

LEVEL AND PREVALENCE OF ANXIETY AND QUALITY OF LIFE OF HOUSEWIVES IN METRO MANILA, PHILIPPINES DURING THE COVID-19 PANDEMIC

Marion Abilene Navarro

ABSTRACT

Women are at a higher risk of experiencing anxiety disorders, which may negatively impact their quality of life. Pre-pandemic data shows a global prevalence of 179 million females diagnosed with anxiety disorders. In the Philippines, pre-pandemic estimates on the prevalence of anxiety disorders among women are at 4.13%, which is higher compared to 2.39% among males (Dattani et al. 2023). This pre-pandemic state of women's mental health has been compounded by the COVID-19 pandemic and may lead to increased levels of anxiety and more pronounced gender disparity. This research utilized descriptive and inferential statistics to determine the level of and relationship between anxiety and Quality of Life of Filipino housewives (25-49 years old) in Metro-Manila during the COVID-19 pandemic. Data was collected through an online survey that asked for demographic information, the GAD-7 items, and WHOQOL-BREF items - the latter two are self-assessment instruments for measuring anxiety and the ecological context

and quality of life, respectively. Results showed that 46.91% of participants had high levels of anxiety and low levels of Quality of Life across four domains (physical, psychological, social relations, and environmental), overall Quality of Life facet, and overall quality of health during the COVID-19 pandemic. Anxiety and Quality of Life were found to have a weak inverse relationship in this research, meaning that as anxiety scores increase, the quality of life in all four domains and in the overall QoL decreases. This research supports reports that women's mental health has been negatively affected by the COVID-19 pandemic. It is recommended that follow-up studies on anxiety and QoL of housewives post-pandemic be conducted. The study also recommends the provision of programs that provide a space for women to process their experiences during the pandemic and their current mental health.

Keywords: *Quality of Life, Women, COVID-19, mental health*

ABSTRAK

Mas madalas makaranas ang mga kababaihan ng mataas na antas ng pagkabalisa na maaaring magdulot ng negatibong kalidad ng buhay. Bago pa ang COVID-19 pandemic, ang pandaigdigang bilang ng mga babaeng mayroong karamdaman sa pagkabalisa ay nasa 179 milyon. Sa Pilipinas, tinatayang 4.13% kababaihang ng populasyon ang mayroong karamdaman sa pagkabalisa, antas na mas mataas kumpara sa mga kalalakihan (2.39%) (Dattani et al. 2023). Maaaring makaapekto ang karanasan sa COVID-19 pandemic tungo sa mas mataas na antas ng pagkabalisa. Maaaring maging mas matinkad ang pagkakaiba sa kalusugang pangkaisipan dahil sa kasarian. Upang malaman

ang antas ng pagkabalisa at kaugnayan ng pagkabalisa sa kalidad ng buhay para sa mga kababaihang maybahay (25-49 taong gulang) na nakatira sa Metro Manila sa panahon ng pandemiya, gumamit ang pananaliksik ng deskriptibo at imperensyal na pagdadatos. Ang datos ay nakuha sa pamamagitan ng online sarbey na humihingi ng demograpikong impormasyon, at naglalaman ng mga katanungan mula sa eskala ng GAD-7 at WHOQOL-BREF. Mula sa pagdadatos, naitala na ang mga kalahok ay mayroong mataas na antas ng pagkabalisa (46.91%), at mababang antas ng kalidad ng buhay sa apat na aspeto, pangkabuuang kalidad ng buhay at pangkabuuang kalidad ng kalusugan sa panahon ng pandemiya. Ang pagkabalisa at kalidad ng buhay ay mayroong mahina at negatibong kaugnayan sa pananaliksik na ito. Ibig sabihin, ang pagtaas ng antas ng pagkabalisa ay may kaakibat na pagbaba sa kalidad ng buhay sa apat na aspetong nabanggit at pangkalahatang kalidad ng buhay. Sinusuportahan ng pananaliksik na ito ang mga ulat na ang lusog-isip ng kababaihan ay negatibong naapektuhan sa panahon ng pandemiya. Inirerekomenda na magkaroon ng mga kasunod na pag-aaral sa pagkabalisa at kalidad ng buhay sa mga kababaihan, lalo na ang mga maybahay at maralitang ina. Nananawagan din ito para sa pagbuo ng mga programang maaaring magbigay ng suporta sa mga kababaihan para pag-usapan ang kanilang mga karanasan sa panahon ng pandemiya at pangalagaan ang kanilang lusog-isip sa kasalukuyan.

Susing salita: *pagkabalisa, kalidad ng buhay, kababaihan, COVID-19, lusog-isip*

INTRODUCTION

Studies show that, globally, anxiety disorders are more prevalent among women, who are twice as likely to be diagnosed with anxiety as men (WHO 2017). This gender disparity is evident in the Philippines, with pre-pandemic estimates of 4.13% of women experiencing anxiety disorders as compared to 2.39% of men (Dattani et al. 2023). Gender disparity in anxiety disorders and other mental health concerns are linked to social determinants of health such as socioeconomic status, differential power, resources, risk of violence, and role in society – aspects of life across which women are often disadvantaged. Women constitute 70% of the world’s poor, face significant discrimination in both society and the workforce, earn significantly less in paid work, and are at least two and a half times more likely than men to be assigned to unpaid domestic work such as child rearing, cleaning, cooking, and taking care of elderly family members – limiting their time for leisure and other activities that protect their mental health (“Gender and Women’s Mental Health” 2020).

Women are more at risk of anxiety disorders during early adulthood (25-49 years) than men (WHO 2017). A study on identity development in early adulthood (Eriksson et al. 2020, 1968) states that a shift in the identity of individuals occurs during this period when long-term relationships are established. This is also the reproductive age as well as the start of paid work – factors that cause stress for women, given the strong social expectations they face to fulfill their reproductive roles. A study by the National Economic and Development Authority (NEDA) found Filipino women are more likely to withdraw from the labor force during their peak childbearing ages of 25 to 29 years old, with marriage, childbearing, patriarchal family culture, religion, and stereotyped gender roles as major factors for the decrease in female labor force participation (“New NEDA Study Identifies Reasons

Behind Filipino Women's Low Labor Participation Rate" (2019).

The World Health Organization (WHO) defines Quality of Life (QoL) as "an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns" (2012). Anxiety experienced by women may have an inverse reciprocal relationship with their QoL. The presence of anxiety symptoms affects one's subjective assessment of their quality of life, while specific aspects of quality of life can also influence anxiety symptoms, possibly leading to the progression of anxiety symptoms into a disorder.

This pre-pandemic state of women's mental health was compounded by the COVID-19 pandemic, which has triggered varying levels of anxiety among individuals. While anxiety – an adaptive emotion that helps us plan for anticipated future threats – is a normal reaction to stress and uncertainty, high levels may interfere with day-to-day living. Anxiety symptoms interfering with the ability to function in daily life may be a warning sign of an anxiety disorder. Unlike transient anxiety, this is characterized by excessive and uncontrollable worry that disrupts daily living. In such cases, professional mental health interventions for proper assessment and intervention may be beneficial. Evidence pointing to women being disproportionately at risk for anxiety disorders warrants the assessment of the prevalence and levels of anxiety symptoms among this population.

This study aims to contribute to understanding the implications of the COVID-19 pandemic on Filipino women's health by asking two primary questions: (1) What is the prevalence of anxiety among Filipino housewives during the COVID-19 pandemic? (2) How does this anxiety correlate with their quality of life across

physical, psychological, social, and environmental domains?

METHODOLOGY

Research Design

This study utilizes a quantitative research design to assess the levels of anxiety and quality of life among Filipino housewives during the COVID-19 pandemic, employing both descriptive and inferential statistics.

Participants

Purposive sampling was used to recruit married Filipino women aged 25-49 years old who identified as housewives and were living in Metro Manila. To follow safety protocols during the COVID-19 pandemic, a convenience sampling method was used to invite participants.

One limitation of the study was that Metro Manila was under a strict lockdown, making it more feasible and safer for both the researcher and the participants to base the selection on availability and proximity. Another limitation, given the setup of the pandemic that limited data collection to online means, was the inability to meet the original target sample size of 385 respondents, which would have provided the research findings a confidence level of 95%, with a 5% margin of error and 50% population proportion. Only 81 respondents were included.

Data Collection Instruments

An online questionnaire using a Google Form was used to collect data. After the informed consent form, the first section of the questionnaire asked for sociodemographic information such as: the respondent's age, residence, socioeconomic status, number of children, educational attainment, number of hours dedicated to housework,

if living with extended family, if taking care of children, if taking care of other members of the family, and the presence of household help.

This was followed by questions from the GAD-7 Filipino version, a self-report questionnaire with seven items assessing anxiety over the past two weeks. Each question is answered on a four-point Likert scale: 0 for "not at all," 1 for "several days," 2 for "more than half the days," and 3 for "nearly every day." The scores for all questions are totalled and categorized as low (≤ 9) or high (> 9). Based on literature, a cut-off score of 10 balances sensitivity (89%) and specificity (82%) for screening potential anxiety diagnoses (Spitzer et al. 2006). While the GAD-7 is useful for screening, a formal diagnosis requires a complete assessment by a mental health professional. In this study, the GAD-7 score is used to measure and categorize anxiety levels and not to diagnose participants.

Lastly, the third section was adopted from the WHOQOL-BREF Filipino version, a self-report tool with 26 items. It has four domains (Physical, Psychological, Social, and Environmental) spread out over 24 items, with additional items for the overall facet of QoL and the overall facet of perceived health. Responses follow a five-point Likert scale: 1 for "not at all" and 5 for "completely". The scoring guide from the WHOQOL-BREF manual was followed, and mean scores for each domain were computed and tabulated. The scores were classified as low QoL (< 60) or high QoL (≥ 60) per domain to measure QoL (Silva et al. 2014, 395).

In total, the questionnaire has 43 questions, which were administered in Filipino or English, depending on the choice of the respondents, to limit the language barrier among respondents and to ensure cultural

appropriateness. An additional question for feedback and concerns about the research was also added. All data collected through the form was stored in a private Google Drive and was accessible only to the author.

Cronbach’s alpha, a measure of scale reliability, was used to compute all scales to ensure reliability. The results are the following:

Scale No. of items	Cronbach’s Alpha
GAD-7 Scale 7	0.921
Physical Domain of WHOQOL-BREF 7	0.772
Psychological Domain of WHOQOL-BREF 6	0.798
Social Relationships Domain of the WHOQOL-BREF 3	0.767
Environmental Domain of the WHOQOL-BREF 8	0.859

Table 1. Reliability of Scales

The acceptable Cronbach’s alpha for a reliable scale is at least 0.6; therefore, all the scales are reliable.

Data Collection Procedure

Participants were recruited through an online call disseminated through Facebook groups and pages, the target audience of which was Filipino mothers and housewives. The online call was also shared within the

network of the author, who may know individuals who fit the inclusion criteria. Before answering the online questionnaire, participants were asked to provide voluntary consent by completing an informed consent form in the first section of the Google Form (with participants who did not consent redirected to the end of the Google Form). Participants were informed that their data would be kept private and confidential, and were not asked for their names, email addresses, or other information that would identify them as participants in the study. The responses to the Google Form were stored in a private Google Drive and were accessible only to the author. The survey was conducted from April 28 to May 8, 2021, when Metro Manila was under Modified Enhanced Community Quarantine (MECQ), a government policy that limited movement within the containment areas to allow only for essential services and work (a modification of the initial Enhanced Community Quarantine where no movement was allowed).

Data Analysis

In order to achieve the objectives of this quantitative research, descriptive and inferential statistical analysis were conducted. All analyses were conducted using SPSS ver. 20, MS Excel, Google Sheets, and Epi Info. A total of 115 responses were received through the form. However, upon data cleaning, there were 34 respondents who did not satisfy the inclusion criteria (i.e., under 25 years old, over 49 years old, or do not reside in Metro Manila). After cleaning the data, 81 valid responses were analyzed.

To describe the level and prevalence of anxiety among respondents, the tallied score for anxiety was categorized as high or low and cross-tabulated. Moreover, because the data was not normally

distributed, the median and range were obtained. To describe the QoL among respondents, the scoring guide from the WHOQOL-BREF manual was followed. The mean scores for each domain were computed and tabulated. Moreover, the scores were classified as low QoL (less than 60) or high QoL (60 or more) per domain. Lastly, to determine the relationship between anxiety and QoL among respondents, regression analysis was conducted with a 95% confidence level. After regression analysis, Pearson correlation was conducted to find the strength and direction of the relationship. The mean score of anxiety was also analyzed alongside the overall perception of quality of life, the overall perception of their health, physical domain, psychological domain, social domain, and environmental domain separately, with an alpha of 0.05.

Limitations of the Methodology

Because this research was conducted during the COVID-19 pandemic, face-to-face data collection was not possible. Since it was necessary to conduct convenience sampling via online data collection, this led to 1) the possibility of missing out on capturing the experience of respondents from lower socioeconomic classes without access to the internet and gadgets and with limited digital literacy to answer the online survey and 2) a low number of respondents which limits the generalizability of the results. Nevertheless, the results of this study were compared with available literature and aligned with existing literature while offering relevant data on an understudied subpopulation of Filipino women.

Another limitation of this study was the use of self-report measures, which can lead to social desirability bias. It is noticeable that at least a quarter of the respondents chose a neutral option answer for all items in all domains. This may be due to respondents choosing the most socially acceptable option instead of indicating that they are unwell, which is linked to the Filipino culture of *hiya* or shame. To address this, the instruments that were chosen were those that were already well-used self-report tools. The WHOQOL-BREF was specifically designed with a five-point Likert scale and was tested for use among different populations, including Filipino respondents. It was shown to be highly reliable and valid. Meanwhile, the GAD-7 was also tested for its psychometric properties and is well-tested for reliability and validity among diverse populations.

THEORETICAL FRAMEWORK

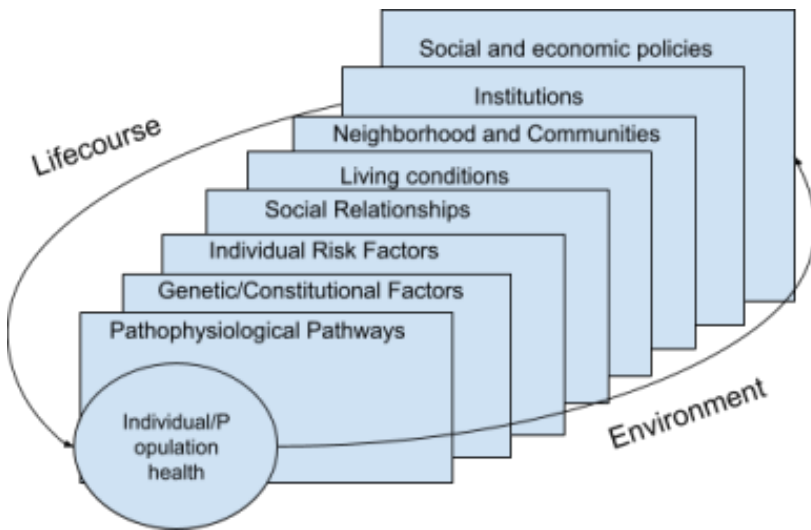


Fig 1. Ecological Perspective from Smedley and Syme (2000)

This study utilized the ecological perspective based on the work of Smedley and Syme (2000), as mentioned in Rimer and Glanz (2005, 10-12). The ecological perspective is helpful in understanding the multiple layers of influence affecting health behaviors and health outcomes. Health behaviors and outcomes can be analyzed as influenced by different intrapersonal factors (such as individual beliefs, knowledge, attitudes, and personality traits), interpersonal factors (such as social identity and social support), and community factors (such as institutional rules, institutional structure, social network, norms, and policies). Moreover, the ecological perspective emphasizes the reciprocal causation between individuals and their social environment, highlighting that individuals both shape and are shaped by their social environment.

This perspective is particularly suitable for this study because both the ecological perspective and the WHO Quality of Life framework, as used in the WHOQOL-BREF, posit that health is multidimensional and contextualized. It is important in this study to highlight intersectionality in order to better understand women's health outcomes. The WHOQOL-BREF comprehensively assesses intrapersonal, interpersonal, and community-level factors across psychological, physical, social, and environmental domains affecting individual quality of life. The psychological and physical domains of the WHOQOL-BREF closely align with the intrapersonal or individual factors from an ecological perspective, as they pertain to individual well-being. The psychological domain of QoL pertains to personal perception of psychological well-being based on experience of both positive and negative feelings, cognitive ability, and self-perception. Moreover, the physical dimension of QoL refers to personal physical well-being based on experienced physical sensations such as pain and energy, bodily functions such as mobility, and biological needs such as sleep and rest. Meanwhile, the social

dimension of the WHOQOL-BREF closely aligns with the interpersonal level of the ecological perspective as both pertain to the importance of social networks. Lastly, the environmental domain of the WHOQOL-BREF corresponds with community-level factors from an ecological perspective, reflecting broader contextual factors such as access to health and social care, access to information and skills, financial resources, and transport, among others.

RESULTS AND DISCUSSION

Sociodemographic Characteristics of Respondents

Survey respondents are women aged 25 to 49 years, with a median age of 34. The 81 respondents are from 15 different cities in Metro Manila. The majority are from Quezon City (23.46%), followed by Caloocan City (19.75%), and Manila (12.35%) – which are the three most populous cities in NCR (Philippine Statistics Authority 2021, 2). Over half of the respondents (55.6%) have a monthly household income of less than ₱25,000 per month, followed by respondents from the ₱25,000-₱49,999 bracket (21%) and ₱50,000-₱74,999 bracket (12.4%).

Interestingly, all respondents are housewives, with a significant majority (76.54%) who finished tertiary education. This is consistent with the 2019 NEDA study on education and labor force participation of women, which found that marriage and childrearing were significantly associated with the decline in female labor force participation, especially for women aged 25-29 years old. It also found that the patriarchal family structure reduces female labor force participation by 8 - 13% (“New NEDA Study Identifies Reasons Behind Filipino Women’s Low Labor Participation Rate,” 2019).

All but one respondent reported dedicating several hours a day to domestic work, with a median of at least 8 hours per day – equivalent to a full-time work schedule. Out of the 81 respondents, 49.38% reported spending more than 8 hours per day on domestic work. This shows that the respondents dedicated more hours to domestic work during the COVID-19 pandemic compared to pre-pandemic levels, where women spent an average of 6.5 hours of domestic work daily (Oxfam 2017, 8). This aligns with the results of the Oxfam 2021 National Household Care Survey, which found that the COVID-19 pandemic added hours up to 11 hours of unpaid care work for women (Oxfam Pilipinas 2022, 24).

More than half of the respondents (56.79%) do not live with their extended family. Almost all (98.8%) took on the role of primary caregivers for the children in their families. A majority of the respondents (69.14%) also cared for other family members in addition to their children and husbands, whereas 30.68% did not have this additional responsibility. The majority of the respondents (71%) do not avail themselves of paid housekeeping services such as laundry, cooking, or house cleaning services to augment their domestic work. This may be attributed to the large percentage of respondents coming from lower and middle-income families.

Level of Anxiety

Anxiety level of Housewives	Frequency	Percent
Low anxiety (GAD-7 score<=9)	43	53.1
High anxiety (GAD-7 Score>9)	38	46.9
TOTAL	81	100.0

Table 2. Anxiety Levels and Prevalence of Anxiety Among Housewives in Metro Manila During the COVID-19 Pandemic

A significant finding is that, among the 81 respondents, 46.91% of the housewives reported high levels of anxiety symptoms during the COVID-19 pandemic. This closely aligns with the 47.8% prevalence of anxiety symptoms among females and the higher prevalence of anxiety symptoms in females compared to men (27.8%) based on systematic reviews of the prevalence of anxiety in the general population during the COVID-19 pandemic (Kan et al. 2021, 393). The prevalence of anxiety symptoms among respondents of this research is higher compared to pre-pandemic estimates of a 39% prevalence of anxiety among the general Filipino population (Flores et al. 2018, 4), which is also consistent with the global trend of increase in anxiety due to the COVID-19 pandemic and with women being more affected compared to men (Santomauro et al. 2021; Kan et al. 2021; Xiong et al. 2020).

Meeting the GAD-7 cutoff score (GAD-7 Score > 9) does not mean a definitive diagnosis of an anxiety disorder. However, it suggests the potential need for a professional assessment to determine whether an individual experiences an anxiety disorder. The elevated levels of anxiety during the past two weeks are characteristic of those commonly present in an anxiety disorder. Results of the study indicate that nearly half of the participants experienced considerable anxiety symptoms, highlighting the severe mental health impact of the pandemic on this demographic.

The questions and responses for the GAD-7 scale are tabulated above. Participants were asked if they experienced any of these symptoms during the past two weeks. Combining the percentage of respondents who experienced a symptom of anxiety more than half of the days in a week and nearly every day in a week, results show that there is a high percentage of participants who experienced symptoms of anxiety. This means

Question		Not at all	Several Days	More than half the days	Nearly every day	Total of more than half the days and nearly every day	Total
Feeling nervous, anxious or on edge?	n	17	32	16	16	32	81
	%	20.99	39.51	19.75	19.17	38.92	100
Not being able to stop or control worrying?	n	19	22	25	15	40	81
	%	23.46	27.16	30.86	18.52	49.38	100
Worrying too much about different things?	n	14	22	23	22	45	81
	%	17.28	27.16	28.4	27.16	55.56	100
Trouble relaxing?	n	15	35	19	12	31	81
	%	18.52	43.21	23.46	14.81	38.27	100
Being so restless that it is hard to sit still?	n	33	20	21	7	28	81
	%	40.74	24.69	25.93	8.64	34.57	100
Becoming easily annoyed or irritable?	n	14	28	17	22	39	81
	%	17.28	34.57	20.99	27.16	48.15	100

Feeling afraid as if something awful might happen?	n	18	30	13	20	33	81
	%	22.22	37.04	16.05	24.69	40.74	100

Table 3. Frequency table for GAD-7 Anxiety scale

that at least four days a week, a third of participants (24 out of 81) reported experiencing symptoms of anxiety. The top three symptoms experienced were worrying too much (55.56%), being unable to control worrying (49.38%), and being irritable (48.15%). In addition, 40.74% felt afraid something awful would happen; 38.92% felt nervous, anxious, or on edge; 38.27% had trouble relaxing; and 34.57% felt restless.

Factor cross-tabulated with anxiety level	p value
Living with extended family	0.122
Taking care of children	0.344
Caring for extended family	0.54
Housekeeping services	0.252
Socioeconomic Status	0.944
Factor tested for relationship with anxiety score	p value
Number of children	0.766

Hours dedicated to domestic work	0.315
Socioeconomic status	0.999

Table 4. Cross-tabulation of factors that are expected to increase anxiety

Social factors such as living with extended family, taking care of more children, caring for extended family, not availing of housekeeping services, lower socioeconomic status, and more hours dedicated to domestic work are hypothesized to be the predictors of the level of anxiety among respondents. These factors are expected to increase the disproportionate burden of care, which increases the prevalence of anxiety among women (WHO 2018). However, after testing the association and relationship of these social factors, none were found to have statistical significance, which is not consistent with other studies that have found the lack of stable occupation and lower socioeconomic status (Kindred and Bates 2023, 11; Yoshioka et al. 2021, 3) and the need to provide caregiving to family members (Yoshioka et al. 2021, 3) led to higher risks of severe psychological distress among women during the COVID-19 pandemic. This result may be confounded by the common Filipino setup of living with extended family due to economic benefits. Another possibility is how extended family collaboration on caregiving duties reduces parental burdens during the lockdown (Peng 2023). The Filipino culture of task-shifting duties in child-rearing and shared living spaces may provide social support protective of one's mental health. Lastly, the overall situation of the COVID-19 pandemic and the anxiety of acquiring the COVID-19 virus are possibly the primary factors instead. However, these factors were not explored more in-depth in this research.

Quality of Life

WHOQOL-BREF Domain	Physical		Psychological		Social		Environmental	
	n	%	n	%	n	%	n	%
High (QoL ≥ 60)	32	39.5	33	40.7	33	40.7	29	35.8
Low (QoL < 60)	49	60.5	48	59.3	48	59.3	52	64.2
Total	81	100.0	81	100.0	81	100.0	81	100.0

Table 5. Quality of Life

It was evident while examining the quality of life (QoL) scores across four domains—physical, psychological, social, and environmental that most participants reported low QoL scores in each domain (Table 5). Specifically, 60.5% of the respondents had low physical QoL scores, while 59.3% had low psychological and social QoL scores. The environmental domain had the highest percentage of low QoL scores at 64.2%.

Question		Strongly disagree	Disagree	Neither	Agree	Strongly Agree	Disagree and strongly disagree combined	Total
How safe do you feel in your daily life?	n	3	17	29	21	11	20	81
	%	3.7	21.0	35.8	25.9	13.6	24.7	100.0
How healthy is your physical environment?	n	1	17	27	28	8	18	81
	%	1.2	21.0	33.3	34.6	9.9	22.2	100.0

Have you enough money to meet your needs?	n	8	29	24	14	6	37	81
	%	9.9	35.8	29.6	17.3	7.4	45.7	100.0
How available to you is the information you need in your daily life?	n	1	10	29	27	14	11	81
	%	1.2	12.4	35.8	33.3	17.3	13.6	100.0
To what extent do you have the opportunity for leisure activities?	n	11	33	27	5	5	44	81
	%	13.6	40.7	33.3	6.2	6.2	54.3	100.0
How satisfied are you with the conditions of your living place?	n	3	17	25	27	9	20	81
	%	3.7	21.0	30.9	33.3	11.1	24.7	100.0
How satisfied are you with your access to health services?	n	6	20	33	17	5	26	81
	%	7.4	24.7	40.7	21.0	6.2	32.1	100.0
How satisfied are you with your transport?	n	12	17	29	15	8	29	81
	%	14.8	21.0	35.8	18.5	9.9	35.8	100.0

Table 6. Combined Frequency for “Disagree” and “Strongly Disagree” per question in the Environmental Domain

In the environmental domain, a significant portion of respondents (54.35%) indicated disagreement when asked if they had opportunities for leisure activities. This result is consistent with the data on the time dedicated to domestic work, where respondents reported needing to dedicate excessive hours to do domestic work, leaving them with very little time for leisure activities. This finding contrasts with those of Morse, Fine, and

Friedlander (2021, 9) in their study on leisure activities among a general population from 74 countries during the COVID-19 pandemic, where they found an increase in leisure activities across all study groups studied, particularly among young females as compared to males. They concluded that leisure activities contributed positively to overall well-being during the COVID-19 pandemic, underscoring the importance of maintaining leisure activities for better QoL. However, factors such as home responsibilities (including childcare) and lack of resources (such as financial restrictions and inhibited transport) led to lower leisure time (2021, 12).

This conforms with the results of this study, where 45.7% of respondents disagreed when asked if they had financial stability, and 35.8% were unsatisfied with their transport. The majority of respondents came from low to middle-income families, and the survey being conducted during the lockdown likely explains this result. The overall economic instability during the COVID-19 pandemic also explains the financial concerns. Algahtani et al. (2021) similarly found that environmental factors affecting QoL, such as financial stress, lead to lower QoL.

Question		Strongly disagree	Disagree	Neither	Agree	Strongly Agree	Agree and Strongly Agree combined	Total
To what extent do you feel that physical pain prevents you from doing what you need to do?*	n	2	12	23	29	15	44	81
	%	2.5	14.8	28.4	35.8	18.5	54.3	100

How much do you need any medical treatment to function in your daily life?*	n	2	3	19	29	28	57	81
	%	2.5	3.7	23.5	35.8	34.5	70.3	100
Do you have enough energy for everyday life?	n	0	15	29	26	11	37	81
	%	0	18.5	35.8	32.1	13.6	45.7	100
How well are you able to get around physically?	n	7	27	36	8	3	11	81
	%	8.6	33.3	44.4	9.9	3.7	13.6	100
How satisfied are you with your sleep?	n	6	23	24	22	6	28	81
	%	7.4	28.4	29.6	27.2	7.4	34.6	100
How satisfied are you with your ability to perform your daily living activities?	n	1	16	29	27	8	35	81
	%	1.2	19.8	35.8	33.3	9.9	43.2	100

How satisfied are you with your capacity for work?	n	1	16	30	27	7	34	81
	%	1.2	19.8	37.0	33.3	8.6	41.9	100

*Reversed items

Table 7. Combined Frequency for “Agree” and “Strongly Agree” per question in the Physical Domain

For the physical domain, 54.3% stated that physical pain gets in the way of their activities, while 70.3% – which is a big percentage – stated that they need medical treatment. However, less than half of the participants reported having enough energy (45.7%), sleeping well (34.6%), satisfaction with their ability to perform daily living activities (43.2%), and satisfaction with their capacity to work (41.9%), with only 13.6% able to get around physically. The possibility of respondents acquiring illnesses during the COVID-19 pandemic negatively affected their quality of life in the physical domain. A study by Rashid et al. (2022, 5) found that hospitalization due to COVID-19 significantly led to negative impacts on the physical QoL. However, one limitation of the study was that respondents were not asked if they acquired COVID-19 and were hospitalized for this. Hence, the relationship between these two variables cannot be determined in this study, but it is a possible explanation supported by literature.

Question		Strongly disagree	Disagree	Neither	Agree	Strongly Agree	Agree and Strongly Agree combined	Total
How satisfied are you with your personal relationships?	n	3	11	21	24	22	46	81
	%	3.7	13.6	25.9	29.6	27.2	56.8	100.0

How satisfied are you with your sex life?	n	8	15	21	25	11	36	81
	%	11.1	18.5	25.9	30.9	13.6	44.5	100.0
How satisfied are you with the support you get from your friends?	n	4	20	31	21	5	26	81
	%	4.9	24.7	38.3	25.9	6.2	32.1	100.0

Table 8. Combined Frequency for “Agree” and “Strongly Agree” per question in the Social Relationships Domain

In the social relationships domain, only 56.8% reported satisfaction with their personal relationships, and 44.5% were satisfied with their sex life. Considering that all of the respondents are married, making their partners an important social actor in their personal lives, these percentages are considered relatively low. There is literature to support how a decrease in sexual function and pleasure negatively affects quality of life (De Oliveira and Carvalho 2021).

While none of the questions in the WHOQOL-BREF framework tackles violence and abuse in social relationships, which the researcher also avoided given the limited setup of the study, reports show an increase in domestic violence in the Philippines and globally, as well as the inaccessibility of reproductive health services during the pandemic (Valdez et al. 2022; Piquero et al. 2021). These factors also negatively impact the social quality of life of respondents.

Additionally, only 32.1% were satisfied with the support they get from their friends. This low percentage can be attributed to barriers that hinder housewives from socializing during the COVID-19 lockdown. Aside from limited time to socialize, quarantine restrictions impacted face-to-face social gatherings. Studies

show that a huge portion of housewives' socialization comes in the form of gossiping or *tsismis* with other housewives in close-knit communities. Gossiping is a way for housewives to form social bonds and can act as a coping strategy for their well-being (Suing et al. 2024, 6-7).

Lastly, the online survey provided an optional question that allowed participants to state their concerns and feedback about the research. Interestingly, some respondents expressed feeling pressured due to their husband's and children's expectations. Although this was not the main focus of this study, it suggests an area for further research on the social relationships of Filipino women, particularly housewives.

Question		Strongly disagree	Disagree	Neither	Agree	Strongly Agree	Disagree and strongly disagree combined	Total
How much do you enjoy life?	n	1	15	29	25	11	36	81
	%	1.2	18.5	35.8	30.9	13.6	44.5	100.0
To what extent do you feel your life to be meaningful?	n	1	12	27	25	16	41	81
	%	1.2	14.8	33.3	30.9	19.8	50.7	100.0
How well are you able to concentrate?	n	1	18	34	22	6	28	81
	%	1.2	22.2	42.0	27.2	7.4	34.6	100.0
Are you able to accept your bodily appearance?	n	6	10	34	19	12	31	81
	%	7.4	12.4	42.0	23.5	14.8	38.3	100.0

How satisfied are you with yourself?	n	6	15	24	31	5	36	81
	%	7.4	18.5	29.6	38.3	6.2	44.5	100.0
How often do you have negative feelings such as blue mood, despair, anxiety or depression?*	n	7	17	27	27	3	30	81
	%	8.6	21.0	33.3	33.3	3.7	37.0	100.0

*Reversed items

Table 9. Combined Frequency for “Agree” and “Strongly Agree” per question in the Psychological Domain

For the psychological domain of the QoL, 50.7% stated that they find their lives meaningful, while 44.5% stated that they are satisfied with themselves and that they enjoy life. Despite these positive indicators, only 37% (more than a third of the respondents) reported having negative feelings for the past two weeks, with only 34.6% stating that they were able to concentrate and only 38.3% were accepting of their bodily appearance. A significant portion of respondents showed neutrality, neither agreeing nor disagreeing that they find life meaningful (33.3%), that they enjoy life (35.8%), and that they are satisfied with themselves (29.6%).

A high QoL score requires at least 60 points. However, if respondents answer mostly “neutral to disagree”, this would lead the overall domain score to be below the cut-off point, aligning with the overall result where 59.3% of the respondents had low Psychological QoL scores. This is consistent with global trends of declining psychological health during the COVID-19 pandemic, especially for females and unemployed individuals (Xiong et al. 2020, 1). Reports have shown a decline in

acceptance of bodily appearance among women during the COVID-19 pandemic due to functional and social restraints during the lockdown, such as social isolation, changes in previous lifestyle routine – including confinement and limited physical activity, and limited access to general healthcare (Schneider et al. 2022, 55), all of which support the results of this study.

Overall Quality of Life and General Health Facets

The WHOQOL-BREF has one item that is scored as an overall facet of QoL and another for general health QoL. For overall QoL, 41.98% (34 respondents) think their overall quality of life is neither poor nor good during this pandemic, 32.10% (26 respondents) answered it is good, and 13.58% (11 respondents) answered that it is poor. For overall health QoL, 33.33% (27 respondents) think they are neither satisfied nor dissatisfied with their general health-related quality of life, 32.10% (26 respondents) answered they are satisfied with their general health-related QoL, and 25.93% (21 respondents) answered it is dissatisfying.

Based on the four domains of QoL, the results indicate a lower QoL compared to pre-pandemic times, as supported by existing literature. It is possible that many respondents chose neutral responses on the self-report tool rather than explicitly stating they have poor QoL due to the stigma and bias associated with admitting a lower quality of life. This limitation is inherent in self-report tools, as they may not fully capture the extent of dissatisfaction due to such biases. This finding presents an opportunity for further exploration through qualitative research, which could provide deeper insights into the subjective experiences of respondents.

Domain	Mean			
	Parents of Filipino Children with Special Needs (Gomez & Gomez 2013)	Women without postpartum depression following childbirth (Webster et al. 2010)	Women with postpartum depression following childbirth (Webster et al. 2010)	Current Study
Physical Health	14.7	16	13.1	13.2
Psychological	14.8	15.5	12.0	13.0
Social	15.3	15.6	12.4	13.1
Environment	13.8	16.2	13.7	12.2
Perceived QOL	3.4	n/a	n/a	3.3
Perceived Health State	3.2	n/a	n/a	3.1

Table 10. Comparison of WHOQOL-BREF mean scores in related literature and current study

After following the WHOQOL-BREF scoring manual, the following mean scores were obtained: 13.2 (physical), 13.0 (psychological), 13.2 (social), 12.2 (environmental), 3.3 (overall quality of life), and 3.1 (general health quality of life). The mean scores of the current study have been compared to the mean QoL scores of previous studies. The mean scores of the current study group are lower compared to women without postpartum depression following childbirth and Filipino parents with children with special needs. The mean QoL scores of the current group are closer to the scores of women with postpartum depression following childbirth. The low QoL mean scores across all domains align with the key findings of Dale et al. (2022), where they found a decrease in QoL across all four QoL domains during the lockdown, particularly among women respondents.

It is also important to note that the environmental domain mean score of the current group is the lowest among all four groups, consistent with the findings of (Handayani, Nurmandhani, and Hinchcliff 2022, 4). This may be due to the environmental dangers and restrictions perceived due to the COVID-19 pandemic.

Interestingly, most studies have found that social domain scores are higher in women than in men (Handayani, Nurmandhani, and Hinchcliff 2022, 5). The findings of this study align so that the mean score for the social domain is among the higher scores across the four QoL domains.

Relationship between Anxiety and Quality of Life

Based on the findings, there was a significant relationship between anxiety and quality of life. Anxiety and QoL were found to be weakly inversely correlated ($-.313$ for OQoL and $-.372$ for GHQOL). This means that as anxiety scores increase, the quality of life in all four domains and in the overall QoL also decrease. This is consistent with the findings of Tomazoni and Benvegnú (2018) and Flores et al. (2018), who both found that anxiety negatively affects quality of life. In the study of Handayani, Nurmandhani, and Hinchcliff (2022, 5), respondents with anxiety scored significantly lower in QoL compared to those without. The weak inverse relationship suggests that while higher anxiety may be associated with lower quality of life, the relationship is not as strong as expected to majorly explain changes in quality of life. There are other variables that may play a role in this relationship, such as protective factors like demographics, social support, or self-care (Lieneck et al. 2021).

CONCLUSIONS AND RECOMMENDATIONS

This study investigated the prevalence and level of anxiety and its relationship to Quality of Life among housewives in Metro Manila during the COVID-19 pandemic. A key finding is that 46.91% of the study respondents had high levels of anxiety during the COVID-19 Pandemic, which is a prevalence higher compared to pre-pandemic levels. This means that for every 10 participants, almost half had experienced various anxiety symptoms for the most part of the day in a week during the pandemic. Respondents also had low levels of Quality of Life across all domains during the pandemic: physical (60.5%), psychological (59.3%), social relations (59.3%), and environmental (64.2%). The computed QoL mean scores for the four domains, overall QoL facet, and perceived health QoL facet show low QoL among respondents, particularly in the environmental domain, which is expected given the lockdown restrictions during data collection. This shows how the quarantine restrictions, despite being necessary, negatively impacted wellbeing. Lastly, it was also established that there is a weak inverse relationship between anxiety and quality of life, meaning that higher anxiety levels negatively impact quality of life.

While the results of the study are not generalizable due to the low number of respondents, results on the level of anxiety and its relationship with QoL align with related literature while providing relevant data on the pandemic experience of the understudied subpopulation of Filipino women. It supports the conclusion that women have been disproportionately affected by the pandemic, and there is a need to address this gendered impact of the pandemic. Nevertheless, in future research, it is recommended that studies have a larger number of respondents and use stratified or random sampling to improve the

generalizability of results. Another recommendation is to conduct face-to-face surveys to include housewives with limited access to an internet connection or limited digital literacy, which are the types of participants that the online survey may have missed.

The results of the study point to the need to integrate psychosocial support in disaster and public health initiatives, particularly for vulnerable populations such as women and children. Given high levels of anxiety among respondents, it is important for LGUs to integrate psychosocial interventions, including referrals for possible clinical assessments for individuals exhibiting persistent elevated levels of anxiety symptoms. Post-pandemic, there is still a need to assess the level of anxiety and QoL of Filipino housewives. Since the research was conducted during the lockdown, resulting in limited options for data collection, it is recommended that the study be replicated to investigate the prevalence and level of anxiety and quality of life among housewives, particularly urban poor women who may not have been part of the study due to its limitations. There is also merit in investigating participants' ways of coping that helped them manage their symptoms of anxiety and continue day-to-day tasks despite changes in quality of life in order to reinforce these positive ways of coping.

Moreover, it is important to conduct qualitative studies on the anxiety and quality of life of housewives. In the online survey, there was an optional question to raise concerns and feedback about the research, by which some respondents expressed concerns over difficulties managing the work-from-home setup, financial struggles, and pressure due to husband and children's expectations. These were not analyzed and included in this study but could be explored in other research.

Creating programs that aim to improve the well-being of women, particularly housewives, is also recommended. Results of the study show that financial struggles negatively affect the QoL of housewives. Despite the huge percentage of the respondents finishing tertiary education, many do not participate in the labor force. This can be attributed to the assignment of caregiving roles to women, and shows the need for interventions that tackle gender stereotypes that limit women's roles in society. Moreover, a key finding of this research is the respondents' perception of having inadequate support from friends and limited time for leisure activities (which may include socializing with others) negatively affecting their QoL. There is a need to create community-based mental health interventions that tackle the burden of caregiving among women and provide spaces for them to connect with other women in the community to talk about their experiences and receive collective care. This can be in the form of community discussions on women's situation and their mental health, intervention workshops for women's mental health, and community women support groups.

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