Middle	24.1	64.7	11.2	116
Secondary	30.0	58.0	12.0	150
Higher Secondary	25.3	51.6	23.1	91
Diploma/Degree	9.1	48.3	42.6	230
<b>Occupation *** (61.933)</b>				
Housewives/Unemployed	19.8	57.3	22.9	328
Agri. related	27.5	66.2	6.2	160
Business / Private	18.7	52.0	29.3	123
Professional	17.5	32.5	50.0	80
<b>Marital duration ** (19.192)</b>				
Up to 5 years	-	59.1	40.9	44
6-15	22.1	53.2	24.7	308
16-24	24.2	57.1	18.7	219
Above 25	20.8	57.5	21.7	120
<b>Depression Index *** (36.264)</b>				
No Depression	17.1	57.9	25.0	580
Any form of Depression	42.3	43.2	14.4	111
<b>Anxiety Index *** (31.773)</b>				
No Anxiety	15.4	60.3	24.3	481

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Background Characteristics	Coping Mechanism Index			Total
	Less level	Moderate level	High level	
Any form of Anxiety	34.3	44.8	21.0	210
Stress Index ** (12.451)				
No Stress	16.8	57.5	25.7	416
Any form of Stress	27.6	52.7	19.6	275

\*\*\*, \*\*, refers to significant at 1 and 5% level respectively (Chi-square results -SED and level of coping mechanism) NS - Not significant

Marital duration of the respondents also played a vital role in adopting high level of coping mechanism - the respondents with less marital duration were more likely practiced high-level coping mechanism (40.9%) than the respondents with higher marital duration (21.7%). Similarly, a higher proportion of respondents engaged with Professional jobs were practiced a high level of coping strategies (50.0%) than the respondents involved as housewives/unemployed (22.9%). Data evident that the adoption of coping strategies has reflected in the prevalence of depression, anxiety and stress among the study population. The respondents who had less practice of any coping strategies had more any form of depression (42.3%), anxiety (34.3%) and stress (27.6%) compare to their counterparts.

### Conclusion

Overall, this study observed that the lockdown restrictions had impacted among a significant proportion of the study population's mental health status and among them a major proportion of were cope up by 'engaged with family members' and 'connect with family & friends'. Overall, the study results serve to inform intervention and preventive efforts aimed at improving family relationship and reducing the risk of psychological distress in the context of a pandemic.

**Ethical clearance:** Since in this study humans/ animals are not used for any new intervention research, the ethical approval was waived, however the respondent's consent was got to participate in the survey.

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**Conflict of Interest:** Nil

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