

College Students Use of Coping Strategies while Facing Mental Health Challenges During Covid 19 Pandemic

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Abstract

Background: The Covid-19 pandemic led to several mental health challenges to the public. Among students' depression and anxiety were the most common. This study explores the coping strategies in dealing with depression and anxiety among college students during the COVID-19 pandemic.

Methods: Using a descriptive design with a stratified sample of 702 students aged 18 and 25 years were enlisted for data collection from Pune. Standardized measures like Hopkins Symptoms Checklist, Shortened Ways of Coping and Brief RCOPE were administered.

Results and Discussion: Findings indicate a significant negative correlation between positive religious coping and depression ($r = -.14^{**}$, $p < .01$), significant negative correlation between positive religious coping and anxiety ($r = -.17^{**}$, $p < .01$). A significant negative relationship between practical thinking and depression ($r = -.11^{**}$, $p < .01$) and a significant negative relationship between practical thinking and anxiety ($r = -.16^{**}$, $p < .01$).

Conclusion: In conclusion, exploring coping strategies helps in identifying the effective strategies in dealing with mental health challenges and in developing interventions.

Keywords: Pandemic; Coping strategies; Mental health; Depression; Anxiety

Background

On January 30, 2020, the World Health Organization (WHO) declared the COVID-19 outbreak as a public health emergency (Velavan & Meyer, 2020)¹. The pandemic disturbed everyone, including the lives of many students all over the

world². To manage COVID-19, the Government of India announced the lock-down which had an adverse impact on individuals' lives as well as the educational system. UNESCO mentioned that more than 1.5 billion students could not attend educational institutions from March 2020³.

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During the COVID-19 pandemic, many individuals experienced a range of mental and behavioural health issues. A Chinese study, undertaken in Yunnan province, explored the rates of anxiety and depression among individuals affected or unaffected by quarantine measures. Findings of that study revealed that those quarantined reported significantly higher rates of anxiety and depression⁴. Khan et al., (2020), conducted a study among 505 students in Bangladesh and found that stress, anxiety, and depression were high among the college and university students during the pandemic⁵. Lei et al (2020), found that individuals who were quarantined during the COVID-19 pandemic reported significantly high rates of depression and anxiety⁴. This reveals the impact of the pandemic on the college students and the need to explore the coping strategies used during this time.

Numerous studies emphasized on religious coping strategies and practical thinking. Religious coping is a type of coping that makes use of religion to help people overcome obstacles in life⁶. A study found that positive religious coping is associated with a self-assured and trusting relationship with God and involves asking for religious assistance and engaging in charitable religious values⁷. On the contrary, negative religious coping is the act of attributing one's suffering to God. Negative religious coping shows a less secure relationship with God and includes religious dissatisfaction with God⁷. Religion and its factors have a connection with lower rates of depression^{8,9}. Positive religious coping has an association with higher psychological well-being and lower levels of depression¹⁰. Studies show that negative religious coping predicts changes in mental health outcomes¹¹. Literature suggests, positive religious coping correlated with less stress and more positive impact. However, negative religious coping was correlated with high stress¹².

Areba et al. (2018), observed the connection between physical, and emotional well-being and the use of positive and negative religious coping to deal with symptoms of anxiety and sadness, particularly in university students¹³. It was discovered that there is a positive correlation between religious and decreased depressive symptoms. Further, practical thinking is one of the crucial coping skills. Practical thinking coping strategies include positive self-talk, temporal distancing, writing, perspective broadening and decentring. Yaqoob, (2014) found that this type of coping is utilized mostly by late

adolescents¹⁴. Research by Pozzi et al. (2015) found a negative association between changing perspectives and anxiety¹⁵. Son et al., (2020) in their attempt to understand the effects of the pandemic on the mental health and well-being of students concluded that there is an urgent need for mental health interventions and preventive strategies to settle the mental health issues of college students¹⁶.

This study aims to explore the role of coping strategies (positive and negative religious coping, practical thinking) that were found effective in dealing with the mental health challenges (depression and anxiety) experienced by college students during COVID-19 pandemic.

Method

The study is a descriptive research design and stratified random sampling. The sample of students were selected from English and Marathi medium higher educational institutions of Pune city. The participants were emerging adults in the age group of 18 to 25 years. The size of the sample is 702 chosen as per the power analysis. The introduction of the study along with the standardized instructions was given to the participants and the study instruments were administered. The respondents were debriefed about the study. They were informed that there are no right, or wrong answers and that the data collected would be utilized only for research purposes. Participants were informed about their right to withdraw at any time if they desire.

Ethical approval for this study was obtained from Martin Luther Christian University's Institutional Review Board at Shillong prior to the beginning of data collection.

Procedure:

The survey was carried out in Pune city's educational institutions from July 2023 to December 2023 as per the ethical norms. Throughout the survey, anonymity was maintained. Participants were informed about the confidentiality of their responses and their identity. All participants were asked to fill an individual consent form expressing their willingness to participate in the survey. Participants provided their personal details and signed the consent form giving their approval to participate. The participants completed the survey in the classroom in an average time of 40-45 minutes.

Material:

The first part of the questions was regarding the socio-demographic information of the participants. This is followed by standardized measures. The combined survey questionnaire was translated into Marathi and was back translated to check its accuracy. The psychometric measures used in the study are,

Hopkins Symptoms Checklist - It is a 10-item self-report inventory developed by Derogatis,^{17,18} where 4 items focused on anxiety and 6 items are focused on depression. All 10 questions have 4 responses, like, 'Not at all', 'A little', 'Quite a bit' and 'Extremely'. The responses are summarized for all items. The scale has a high correlation (0.97) between the HSCL-25 and the HSCL-10.

Shortened Ways of Coping - Revised (SWC-R) - It is a 14-item questionnaire, designed to measure the use of practical coping and wishful thinking¹⁹. Scores for items within each subscale were summed up to produce a subscale score for each way of coping. The present study has focused on one

subscale - practical coping. The scale had previously been used in India and had good Cronbach's alpha scores of 0.72 and 0.68.

Brief RCOPE - Brief RCOPE scale was developed by Pargament et al., 2011⁶. It consists of 14 items divided into two subscales: positive and negative religious coping. Brief RCOPE has demonstrated good internal consistency in several studies across differing samples.

Modified Kuppuswamy Socio-economic Status Scale- Originally developed in 1976 by Kuppuswamy and updated in 2021 and 2023²⁰⁻²³. It is a measure that assesses socioeconomic status by emphasizing questions about income, education, and the occupation of the family. The possible scores are 3 to 29.

Results and Discussion

Preliminary results were derived, the data was entered into excel files and there on it was exported to IBM SPSS 26 ® edition for the purpose of data cleaning and data analysis.

Table 1: Presenting socio demographic profile of the study sample (N=702)

Demographic Details		Gender				Total	
		Male		Female			
		Count	Percentage	Count	Percentage	Count	Percentage
Age Categorised	Young adulthood (18-21)	217	30.9%	375	53.4%	592	84.3%
	Young adulthood (22-25)	62	8.83%	47	6.69%	110	15.6%
Education	Arts	03	0.42%	04	0.56%	07	0.99%
	Commerce	222	31.6%	379	53.9%	601	85.6%
	Science	54	7.69%	40	5.69%	94	13.4%
Year of degree	First year	141	20.8%	192	27.3%	333	47.4%
	Second year	80	11.39%	164	23.3%	244	34.7%
	Third year	58	8.26%	67	9.54%	125	17.8%
Religion	Hindu	155	22.0%	269	38.3%	424	60.4%
	Muslim	98	13.9%	106	15.1%	204	29.0%
	Buddhist	18	2.56%	41	5.84%	59	8.40%
	Christian	02	0.28%	02	0.28%	04	0.56%
	Other	06	0.85%	05	0.71%	11	1.56%
Caste	General	171	24.3%	219	31.2%	390	55.5%
	OBC	44	6.26%	65	9.25%	109	15.5%
	SC	55	7.83%	126	17.9%	181	25.7%
	ST	09	1.28%	13	1.85%	22	3.13%
Socio Economic Status	Upper (I)	100	14.2%	162	23.1%	262	37.3%
	Middle (III)	118	16.8%	166	23.6%	284	40.4%
	Lower (V)	61	8.68%	95	13.5%	156	22.2%
Total participants		279	39.7%	423	60.2%	702	100%

Table 1 presents, in the obtained sample, participants belonging to the age group of 18 to 21 were higher compared to the other age group of 22-25. Further, the sample included a significant number of participants belonging to commerce streams followed by science and arts. Participants who were in first year were the highest, followed by second- and third-year students respectively. The sample shows some notable differences in the caste and religion,

where the majority participants were from the Hindu religion, followed by Muslim and Buddhist religion. The least numbers were observed in participants belonging to Christian religion. Highest number of participants were from the general category and others from the SC/ST followed by the OBC. Socio economically many of the participating students were from lower middle category, followed by upper, and lower category respectively.

Table 2: Correlation Coefficients for Mental health and Coping strategies (N=702).

	Study variables	1	2	3	4	5
1	Anxiety total	1				
2	Depression total	.629**				
3	Positive religious coping	-.174**	-.144**			
4	Negative religious coping	-.114**	-.124**	.394**		
5	Practical thinking- coping	-.160**	-.114**	-0.06	0.01	-

**p<0.01 (two tailed), *p<0.05, (N=702), DV- anxiety and depression

The correlation findings from table 2 suggest that there is a significant negative relationship between practical thinking and depression (r= -.11, p<.01) and a significant negative relationship between practical thinking and anxiety (r= -.16, p<.01). Further, positive religious coping has a significant negative correlation

with anxiety (r= -.17, p<.01), positive religious coping has a significant negative correlation with depression (r= -.144, p<.01), whereas negative religious coping also had a significant negative correlation with anxiety (r= -.11, p<.01) and with depression (r= -.12, p<.01).

Table 3. Binary Logistic Regression Predicting the likelihood of Depression (N=702).

	Estimates	p	95% Confidence Interval		OR
			Lower	Upper	
Positive religious coping	-0.118	0.001	-0.178	-0.05	0.88*
Negative religious coping	-0.034	0.272	-0.095	0.026	0.96
Practical thinking coping	-0.049	0.006	-0.085	-0.016	0.95*

* p < 0.05, **p <0.01, (N=702), DV- depression, OR= Odds ratio

Findings from table 3 show that, for each unit increase in positive religious coping and practical thinking coping strategy, the likelihood of experiencing higher depression decreases. Further,

it indicates that higher practical thinking leads to low levels of depression in college students. These findings are significant at 0.05 level.

Table 4. Binary Logistic Regression Predicting the Likelihood of Anxiety (N=702).

	Estimates	p	95% Confidence Interval		OR
			Lower	Upper	
Positive religious coping	-0.158	0.001	-0.223	-0.095	0.85*
Negative religious coping	-0.015	0.635	-0.078	0.047	0.98
Practical thinking Coping	-0.07	0.001	-0.105	-0.036	0.93*

* p < 0.05, **p <0.01, (N=702), DV- anxiety, OR= Odds ratio

Table 4 indicated the regression analysis between the predictors and anxiety. Findings show that positive religious coping and practical thinking strategies of coping are significantly negatively associated with anxiety ($p < 0.05$).

Overall, the study findings show that positive religious coping is associated with reduced mental health challenges in college going youth. The findings are supported by previous studies, it was found that positive religious coping has a protective effect against several psychiatric illnesses such as PTSD, anxiety, and depression^{24,25,26}. Another finding suggests that practical thinking as a coping strategy is significantly negatively correlated with depression and anxiety. Practical thinking is considered as a significant part of problem focused coping as it involves practical ways to deal with any problem. A study found that, during the COVID-19 outbreak, those who used problem-based coping showed lower levels of depression and anxiety than those who used emotion-based coping²⁷. The study findings in general show how the different types of coping including practical thinking, positive religious coping play an important role in the management of mental health when dealing with any crisis/pandemic.

Conclusion

In conclusion, exploring coping strategies can help in recognizing strategies of students in dealing with mental health challenges (depression and anxiety) that may occur in any crisis. For students facing crises or ongoing stress, adopting positive religious coping and practical thinking strategies can be particularly beneficial. However, this study has a few limitations. The information about the coping strategies used by students before the pandemic and the frequency and intensity of coping behaviours during the pandemic was not focused. Self-reported data is prone to more errors and social desirability bias. However, to manage these limitations, care was taken to maintain anonymity throughout the survey. Despite these limitations, the study also has some implications. The study can help in developing further interventions for students to deal with any crisis and to enable them to manage the mental health challenges. Future research can explore the relationship between the study variables and can

examine additional contextual factors that may influence the effectiveness of coping strategies used by college students to deal with any crisis or to manage their mental health challenge.

Ethical Clearance: Martin Luthar Christian University, University Research Ethics Committee-III/DRch/ UREC/EA/272/2015-587 March 23, 2022

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