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Psychological distress and coping strategies among women during the COVID-19 Pandemic: A rural perspective

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Abstract
The COVID-19 pandemic has brought about unprecedented challenges, affecting various aspects of individuals' lives, including their mental health. This research paper discuss about the psychological distress experienced by women in rural areas during the pandemic and explores their coping strategies. The study utilized established psychological scales to assess emotional stability, personal growth, overall adjustment, security-insecurity, self-acceptance, and coping mechanisms among a sample of 82 women. The results revealed that a considerable proportion of women exhibited moderate psychological distress. Additionally, the coping strategies employed by these women, such as logical analysis, positive appraisal, seeking guidance, and problem-solving, were examined. The findings shed light on the nuances of psychological well-being and coping mechanisms in the context of rural communities during a global crisis.

Keywords: pandemic, psychological distress, women, coping strategies, rural areas

Introduction
The state of emotional suffering which is generally characterized by symptoms of depression and anxiety is psychological distress. In a family, women are the epicenters and naturally take the responsibilities of family well being and play a significant role for the family welfare. She plays a major to provide food, clothing, and education to children etc. But during this corona virus pandemic time due to uncertainty of work schedule, reduce income and challenges they face in day to day activities as well as insecurity related to infection leads to stressful life situation. This stress leads to anxiety, negatively affecting our mental as well as physical health. There is increase attention on mental health issues globally even in our country however there is limited study in Rural areas especially during this pandemic of COVID 19.

Psychological distress evolved through distinct stages for women, encompassing shock at diagnosis, treatment-related distress, coping with disease progression, and ongoing struggle with its limitations. Coping strategies fell into categories: seeking social support, fostering positivity, avoiding stressors, and finding solace in religious faith and acceptance.

Finzi *et al*. (2007) [5] study of patients with psoriasis, we observed several key findings: Psychological distress was prevalent, with female gender being the primary predictive factor. Interestingly, there was no discernible link between psoriasis severity and psychological distress. Patients commonly relied on planning and active coping strategies. Additionally, most dermatologists exhibited a problem-oriented approach in their care for these patients.

Gust *et al*. (2017) [1] studied about the factor associated with psychological distress among young women in Kenya. The stress was measured by using Kessler (K-6) psychological distress scale between the age group of 18 to 3 years. There were 461 women in this study. It was found that 58.4 per cent were having moderate psychological distress, 20.8 per cent with low or no psychological distress, and interestingly 20.8 per cent were having high psychological distress.

Liao *et al*. (2018) [3] Psychological distress, characterized by symptoms of depression and anxiety, has been a prominent concern during the COVID-19 pandemic. Women, often the linchpin of family well-being, have faced unique challenges due to the pandemic's uncertainties, economic setbacks, and health-related anxieties. This study aims to explore the psychological distress experienced by rural women during the pandemic and their coping strategies, providing insights into an understudied population's mental health.

Sinha and Latha (2018) [4] revealed that males predominantly employed problem-focused coping strategies, while female students tended to utilize emotion-focused coping strategies,

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though there was some overlap. Stress has been linked to both mental and physical aging. Therefore, understanding and being aware of various coping styles tailored to different genders can aid in fostering healthy adaptation and growth.

Roy *et al.* (2020) [2] in their review study said that many of the researchers mention about the mental health issues related to stress, anxiety, depression, insomnia, denial, anger and fear during the pandemic in their study

Methods

Data for the present study were collected using established psychological distress scales and coping strategy assessments. A sample of 82 rural women participated in the study.

Psychological distress was evaluated through emotional stability, personal growth, overall adjustment, security-insecurity, self-acceptance, and total mental health scores. Coping strategies were assessed in terms of logical analysis, positive appraisal, seeking guidance, problem-solving, cognitive avoidance, acceptance, seeking alternative rewards, and emotional discharge.

Statistical analysis: Frequency and Percentage was used to study the characteristics of mental health status of women.

Results

Table 1: Mental Health Status of Women during Covid 19

Sl. No.	Characteristics	Category	Frequency	Percentage
1	Emotional Stability	Low	8	9.76
		Average	68	82.92
		High	6	7.32
		Total	82	100.00
2	Personal Growth	Low	5	6.09
		Average	28	34.15
		High	49	59.76
		Total	82	100.00
3	Overall Adjustment	Low	6	7.31
		Average	60	73.17
		High	16	19.51
		Total	82	100.00
4	Security-Insecurity	Low	14	17.07
		Average	58	70.73
		High	10	12.20
		Total	82	100.00
5	Self Acceptance	Low	49	59.76
		Average	31	37.8
		High	2	2.44
		Total	82	100.00
6	Total Score of Mental Health	Low	2	2.44
		Average	80	97.56
		High	0	0
		Total	82	100.00

From table 1, it can be observed that majority of women have average mental health score. However when we see the sub score, it is very unfortunate that 9.76 percent of women have low emotional stability, 6.09 per cent have low personal

growth, 7.31 per cent have low overall adjustment and 17.07 per cent are having low security to insecurity. Interestingly 59.76 per cent of women are having low self acceptance. Very few women (2.44%) have high self-acceptance.

Table 2: Coping Strategies among women during COVID 19

Sl. No.	Characteristics	Category	Frequency	Percentage
1	Approaching with logical analysis	Low	7	8.53
		Average	29	35.37
		High	46	56.10
		Total	82	100.00
2	Positive Appraisal	Low	8	9.76
		Average	36	43.90
		High	38	46.34
		Total	82	100.00
3	Seeking Guidance	Low	36	43.90
		Average	35	43.21
		High	11	13.58
		Total	82	100.00
4	Problem Solving	Low	38	46.34
		Average	38	46.34
		High	6	7.31
		Total	82	100.00

A perusal of table 2 shows the coping strategies among women during COVID 19 pandemic. On approaching with

logical analysis as coping strategies majority of women have high score around 56.10 percent followed by 35.37 percent

have average and 8.53 have low score. Regarding positive appraisal only 9.76 per cent have low score and almost 46.34 percent have high followed by 43.90 per cent with average score on positive appraisal. Only 13.58 per cent have high score in seeking guidance as part of coping strategies and almost equal percentage of women have low and average seeking guidance. With regards to problem solving as coping strategies very few percentage have high problem solving strategies and equal number of women are distributed in low and average problem solving as coping strategies.

Table 3: Avoidance Coping Strategies among women during COVID 19

Sl. No.	Characteristics	Category	Frequency	Percentage
1	Cognitive Avoidance	Low	9	11.11
		Average	31	38.27
		High	41	50.62
		Total	82	100.00
2	Acceptance	Low	3	3.66
		Average	31	38.27
		High	48	58.54
		Total	82	100.00
3	Seek Alternative Rewards	Low	46	56.10
		Average	33	40.24
		High	3	3.66
		Total	82	100.00
4	Emotional Discharge	Low	16	19.51
		Average	29	35.37
		High	37	45.12
		Total	82	100.00

From table 3, it is observed that 50 per cent of the women have high cognitive avoidance as avoidance coping strategies. Only 11.11 per cent have low cognitive avoidance. Majority of the women have high acceptance for avoiding coping strategies. More than half of the women in the study are low in seeking alternate rewards and 45.12 per are high in emotional discharge.

The results indicated that a significant portion of the participants exhibited moderate psychological distress. Specifically, emotional stability, personal growth, overall adjustment, security-insecurity, and self-acceptance were analyzed. Notably, a substantial number of women reported low self-acceptance. Coping strategies were explored in terms of their prevalence and effectiveness. Logical analysis emerged as a prominent coping strategy, followed by positive appraisal and seeking guidance. In contrast, avoidance coping strategies, such as cognitive avoidance and emotional discharge, were also evident among the participants.

Discussion
The findings underscore the significance of addressing psychological distress among rural women during the COVID-19 pandemic. The prevalence of moderate distress and variations in coping strategies highlight the complex interplay between individual resilience and external factors. It is imperative to develop targeted interventions that address both psychological distress and adaptive coping mechanisms, recognizing the unique challenges faced by rural women.

Conclusion
This research sheds light on the psychological distress experienced by rural women during the COVID-19 pandemic and emphasizes the importance of comprehensive mental health support. By identifying coping strategies and addressing distress factors, policymakers, mental health

professionals, and community leaders can contribute to the well-being of women in rural areas, fostering resilience in the face of global crises. Further research is needed to explore the long-term effects of these findings and to tailor interventions that address the specific needs of this population.

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