Since 2002

Understanding Coping Strategies Adults Adopted to Survive During COVID-19 and Post-COVID-19 Pandemic

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Abstract

BACKGROUND: Understanding the coping strategies adopted during the COVID-19 and post Covid-19 pandemic is one way to understand the critical impact that COVID-19 poses on adults.

AIM: Therefore, the aim of this study is to understand the coping strategies adults adopted during the COVID-19 pandemic and post Covid era in the Alimosho Local Government area of Lagos State.

METHODS: The study used a quantitative method. A total of 250 copies of the questionnaire were distributed, out of which 218 copies were retrieved.

RESULTS: The result shows (53.3%) respondents tried to avoid thinking and problem solving during COVID-19. About 51% of respondents were able to connect with family and friends through social media during COVID-19. In the same manner, 47.3% of respondents were able to control their exposure to news during and after COVID-19. About 66.5% of respondents tried to adapt to the new normal during and after the COVID-19 pandemic; 59.7% of respondents tried to avoid over-crowded places during and after the pandemic; 62.4% of respondents also tried doing new things during COVID-19; and 62.4% of respondents followed still safety guidelines during and even after COVID-19. However, doing what I love and living a positive lifestyle during COVID-19 were all considered as predominant coping strategies used. The result shows the relationship between reality of COVID-19 and nothing to look forward to was examined using the Chi-square and cross-tabulation. There is a significant positive relationship between the variables.

CONCLUSION: The study concluded that coping strategies are very important strategies to adopt in in some similar situation. There is a need to understand the relationship between social and psychological skills that people use to manage and endure trauma. The coping mechanisms were used by adults that kept them alive and safe from COVID-19 trauma. Emotionally oriented and seeking to solve a problem or modify the status quo, adults seek to alleviate emotional pain caused by stressful events by sharing feelings through activities. The study recommends that there is a need to keep the mind at rest and stress free from any anxiety and trouble. People should do more of their hobbies, learn a new skill or take an online professional course.

Introduction

Coping can be defined as conscious volitional efforts to regulate emotion, mind, behavior, physiology, and the environment in reaction to stressful events or circumstances (Taylor and Stanton, 2007) [1]. Coping is being recognized for its significant impact on stress-related mental and physical health outcomes as well as its intervention potential. Coping is also defined as action-oriented and intrapsychic efforts to manage the demands created by stressful events. (Taylor and Stanton, 2007) [1]. Various people, or the same person under different circumstances, can use active or passive coping strategies in response to stressors. Consider ways to overcome stress and develop plans for the future efforts, accept the existence of stressful situations, and take full advantage of the circumstance by learning lessons from it are all examples of active coping strategies. Refusing to accept stressful occurrences, giving up on making efforts to achieve goals established in stressful situations, and intensifying stressful feelings are all examples of passive coping strategies (Yu *et al.*, 2020) [2].

Individuals' coping methods are the ideas and behaviors that they employ to deal with stressful situations (Folkman *et al.*, 1987) [3]. Problem-oriented coping and emotion-oriented coping are the two types of general coping mechanisms. The former seeks to solve a problem or modify the status quo, whereas the latter seeks to alleviate emotional pain caused by stressful events (Folkman and Lazarus, 1980) [4]. Sharing feelings, activities, humor, turning to faith, having hope, avoiding thinking, and problem solving are some of the most frequent coping mechanisms (Kar, 2021) [5].

Using coping mechanisms such as social support, healthy lifestyle choices, mindfulness, and resilience. Material and spiritual assistance are supplied to a person who is in a tough position or under stress as part of social support (Kazerooni *et al.*, 2020) [6]. A collection of support measures available to an individual through their social ties, with other

individuals, groups, and the greater community, can be defined as social support (Yu *et al.*, 2020) [2]. During the COVID-19 pandemic, adequate social support from loved ones and family members is required, which can be achieved through social ties. The act of interacting with friends and family through video or phone calls can help to boost social support. It is critical that people look for themselves, their families, and their friends (Nayar, 2020) [7].

There are four types of social support: (1) Emotional support that necessitates the provision of empathy, compassion, and love, as well as the encouragement of reliance, (2) informational support, which entails the giving of data, advice, and direction, (3) instrumental support, which entails the provision of practical assistance, and (4) appraisal support, which entails the giving of evaluative assistance. During outbreak scenarios around the world, social assistance has been linked to improved mental health and well-being (Tam, 2004) [8]. All of these forms of social support are required during the COVID-19 epidemic. Developing healthy lifestyle habits is an excellent coping method for adults who want to improve their mental health. People can plan daily plans that include a variety of activities such as work, leisure, exercise, and learning (Yu *et al.*, 2020) [2]. Resilience elements are effective tools for strengthening the ability to manage with the mental health crises connected with COVID-19.

They are positive coping mechanisms for COVID-19-related changes in work and life routines (Tahara, 2020) [9]. In an unfavorable situation, resilience is defined as a technique or skill for changing, balancing, or controlling oneself. It is also seen as a positive strength for overcoming and adapting to challenges or stressful conditions (Lee, 2020) [10]. The ability to adapt to trauma, tragedy, or overwhelming threats is known as resilience (Charney, 2004) [11]. In the trauma recovery process, resilience is an important aspect of coping and adjustment (Anderson, 2006) [12], [13]. Resilience is also characterized as a protective characteristic that mitigates and mitigates risk variables that have negative repercussions (Wilson, 2020) [14].

"Mindfulness" is another method or technique that has been found to be effective in numerous studies and study findings (Chiesa and Seretti, 2009) [15]. Mindfulness is a mental state and a practice that allows a person to be fully aware of the current moment without becoming emotionally involved or reacting. Meditation, which is a state of awareness and acceptance, can help one to accomplish it (Sahni, 2020) [16]. The need of limiting news exposure and limiting selections to the most dependable options should be stressed (Clemente-Suárez, 2020) [17]. Mindfulness is useful in reducing stress, sadness, anxiety, and suffering in healthy people, as well as enhancing their quality of life.

Methods

Cross-sectional design was used in this research because data collected at a certain period in time from respondents from various sociodemographic backgrounds. A structured administered questionnaire was used as a quantitative approach of data collection to obtain high quality and reliable data. The study population consists of adults, male, and female who are 18 years and above and who reside in Alimosho Local Government Area of Lagos State.

Research design

Cross-sectional design was used in this research because data collected at a certain period in time from respondents from various sociodemographic backgrounds. A structured administered questionnaire is used as a quantitative approach of data collection to obtain high-quality and reliable data.

Study area

The study took place in Lagos, Nigeria, in the south-west part of the country. It is referred to as "The Centre of Excellence." It was established on May 27, 1967. Ogun State borders Lagos on the north and east. Its western borders are shared with the Republic of Benin, while its southern borders are shared with the Atlantic Ocean. The island and the mainland are the two primary geographical areas that it is divided into. Lagos state is a magnet for migrants, with a culturally diverse population that includes more than 250 ethnic groups from around Nigeria and West Africa. The research was conducted in the Alimosho local government area of Lagos state (Ajetunmobi, 2003) [18].

With a population of over 1 million people, it is Lagos' largest local government. It was founded in 1945 and was part of the (at the time) western area. In the Ikeja Division, Alimosho is a local government area. Alimosho is mostly a Yoruba-derived ethnic group, particularly the Egbados. Yoruba is spoken by the majority of the population. Christians and Muslims coexist in the Local Government. It has now been divided into a number of Local Community Development Areas (LCDAs). Agbado/Oke-odo LCDA, Ayobo/Ipaja LCDA, Alimosho LG, Egbe/Idimu LCDA, Ikotun/Igando LCDA, and Mosan Okunola LCDA are sub-divisions of the former Alimosho. The Egbeda/Akowonjo urban area is located inside the LGA.

Study participants

Adult population distribution according to selected local government area (LGA) in Alimosho was: Local government Area Male population =

665,750, Female population = 653,821, and Total population = 1,319,571 Source: National Population Commission, 2010).

Determination of sample size

A sample is a subject of the population that is taken to be representative of the entire population. In this research study, sample size determination was an important aspect to examine due to difficulty in studying the whole population. Different scholars have given different perspective in determining a sample size. However, for the purpose of this study to ensure the accuracy of the study, the Fisher's formula was used in determining the sample size.

According to Fisher, $n = Z^2PQ/d^2$

n, denotes the required minimum sample size

Z denotes the normal deviant at the 95% confidence interval (set at 1.96) for a large population

P denotes the proportion of the population with desired characteristics

$Q = (1-P)$

d2 denotes the degree of precision, or the intended level of accuracy, which is set at 5%. Since the proportion of the population with the characteristics is not known, then 80% will be used going by the current trend, so at p = 0.8, Q = 1–0.8 = 0.2.

Therefore,

$$N = \frac{1.96^2 \times 0.8 \times 0.2}{0.05^2}$$

= 245.8

The researcher then approximates this figure 245.8 to the nearest ten which makes 250. Hence, the sample size of 250 is used in this research work.

Data collection and sampling techniques

The type of data collected during fieldwork determines the sort of analysis that will be performed in each study. As appropriate for each purpose, this study used quantitative data analysis approaches.

The quantitative data collected were sorted, coded, and entered into the Statistical Package for the Social Sciences (SPSS) program (SPSS version 25). The type of measuring scales utilized and the structure of the questionnaire necessitated statistical analysis at the univariate, bivariate, and multivariate levels.

Data analysis

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each study. As appropriate for each purpose, this study used quantitative data analysis approaches.

The quantitative data collected were sorted, coded, and entered into the SPSS program (SPSS version 25). The type of measuring scales utilized and the structure of the questionnaire necessitated statistical analysis at the univariate, bivariate, and multivariate levels. The univariate analysis included frequency distribution and percentage descriptive statistics. It was used to look at aspects like respondents' sociodemographic characteristics. While bivariate analysis was used to look at the link between an independent variable and a dependent variable. The dependent variable is COVID-19, while the independent variable is the psychological influence on adults, which can be changed. The Chi-square test was done to see if there was a significant link between variables at the 0.05 level of significance. The test was also used to investigate the link between COVID-19 and adult psychological impact. Multivariate analysis was used to assess the strength of the relationship between a dependent variable and multiple independent factors. The behavior of dependent variables was predicted using ordinal regression, which utilized a collection of independent factors.

Ethical considerations

An introductory letter was submitted to the participants while distributing the questionnaire to the participants. The participant was made to understand that participation in provision of the information was voluntary and there were no consequences for non-participation. Confidentiality was maintained by protecting the specific identity of the respondents in the study.

Results

Table 1 depicts the distribution of respondents' sociodemographic traits. From the table, 90 (41.3%) of the 218 respondents were male while 128 (58.7%) were female out of the total of 218 respondents. This indicates that the research covers both male and female adults in the local government area. The table shows that the respondents were mainly adults with their ages ranging from 18 years to 65 years and above. Sixty out of the 218 respondents, representing 27.5% were between 18 and 25 years, 26 (11.9%) were between 26 and 33 years, 25 (11.5%) were between 34 and 41 years, 28 (12.8%) were between 42 and 48 years, 41 (18.8%) were between 49 and 56 years, 19 (8.7%) were between 57 and 65 years while 19 respondents who were about 8.7% of all respondents were aged over 65 years. These show that respondents of all adult

Table 1: Distribution of respondents by sociodemographic characteristics

Variable	Frequency	Percentage
Gender		
Male	90	41.3
Female	128	58.7
Total	218	100
Age		
18–25	60	27.5
26–33	26	11.9
34–41	25	11.5
42–48	28	12.8
49–56	41	18.8
57–65	19	8.7
66 and above	19	8.7
Total	218	100
Religion		
Christianity	120	55.0
Islam	98	45.0
Total	218	100
Marital status		
Single	76	34.9
Married	133	61.0
Separated	6	2.8
Divorce	3	1.4
Total	218	100
Educational attainment		
SSCE	27	12.4
OND/NCE	80	36.7
B.Sc/HND	105	48.2
Postgraduate	6	2.8
Total	218	100
Occupation		
Artisan	5	2.3
Trader	7	3.2
Student	59	27.1
Civil servant	94	43.1
Farmer	4	1.8
Pensioner	23	10.6
Cleric/spiritualist	4	1.8
Unemployed	15	6.9
Other	7	3.2
Total	218	100
Ethnicity		
Yoruba	146	67.0
Igbo	65	29.8
Hausa	3	1.4
Others	4	1.8
Total	218	100

Table 2: The adopted strategies during COVID-19 pandemic

Variables	Frequency	Percentages
Avoid thinking about it		
Disagree	88	40.3
Neutral	15	6.9
Agree	116	53.3
Total	218	100
Connect family and friends through social media		
Disagree	72	33.1
Neutral	36	16.5
Agree	111	51
Total	218	100
Control expose to COVID-19 news		
Disagree	81	37.1
Neutral	35	16.1
Agree	103	47.3
Total	218	100
Adaptation to the new normal during the pandemic		
Disagree	55	25.2
Neutral	19	8.7
Agree	145	66.5
Total	218	100
Avoid over-crowded places during the pandemic		
Disagree	59	27.1
Neutral	29	13.3
Agree	130	59.7
Total	218	100
Doing new things		
Disagree	54	24.8
Neutral	28	12.8
Agree	136	62.4
Total	218	100
Doing what I love		
Disagree	124	56.8
Neutral	25	11.5
Agree	69	31.7
Total	218	100
Following safety guidelines		
Disagree	67	30.7
Neutral	33	15.1
Agree	118	54.2
Total	218	100
Living positive lifestyle during the pandemic		
Disagree	100	45.9
Neutral	30	13.8
Agree	88	40.3
Total	218	100

age bracket were considered in the research implying that the research is non-biased age wise.

From the table, it follows that respondents' religious affiliations were well taken care of. 120 out the 218 respondents, representing 55.0% were Christians while 98 (45.0%) were Muslims.

Furthermore, 76 (34.9%) out of the 218 respondents were single, 133 (61.0%) were still married, 6 (2.8%) had been separated while 3 (1.4%) were divorced. These shows that respondents of all marital status took part in the research, meaning that there is a balance in the responses gotten for the study. The table shows that only 27 (12.4%) did not go beyond secondary education, 80 (36.7%) had either of OND or NCE, 105 (48.2%) were either HND/BSC graduates while 6 (2.8%) had postgraduate diploma or higher degrees.

The table shows 5 (2.3%) of respondents were artisans, 7 (3.2%) were traders, 59 (27.1%) were students, 94 (43.1%) were civil servants, only 4 (1.8%) were farmers, 23 (10.6%) were pensioners, four of the respondents, that is, 1.8% were clerics/spiritualists while the remaining 15 (6.9%) were unemployed while 7 (3.2%) had other means of income. These shows

that the research took cognizance of respondents from diverse occupational categories. From the table, it is obvious that 146 (67.0%) of respondents were Yoruba, 65 (29.8%) were Igbo, 3 (1.4%) were Hausa while the remaining 4 (1.8%) were people from other ethnic group including foreigners. These shows that people from different ethnic backgrounds were considered in the research work.

The Table 2 shows the coping strategies adopted by adults during COVID-19 pandemic.

The table shows that 88 (40.3%) disagree that they tried to avoid thinking and problem solving during COVID-19, 15 (6.9%) respondents remained neutral while 116 (53.3%) agreed to the same event. The table above shows that 72 (33.1%) respondents disagree that they were able to connect through phone and video conversation with family and friends during COVID-19, while 36 (16.5%) remained neutral and a total of 111 (51%) respondents agree to being able to connect via phone and video conversation with family and friends during the pandemic. This implies that majority of people connected through phone and video conversation with family and friends during the COVID-19 pandemic.

Table 3: Relationship between the reality of COVID-19 and nothing to look forward to

Reality of COVID-19	Nothing to look forward to			
	Strongly disagree	Disagree	Neutral	Agree
Strongly disagree	16	10	2	0
Disagree	12	29	6	7
Neutral	6	9	4	6
Agree	4	25	28	19
Strongly agree	4	8	3	5
Total	42	81	43	37

Pearson's Chi-square (df) 59.109ª, Significance value 0.000, Decision rule: χ^2 = 59.109ª, df (c–1, r–1) = 1, n = 217, p = 0.000 at 0.05 significance.

The table shows that 81 (37.1%) respondents disagree that they were able to control exposure to news during COVID-19, while 35 (16.1%) respondents could not fix their minds while 103 (47.3%) agree that they were able to control exposure to news during COVID-19.

Table 4: Relationship between the reality of COVID-19 and found it difficult to relax

Reality of COVID-19	Found it difficult to relax			
	Strongly disagree	Disagree	Neutral	Agree
Strongly disagree	21	7	1	1
Disagree	17	24	8	4
Neutral	6	9	4	3
Agree	18	24	3	34
Strongly agree	5	4	4	7
Total	67	68	20	49

Pearson's Chi-square (df) 67.681a. Significance value 0.000, Decision rule: χ^2 = 67.681ª, df (c–1, r–1), n = 217, p = 0.000 at 0.05 level of significance.

The table shows that 55 (25.2%) respondents disagree that they tried to adapt to the new normal during COVID-19, 19 (8.7%) respondents were neutral and 145 (66.5%) agree that they attempted to adjust to the new ordinary during COVID-19. We may reasonably deduce that majority respondents agreed that they attempted to the new ordinary during COVID-19, we can reliably infer that majority of people adapted to the new ordinary during COVID-19 pandemic.

The table shows that 59 (27.1%) respondents disagree that they tried to avoid over-crowded area during COVID-19, 29 (13.3%) respondents were undecided and 130 (59.7%) agree that they tried to avoid over-crowded area during COVID-19. This implies that majority of people tried to avoid over crowded areas during the COVID-19 pandemic. The table shows that 54 (24.8%) respondents disagree that they tried doing new things, 28 (12.8%) were not sure while 136 (62.4%) agree that they tried to do new things during the pandemic. It follows from here that more people tried new things during COVID-19 pandemic. The table above shows that 124 (56.8%) respondents disagree that they were able to do what they love during COVID-19, 25 (11.5%) remained neutral while 69 (31.7%) agree that they were able to do what they love during COVID-19.

The table shows that 67 (30.7%) respondents disagree that they followed safety guidelines when going out during COVID-19, 33 (15.1%) remained neutral while 118 (54.2%) agree that they followed safety guidelines when going out during COVID-19. It therefore follows that majority of people followed safety guidelines while going out during the pandemic. The table above shows that 100 (45.9%) respondents

disagree that they were able to live a positive lifestyle during COVID-19, 30 (13.8%) remained neutral while 88 (40.3%) agreed to living a positive lifestyle. From this, it follows that more respondents were not able to live a positive lifestyle during the COVID-19 pandemic.

Coping strategies are type of strategies either can be social and psychological skills that people use to manage, endure, lessen, and limit demanding situations. About 116% respondents tried to avoiding thinking and problem solving during COVID-19; 51% respondents were able to connect with family and friends through social media during COVID-19. In the same manner, 47.3% respondents were able to control over exposure to news during COVID-19; 66.5% respondents tried to adapt to the new normal during COVID-19 pandemic, 59.7% respondents tried to avoid over-crowded places during the pandemic; 62.4% respondents also tried doing new things during COVID-19; and 118% respondents followed safety guidelines during COVID-19. However, doing what I love and living a positive lifestyle during COVID-19 were not considered as predominant coping strategies used.

More so, the following were listed out as the coping strategies that were used during COVID-19 pandemic. Problem-oriented coping and emotion-oriented coping are the two types of general coping strategies. The former seeks to solve a problem or modify the status quo, whereas the latter seeks to alleviate emotional pain caused by stressful events (Folkman and Lazarus, 1980) [4]. Sharing feelings, activities, humor, turning to faith, having hope, avoiding thinking, and decision making are some of the most frequent coping mechanisms (Kar, 2021) [5] using coping mechanisms such as social support, healthy lifestyle choices, mindfulness, and resilience. Material and spiritual assistance are supplied to a person who is in a tough position or under stress as part of social support (Kazerooni *et al.*, 2020) [6].

Interpretation

The relationship between reality of COVID-19 and nothing to look forward to was examined using the Chi-square and cross-tabulation (Table 3). There is a significant positive relationship between the variables a. 8 cells (32.0%) have expected count less than. The minimum expected count is 1.42. Thus, the alternative hypothesis is accepted and the null hypothesis is rejected.

Discussion of Findings

The relationship between the COVID-19 reality and difficulty in relaxation during the pandemic was

examined using Chi-square and cross-tabulation (Table 4).There is a relationship between the variables a. Nine cells (36.0%) have expected count <5. The minimum expected count is 1.32.

The alternative hypothesis is rejected and the null hypothesis is accepted. Coping strategies are type of strategies either can be social and psychological skills that people use to manage, endure, lessen, and limit demanding situations. About 116% respondents tried to avoiding thinking and problem solving during COVID-19; 51% respondents were able to connect with family and friends through social media during COVID-19. In the same manner, 47.3% respondents were able to control over exposure to news during COVID-19; 66.5% respondents tried to adapt to the new normal during COVID-19 pandemic, 59.7% respondents tried to avoid over-crowded places during the pandemic; 62.4% respondents also tried doing new things during COVID-19; and 118% respondents followed safety guidelines during COVID-19. However, doing what I love and living a positive lifestyle during COVID-19 were not considered as predominant coping strategies used.

Conclusion and Recommendations

The following were listed out as the coping strategies were used during COVID-19 pandemic. Problem-oriented coping and emotion-oriented coping are the two types of general coping strategies. The former seeks to solve a problem or modify the status quo, whereas the latter seeks to alleviate emotional pain caused by stressful events (Folkman and Lazarus, 1980) [4]. Sharing feelings, activities, humor, turning to faith, having hope, avoiding thinking, and decision-making are some of the most frequent coping mechanisms (Kar, 2021) [5]. Using coping mechanisms such as social support, healthy lifestyle choices, mindfulness, and resilience. Material and spiritual assistance are supplied to a person who is in a tough position or under stress as part of social support (Kazerooni *et al.*, 2020) [6]. The study therefore recommended the following among others keep the mind at rest and stress free. People should try to do more of their hobbies, learn a new skill or take a professional course. Maintain a positive lifestyle by having a healthy diet, adequate hours of sleep, and spending quality time by social networking with loved ones and relatives. People should relax and partake in leisure activities they enjoy doing at their leisure time. People should try to reduce conversations on topics regarding COVID-19 pandemic as this will help the mental state.

Declaration of Interests' Statement

Acknowledgments

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