

Gender Differences on COVID-19 Related Anxiety Among Students

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The COVID-19 pandemic creates complex problems and in almost all aspects of life, everyone has been anxious, worried, and panicked about survival. Starting with children, young and old, men and women feel anxious about the threat of COVID-19. This study aimed to determine the differences in anxiety levels between male and female students during the COVID-19 period based on the Hamilton Anxiety Rating Scale (Hamilton, 1969). This study used a survey method with a descriptive design. Sampling using accidental sampling, 396 respondents consisted of 99 male and 297 female with age range of 21-23 years was acquired. Data analysis was based on univariate and bivariate analysis using Chi-Square. The results showed that overall respondents were experiencing high levels of anxiety about COVID-19. On the other hand, there was non-significant difference in anxiety levels between male and female students in facing the COVID-19 pandemic; thereby, indicating that gender did not have significant role in emotional reactivity, such as anxiety and fear. Anxiety would arise when there would be environmental pressures that can hinder one's activities of both male and female students.

Keywords. Anxiety, students, COVID-19.

The World Health Organization declared Coronavirus 2019 (COVID-19) as a pandemic, as it engulfed almost the whole world. This condition clearly should not be underestimated because, throughout history, only a few diseases have been classified as pandemics. It is not the first time that the status of a global pandemic

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has been established; several viral outbreaks in the past have also been designated as pandemics. The COVID-19 pandemic cannot be undervalued, the transmission process is so fast, and the spread model that is difficult to detect makes it difficult for us to avoid it. This virus can affect anyone, infants, children, adults, pregnant women, nursing mothers, and the elderly. COVID-19 is characterized by flu-like symptoms, colds, fever, and respiratory problems. Until now there is no established cause of the Coronavirus, but it is known that this virus is spread by animals and is capable of transmitting from one species to another, including humans (Zaharah & Kirilova, 2020).

It is known, the origin of this virus came from Wuhan, China and found in late December 2019 (Yuliana, 2020). It has spread to various parts of the world, and almost all countries have caused the emergence of COVID-19 everywhere, including Indonesia, in just a few months. The death rate continues to increase over time, even though several countries have established policies to impose lockdown to break the chain of spreading the COVID-19 virus, as it is contagious that spreads rapidly in a network of human contact (Goel et al., 2020). In Indonesia, the Government has determined the COVID-19 pandemic as a type of disease with risk factors that cause public health emergencies. To overcome the impact of the COVID-19 outbreak, the Indonesian government has implemented large-scale social restrictions (Kresna & Ahyar, 2020); thereby, resulting in generalized feelings of anxiety, fear, and nervousness in everyone. Anxiety is a feeling of apprehension, worry, or discomfort, as if something is happening that is perceived as a threat. It is characterized as a subjective emotion without any specific object so that people feel anxious, as if something bad is going to happen and are generally accompanied by autonomic symptoms that may last for some time (Renner et al., 2018).

Problems arising from pandemic are so complex and affecting almost all aspects of life; thereby making everyone anxious, worried, and panicked about their survival. In addition, pandemic has equally affected children, youngsters, and old men and women infusing feelings of anxiety. These feelings arise because of a response to changes that occur and is required to be able to adapt to the situation. Anxiety is a normal reaction to very stressful situations in a person's life; however, if this persists and lasts a long time and disturbs the calm of the individual, then an immediate response is required (Bulantika et al., 2018). Anxiety causes discomfort with something or condition that makes people to feel tense (Thahir & Rizkiyani, 2017), accompanied by associated feelings of uncertainty and ambiguity (Hofmann & Otto, 2017). Anxiety is a manifestation of various mixed emotional processes, which occurs when a person experiences

psychological pressure (frustration) and inner conflict and resultant anxiety has conscious aspects such as fear, shock, helplessness, guilt, and being threatened (Ripper et al., 2018). Anxiety is found in all mental disorders and illnesses, and there are also many kinds. People with anxiety always feel threatened, think something bad will happen soon, and experience psychological, physical, and behavioral changes that can cause a person to experience self-harm (Daradjat, 2016).

Anxiety due to COVID-19 was strengthened by findings of a survey conducted in USA (Anna, 2020) which showed that 48% of respondents felt anxious about contracting the coronavirus. About 40% feared they would become seriously ill or die from COVID-19, and 62% feared that their family or loved one was infected. More than 36% of respondents said the COVID-19 pandemic had a severe impact on their mental health, and 59 per cent said the effects were severe in everyday life. The most significant respondents' concerns about the pandemic are its impact on finances, shortage of food, medicine, and other necessities. The Center for Social, Political, Economic, and Law Studies (Ranasinghe, 2020) also surveyed people's views regarding COVID-19, the handling of the government, and its socio-economic impact. Involving 1053 respondents, one of the findings of this survey is that the level of public anxiety tends to be high amid the COVID-19 pandemic. A survey involving 34 provinces in Indonesia concluded that the level of public anxiety is quite high, as reflected in the findings of the majority of respondents who feel anxious (54.4%) and very worried (35.6%) due to COVID-19. Besides that, most of the respondents (51%) also considered that the surrounding environment was less safe. At the same time, working at home and studying at home also make people uncomfortable. This is reflected in as many as 50% of respondents who feel pain, and as many as 13.2% feel very uncomfortable studying and working at home.

The COVID-19 pandemic has a wide impact on all aspects of human life, including education being one of them. Formal education, which was originally carried out face-to-face in schools and colleges, has shifted to online or virtual home teaching and learning activities. In relation to educational settings, anxiety and stress experienced by male and female students has gained attention in numerous empirical investigations, for instance, Chang (2018) inferred that women are more anxious about their disability than men as men are more active and explorative, while, women tend to be sensitive to alcohol, easily affected by environmental pressure, becoming anxious, impatient, and prone to tears as compared to men. In general, the culture of people's lives inherits an understanding of how they continue their living from one generation to the next with an understanding of their specific

gender roles, where the role of women is specified with an understanding of education to raise children and carry out responsibilities in the household, while men bears the prescribed role and responsibility in developing themselves towards the achievement of maximum development so that they can survive in living life as the main ruler and dominating authority as a leader (Risman, 2018). Furthermore, a study on anxiety, generally states that women are more anxious than men, women have higher scores on measures of fear in social situations than men (Tokgozoglu & Canpolat, 2020).

A study showed that anxiety scores in second-year students were significantly higher than in first-year students with 5.4% female and 2.6% male students at large public universities experiencing anxiety (Fawzy & Hamed, 2017). Another study states that based on the predictors of anxiety, the female gender is a significant predictor of all anxiety measures (Macauley et al., 2018) and women reflected higher levels of generalized anxiety than men (Salkind, 2009). Further, it has been found that male respondents who experienced anxiety were only 50.0% with a mild anxiety level category, while, female respondents who experienced anxiety were 87.5% with a mild anxiety level category (Schaller et al., 2016). In contrast, Irwanto (2017) declared no difference in the level of anxiety in male and female patients who had to undergo surgery. These evidences offer substantial grounds to infer that there are gender differences in anxiety levels; therefore, it is imperative to investigate the difference in anxiety levels between male and female students in regard to COVID-19.

Method

Sample

Sample was selected through convenience sampling from universities (including both public and private) in Indonesia. The study sample consisted of 396 respondents including male ($n = 99$; 25%) and female ($n = 297$; 75%) students with an age range between 21-23 years. All the respondents were enrolled in final year of guidance and counseling program.

Instrument

The measurement scale titled as Hamilton Anxiety Rating Scale (Hamilton, 1969) was used to measure the severity of the symptoms of perceived anxiety or response to threats and stress. The existence of COVID-19 makes the entire community, especially students, feels threatened and afraid. Several statements on the instrument relate to

the circumstances felt during COVID-19, such as statements of fear of strangers, fear of traffic crowds, fear of crowds, difficulty concentrating during the COVID-19 pandemic. The questionnaire consisted of 76 items with responses to be rated on 4-point Likert scale ranging from 1 = *not at all* to 4 = *all the time*. Scores were interpreted as less than 14 = no anxiety, 14-20 = low anxiety, 21-27 = moderate anxiety, 28-41 = high anxiety, and 42-56 = very high anxiety. The Scale has 14 subscales which include feelings of anxiety, tension, fear, sleep disturbances, intelligence disorders, depressed feelings, somatic (muscle) symptoms, somatic (sensory) symptoms, cardiovascular symptoms, respiratory symptoms, gastrointestinal symptoms, urogenital symptoms, autonomous, and behaviour at interview with adequate validity (.91) and reliability (.93) indices (Hamilton, 1969) .

Procedure

Data were collected via Google form from students enrolled in private and public universities of Indonesia. The students were given a questionnaire link in which there were precise instructions on how to fill out the questionnaire and statements about anxiety. Respondents were assured of confidentiality of information and were graciously thanked for the provision of valuable data.

Results

Results indicating the level of anxiety and the characteristics of male and female student respondents based on the COVID-19 pandemic is presented in Table 1.

Table 1

Level of Anxiety Among Male and Female Students on COVID-19

Gender	Level of Anxiety					Total
	No Anxiety	Low	Medium	High	Very high	
Male	17	11	12	18	41	99
Female	26	28	24	43	176	297
<i>f</i>	43	39	36	61	217	396
%	10.9%	9.8%	9.1%	15.4%	54.8%	100%

Table 1 indicates that the overall level of anxiety expressed by female students is higher than the male respondents in all categories of

levels of anxiety. The percentage of students' anxiety levels about COVID-19 based on the Hamilton Anxiety Rating Scale (Hamilton, 1969), show that no anxiety has a value of 10.9%, a low anxiety level of 9.8%, a medium anxiety level of 9.1%, a high anxiety level of 15.4%, and a very high anxiety level of 54.8%. Henceforth, the results of hypothesis testing regarding the significance of the relationship or difference in anxiety levels between men and women with COVID-19 are tabulated through independent sample *t* test.

Results shows nonsignificant chi square value, thereby indicating that there is nonsignificant difference in the level of anxiety between male and female students ($\chi^2 = 11.36, p = .23$) in facing the COVID-19 pandemic enrolled in final year students majoring in guidance and counseling in Indonesia.

Discussion

Findings derived from the average score of male and female students' anxiety levels, women respondents display higher anxiety levels than that of men; however, nonsignificant gender differences are found on comparative groups.

On subscales of Hamilton Anxiety Rating Scale (Hamilton, 1969), female students expressed higher level of anxiety than male students on the indicators of feeling restless. The statement is fear that springs from the mind, and female students have more attention to their thinking than male students. In item number 9 which is included in the tension aspect, female students cry more efficiently during the COVID-19 pandemic than male students, and item number 15 is in the element of fear, female students have a higher fear of the coronavirus than male students. In these three items, female students have a higher level of anxiety. This is because women tend to have complicated thoughts or think things that have never happened before, and sometimes make cognitive irrationality, in contrast to men who tend to think practically and do not like to remember too many details. A study also revealed that in boys' brains, the anterior insular volume or grey matter volume grew more significantly in the area, causing the behaviour to be less sensitive to feelings and emotions (Megeri & Khoosal, 2007), it also makes it easier for women to cry. Besides, there is a social stigma that men should not be weepy since childhood men have been emphasized to become strong figures. This statement is reinforced by research which states that gender is a demographic characteristic that plays a role in stress. There is a lot of stress-related to gender. In Indonesia, based on societal rules about women and men

giving their own character to men with a dominant masculine attitude, and women are formed in traits that are dominated by dominant feminine traits (Efferin et al., 2016). This condition causes a barrier to appear in the domestic and public sector culturally in people's lives. In reality, in social life, men are formed with big, strong, assertive and dominant personalities. In contrast to women who are formed with a gentle attitude, look attractive, clean, dress a certain way that is different from men.

When viewed from a psychological condition, in the patriarchal gender norms, women do not have the power to make decisions when the outbreak occurs. As a result, most of their general needs and reproductive health are not fulfilled (Conroy et al., 2020). Moreover, even women do not have the autonomy to make decisions related to their own reproduction. This is exacerbated by limited financial resources, making it difficult for women to access health services, both for themselves and for their children. On the other hand, men tend to be reluctant to access health services for early detection of virus transmission. This is due to gender norms that want to show how strong they are (masculine). In fact, the feeling of being strong results in delays in detection, and of course, late treatment. In the context of patriarchal gender norms, men are the main breadwinners. With the COVID-19 virus pandemic, the government made a quarantine policy to break the chain of transmission of the virus. This policy makes men stay at home, so they cannot fulfill their gender norms as breadwinners. This has certainly become a separate pressure, both from within himself, as well as from his family, who also applies gender patriarchal norms by believing that men are the main breadwinners. From this reality, there is the potential for tensions and even conflicts within the household.

Even though they are exposed to the same stress, women can have different responses from men (Balsam, 2018). In line with other research showing that gender is a significant predictor of emotional reactivity, women tend to have higher levels of stress and physical anxiety than men (Portman et al., 2018). Likewise, the results of research from Matud (2004) using the Utilizing the Life Event Stressful Success Questionnaire on 1,566 women and 1,250 men in the 18-65 year age range showed that women reported experiencing stress more often than men (Matud, 2004). Stressors in women were reported to be related to health and family problems, while stress in men was related to financial and work problems. The different stress responses between women and men are closely related to the activity of the HPA axis which is related to the regulation of the hormone cortisol and the sympathetic nervous system which is related to heart rate and blood pressure. HPA and autonomic responses were found to

be higher in adult men than in adult women, thus affecting one's performance in dealing with psychosocial stress (Olf, 2017).

However, due to the current condition where the country is rocked by a virus that can attack anyone, regardless of gender, men can have the same level of anxiety as women. Results shows nonsignificant difference between the anxiety of male and female students. The reason is, when a pandemic occurs, the standard lifestyle, as usual, must suddenly change at once, and some people are confused about what to do or act like and how. This is what causes anxiety, within the limits of reasonableness, anxiety or anxiety is a sign that individuals need a danger so that they are expected to be more prepared (Lenton-Brym et al., 2020). The problems most Indonesians experience are learning disabilities, general stress complaints, anxiety complaints, mood swings, anxiety disorders, and somatic complaints. Also, conditions in Indonesia are exacerbated by the stigma against survivors and health workers (Dai, 2020). Meanwhile, at the forefront of the battle against this outbreak, health workers are also overshadowed by the risk of mental disorders due to the double burden of caring for patients and the stigma of society. The social response that occurred worsened psychological conditions in the midst of the COVID-19 pandemic. People often swallow information whose source is not clear, sometimes it doesn't make sense, and it has an impact on the negative stigma (Pradana & Casman, 2020).

At the time of the COVID-19 pandemic, lifestyles changed drastically. What is quite extreme, among others, are social interactions that are suddenly limited due to the application of social distancing, limited physical movement due to physical distance rules, and a healthy lifestyle such as washing hands properly with antiseptic soap, cleaning the body, and objects and so on; which is not normally done. This raises anxiety, panic and anxiety about catching the virus. Research says COVID-19 has a severe impact on thoughts, feelings, and behaviour. People worry about their health and the health of their relatives. Scary thoughts are associated with a range of negative emotions and actions, such as stress, anger, avoidance, and isolation (de Jong et al., 2020). Furthermore, other studies say it takes time to get used to and be able to adapt during the COVID-19 pandemic. However, if anxiety cannot be controlled or controlled, then the emotional state may overwhelm the thoughts and behaviour, which can cause further mental or psychological disorders (Huang & Zhao, 2020).

The participants in this study were students in the last year of guidance and counselling, which means that students have an absolute

obligation to study. During this pandemic, students are still required to contribute to learning activities and fulfil final assignments. Besides, students are required to be able to develop and improve their thinking power towards the final project they must complete, even though the physical conditions of the environment are that many students who live in the boarding house while doing lectures. This condition can trigger symptoms of anxiety. For example, the narrow boarding space makes students confused about carrying out activities, especially the imposition of large-scale social restrictions in several areas that require staying at home/boarding, even though they are carrying out a final project that involves time management and when. In fact, this pandemic tends to be hampered by students, such as research, limited consultation. Inadequate learning facilities also cause anxiety symptoms in students.

The COVID-19 pandemic makes lectures and other activities online, and not all students have adequate facilities to do online learning. Also, another factor that can cause anxiety in students is economic factors. Some of the obstacles that occurred to students during the pandemic became the focus of the government and society to anticipate them, such as the implementation of strict health protocols; assistance by the government for internet access to learn from home, and fulfillment of nutritious food intake for immunity. From the description above, it can be concluded that male and female students have very high anxiety about COVID-19, there is nonsignificant difference between the anxiety levels of male and female students.

This is reinforced by research which shows that male and female respondents, in general, have nonsignificant difference in the perception of academic stress, anxiety will come when there is external pressure and can hinder the success of a person, both men and women (Hill et al., 2016). This is in line with other studies that mention the factors that influence anxiety are environmental, emotional stress, and physical causes (Hopkins & Shook, 2017). During this pandemic, everyone is under emotional distress, and the threat of the virus also attacks physically. Boys and girls are faced with the same conditions, unexpected conditions, activity restrictions, and conditions that can threaten the safety of any coat. Besides, the curriculum and academic demands as emotional stress are also felt equally between male and female students.

Based on mainly the average level of male and female students' empirical anxiety about the COVID-19 pandemic is in the very high category, meaning that individuals show an impulse of thoughts and feelings of fear in the face of the COVID-19 pandemic, so that thought patterns, physical responses, and behaviour are disturbed, and students

are nervous about academic demands. Students who experience very high anxiety, decreased attention and they cannot concentrate while studying that reduces their cognitive regulation strategies. Research says anxiety has a positive value if the intensity is not so strong and high stress interferes with cognitive function and mental activity (Andrews et al., 2018). This is supported by research which has found that someone who has high anxiety will show negative thoughts and perceptions of the activities they do (Garnefski & Kraaij, 2018). This is reinforced by research that states that very high anxiety is dangerous because it can cause psychological and physical disorders (Mikocka-Wsalus et al., 2016).

Limitations and Suggestions

This research limitation is including only final year students majoring in guidance and counseling. This study proves that gender is not always a significant predictor of emotional reactivity, such as anxiety and fear. Anxiety will come when there is pressure from outside and can hinder the activities of a person, both men and women, so it is recommended that further researchers can examine individual coping strategies in dealing with anxiety during the COVID-19 pandemic as well as seeing whether cultural factors also determine the differences of each individual or group in stress management.

Conclusion

Based on the results of the study, it can be concluded that male and female students have very high anxiety about COVID-19, there is nonsignificant difference between the anxiety levels of male and female students with COVID-19. Boys and girls are faced with the same conditions, unforeseen conditions, activity restrictions, conditions that can threaten the safety of all types of suits. Besides, the curriculum and academic demands as emotional stress are also felt equally between male and female students. The findings from this study will be useful in determining the impact of COVID-19 on gender-based anxiety. These findings can also help final students majoring in guidance and counseling in Indonesia who experience high levels of anxiety to be given further counseling or therapy, as well as being a reference for finding appropriate therapy, as well as assessing individual coping strategies to reduce anxiety during the COVID-19 pandemic.

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