INTERCATHEDRA

3(44), 2020, 115–122

http://www.up.poznan.pl/intercathedra/
pISSN 1640-3622
eISSN 2545-2045

http://dx.doi.org/10.17306/J.INTERCATHEDRA.2020.00103
Accepted for print: 21.01.2021

Anwar Ali[1]✉, Mohammad Ahsan[2], Israr Ali[3]

[1]**Aligarh Muslim University, India**
[2]**Imam Abdurrahman Bin Faisal University, Saudi Arabia**
[3]**Shri Jagdishprasad Jhabarmal Tibrewala University, India**

COVID-19 PANDEMIC: EFFECT OF LOCKDOWN ON MENTAL HEALTH AND SELF-ESTEEM BETWEEN GENDERS

Abstract. The novel coronavirus disease (COVID-19) pandemic leads to higher levels of psychological problems such as anxiety, depression, stress, and mental health in the male and female population. This study aim to compare mental health and self-esteem among male and female during the COVID-19 pandemic. A cross-sectional design was adopted to conduct this study on a sample size of 440 participants. An online survey was designed on a Google form using the Mental Health Inventory (MHI) questionnaire developed by Veit and Ware in 1983. MHI has four subscales, i.e. anxiety, depression, behavioral control, and positive affect. Another questionnaire for self-esteem was used with a 10-item scale, developed by Rosenberg using a 4-point Likert scale ranging from strongly agree to strongly disagree. The results showed that male participants have a higher level of anxiety (46.94 ±22.45), depression (49.36 ±24.31), behavioral control (44.47 ±20.12), and positive affect (36.70 ±19.88) when compared to female participants. Furthermore, women have a higher level of self-esteem (22 ±3.78) than men. Male and female participants have a statistically significant difference (0.000) for mental health subcomponents. Self-esteem is insignificant for male and female participants. The findings of our study revealed that men and women equally suffered from anxiety, depression, and behavioral control which influenced to the challenges of mental health during the lockdown period. Therefore, there is an urgent need for every individual to adopt precautionary psychological measures to avoid the negative effect of lockdown during the COVID-19 pandemic on physical and mental health.

Keywords: mental health, self-esteem, anxiety, depression, COVID-19

INTRODUCTION

Coronavirus disease 2019 (COVID-19) has had an unprecedented impact on every aspect of our lives. The World Health Organization (WHO) declared COVID-19 a pandemic on March 11, 2020, based on the increasing rate of COVID-19 cases worldwide. Subsequently, by the end of March, many governments had put their countries on lockdown as a containment strategy. On March 24, 2020, India's government headed by Prime Minister Narendra Modi ordered that the country was to be locked down for 21 days. The strict lockdown

✉PhD. Anwar Ali, Sports Psychology, Aligarh Muslim University, Aligarh, U.P. India, e-mail: anwarali9027@gmail.com

and the implementation of extreme measures of social distancing, including restrictions on movement, a ban on mass gatherings, closure of schools and workplaces, isolation and quarantine have negatively affected the mental health of many people. There were many people who suffered from negative or poor mental health conditions due to fear that they or their near and dear ones contract the infection or the consequences of the quarantine, grief over the death of loved ones, additional economic hardship, cases of domestic violence, and suicides, job loss, lack of supply of basic needs, people getting stuck in the workplace, travel bans, school closures and lives lost due to the pandemic.

COVID-19 has had a devastating effect on peoples' mental health as they experience psychological imbalance. There is evidence that, through various mechanisms, the COVID-19 crisis has had a negative impact on the mental health of the population at risk (Júnior et al., 2020). Severe psychological conditions of increased irritability, inattention, and clinging behavior were manifested by the participants, regardless of their age groups (Viner et al., 2020). Based on the data, the results reveal that participants felt insecure, fearful, and isolated during the time of lockdown. It was also found that participants experienced sleep disturbance, nightmares, poor appetite, agitation, inattention, and anxiety related to separation (Jiao et al., 2020). One study found increased rates of psychological distress among US adults in April 2020, compared to those in 2018, and that the increase was higher in young women aged 18–24 (McGinty, 2020; Ahsan and Ali, 2020). Studies conducted during the Chinese national lockdown indicated that 35% had suffered from mild to severe infection peritraumatic distress (N = 52,730; Qiu et al., 2020), 54% rated the psychological impact of the outbreak as moderate to severe, 16.5% reported moderate to severe depressive symptoms, and 28.8% reported moderate to severe anxiety symptoms (N = 1,210; Wang et al., 2020). Another study conducted in Italy on a sample size of 18,147 participants indicated that 37% of them experienced post-traumatic stress, while 21%–23% reported severe anxiety, perceived stress, insomnia, and adjustment disorders (Rossi et al., 2020).

Numerous studies have shown that self-esteem plays an important role in perceived poor mental health. Self-esteem refers to the positive or negative way people feel about themselves during the lockdown period. Self-esteem appears to be linked to emotional stress. The concept of self-esteem can be divided into the individual level (personal self-esteem) and collective level (collective self-esteem; Crocker and Major, 1989). People suffer the most from low self-esteem during the COVID-19 crisis. Research has systematically reported that people with low self-esteem exaggerated the negative effects on outcomes, and those with high self-esteem used a more neutral assessment to mitigate the negative outcomes. In other words, high self-esteem mitigated the harmful effect of assessing negative stressors on daily negative affect (Dolan and Garcia, 2020).

The current study aims to evaluate the effect of lockdown associated with COVID-19 on two specific problems that male and female participants face – mental health and self-esteem. Furthermore, we hypothesized that there are significant differences in mental health and self-esteem of male and female participants and there is a positive relationship between mental health and self--esteem. The authors believe that this study is necessary because problems at this level have been predicted based on theoretical considerations.

RESEARCH MATERIAL AND METHODS

Study design: A cross-sectional design was adopted to conduct this study.
Sampling technique: The probability convenience-sampling technique was used in this study.
Sample size: Four hundred and forty people (males = 282 and females = 158) participated in this study.
Sample characteristics: The age range was 20 to 48 years, there were 264 married and 176 single participants, 269 from urban, and 171 from rural areas.
Study mode: Online survey mode was chosen using Google Forms.

Tools

The Mental Health Inventory (MHI): The MHI is a widely recognized measure of general emotional functioning developed by Veit and Ware (1983) for Rand's health insurance experiment. It covers various negative and positive emotions. The MHI provides assessment for several areas of mental health, including anxiety, depression, behavioral control, positive influence, and general distress. The inventory consists of 18 items. It is a structured, self-report questionnaire that a participant can complete within five minutes. The MHI has a Cronbach's alpha of 0.93. The tool has been studied extensively in large

populations and comes with substantial evidence of its validity. Field testing of the MHI showed good convergent and distinct viability (Veit and Ware, 1983).

Rosenberg Self-Esteem Scale: Rosenberg developed the Self-Esteem Scale in 1965. The scale consists of a 10--item scale that measures global self-worth by measuring positive and negative feelings about oneself. The scale is believed to be one-dimensional. All items are responded to using a 4-point Likert scale that ranges from strongly agree to strongly disagree. There are reverse scores for items 2, 5, 6, 8, and 9. All scores must be kept on a continuous scale. Scores higher than 10 indicate higher self-esteem (Rosenberg, 1965).

PROCEDURE

A semi-structured online survey was developed using Google Forms. A link was created on the Internet and shared on social media (WhatsApp, Messenger, Telegram, email, etc.) with the researcher's contacts. The participants were encouraged to circulate the survey with their contacts. Upon receiving and clicking the link, participants were automatically directed to information about the study and informed consent. When participants agreed to take the survey, first, they filled in the demographic details. Then, a set of questions appeared sequentially which the participants had to answer. Data collection begun during the lockdown period from April to June 2020 in India. Sociodemographic information included age, gender, marital status, and area of residence. The average time to complete a questionnaire was only 6–8 minutes.

Statistical analysis

Statistical analysis was performed using IBM SPSS for Windows, version 23 (IBM Corp. United States of America). The data were distributed normally. Descriptive analyses of sociodemographic characteristics were performed. Analysis of variance test was used to find significant differences between male and female participants concerning mental health and self-esteem. The Pearson correlation test was also used to determine the relationship between mental health and self-esteem in male and female participants. The significance level was set at 0.05 and 0.01.

RESULTS

Table 1 shows the mean, standard deviation (SD), class interval (CI), F-ratio and significance level of male and female participants for mental health and self-esteem. The result of the analysis of variance revealed that the calculated values of F are 23.95, 26.62, 25.73, and 19.65 for anxiety, depression, behavioral control, and positive affect, respectively and are statistically significant for mental health parameters between male and female

Table 1. Analysis of variance test applied to find differences between male and female participants for mental health and self-esteem

		N	Mean ±SD	95% CI	F	Sig.
Anxiety	male	282	46.94 ±22.45	44.30–49.57	23.949*	0.000
	female	158	34.8 ±12.39	32.21–37.39		
Depression	male	282	49.36 ±24.31	46.51–52.21	26.619*	0.000
	female	158	35.33 ±15.19	32.15–38.52		
Behavioral control	male	282	44.47 ±20.12	42.11–46.83	25.734*	0.000
	female	158	33 ±13.09	30.26–35.74		
Positive affect	male	282	36.70 ±19.88	34.37–39.03	19.651*	0.000
	female	158	27 ±10.51	24.80–29.20		
Self-esteem	male	282	21.96 ±3.19	21.58–22.33	0.011	0.916
	female	158	22 ±3.78	21.21–22.79		

*Significant difference at the 0.05 level.

Table 2. Analysis of variance test applied to find differences between urban and rural participants for mental health and self-esteem

		N	Mean	95% CI	F	Sig.
Anxiety	urban	269	48.22 ±22.12	42.19–54.26	2.538	0.112
	rural	171	43.28 ±20.88	40.98–45.59		
Depression	urban	269	47.22 ±19.92	41.78–52.66	0.184	0.668
	rural	171	45.75 ±23.76	43.13–48.38		
Behavioral control	urban	269	38.33 ±14.47	34.38–42.28	1.923	0.166
	rural	171	42.26 ±19.95	40.06–44.47		
Positive affect	urban	269	23.89 ±10.03	21.15–26.63	21.259	0.000
	rural	171	36.13 ±19.05	34.03–38.23		
Self-esteem	urban	269	21.67 ±3.81	20.63–22.71	0.513	0.475
	rural	171	22.02 ±3.26	21.66–22.38		

*Significant difference at the 0.05 level.

participants. The mean values showed that male participants experience more anxiety, depression, behavioral control, and positive affect than female participants. At the same time, female participants have a higher level of self-esteem than male participants. The result of analysis of variance revealed that the calculated value of F = .011 for self-esteem shows an insignificant difference between male and female participants.

Table 2 showed the mean, standard deviation (SD), class interval (CI), F-ratio, and significance level of urban and rural participants for mental health and self-esteem. The result of the analysis of variance revealed that the calculated values of F are 2.54, 0.18, 1.92, and 0.51 for anxiety, depression, behavioral control, and self-esteem, respectively, and are statistically insignificant for mental health parameters between urban and rural participants. The mean values showed that urban participants experienced more anxiety and depression than rural participants. At the same time, rural participants have a higher level of behavioral control, positive affect, and self-esteem than urban participants. The result of the analysis of variance revealed that the calculated value of F = 21.26 for positive effect shows significant difference between urban and rural participants (Table 2).

Table 3 showed the mean, standard deviation (SD), class interval (CI), F-ratio and significant level of participants as per age categories for mental health and self-esteem. The result of the analysis of variance revealed that the calculated value of F are 12.57, 29.87, 8.38, 4.85, and 3.33 for anxiety, depression, behavioral control, positive affect, and self-esteem respectively and significant difference exists for mental health parameters and self-esteem between age categories. The mean values showed that participants from the third age category experience more anxiety, depression, behavioral control, and positive affect than participants from the first and second age categories category.

The Pearson correlation for mental health, anxiety, depression, behavioral control, positive affect, and self-esteem have been computed and presented in Table 4. The table reveals that mental health showed a significant relationship with other parameters and self-esteem. Self-esteem showed a negative relationship with mental health (–0.26), anxiety (–0.24), depression (–0.074), behavioral control (–0.26), and positive affect (–0.25). Self-esteem showed a statistically significant relationship for all parameters except depression (0.157) at the 0.01 level of significance.

DISCUSSION

The present study evaluates the mental health and self-esteem between male and female participants during the lockdown period because of the COVID-19 pandemic. Very little evidence is available around the world on the potential change in population's mental

Table 3. Analysis of variance test applied to find differences between participants as per age categories for mental health and self-esteem

Age categories		N	Mean ±SD	95% CI	F	Sig.
Anxiety	1.00	134	40.19 ±15.12	37.39–43.00	12.575	0.000
	2.00	164	38.84 ±22.74	34.41–43.26		
	3.00	142	50.31 ±22.24	46.76–53.85		
Depression	1.00	134	36.23 ±14.75	33.49–38.96	29.871	0.000
	2.00	164	41.88 ±23.28	37.35–46.40		
	3.00	142	55.94 ±24.49	52.04–59.84		
Behavioral control	1.00	134	38.03 ±16.27	35.01–41.05	8.379	0.000
	2.00	164	38.65 ±17.15	35.32–41.99		
	3.00	142	46.46 ±21.65	43.01–49.91		
Positive affect	1.00	134	37.98 ±13.96	35.39–40.57	4.850	0.008
	2.00	164	30.24 ±14.08	27.50–32.98		
	3.00	142	34.45 ±23.10	30.77–38.13		
Self-esteem	1.00	134	21.33 ±3.49	20.69–21.98	3.330	0.037
	2.00	164	22.45 ±3.59	21.75–23.15		
	3.00	142	22.11 ±2.98	21.64–22.59		

*Significance difference at the 0.05 level, age categories 1 = 20–29 years, 2 = 30–39 years, 3 = 40–50 years.

Table 4. Analysis of Pearson correlation test to find the relationship between mental health and self-esteem for male and female participants

	Anxiety	Depression	Behavioral control	Positive affect	Self-esteem
Mental Health	0.904**	0.819**	0.896**	0.486**	–0.263**
Anxiety		0.849**	0.705**	0.243**	–0.239**
Depression			0.631**	–0.022	–0.074
Behavioral control				0.519**	–0.264**
Positive affect					–0.250**

**Correlation is significant at the 0.01 level (2-tailed).

health and self-esteem attributable to COVID-19. In this study, statistically significant differences exist for mental health parameters (anxiety, depression, behavioral control, positive affect) and self-esteem of male and female participants. Male participants have poor mental health as compare to female participants. At the same time, female participants showed a higher level of self-esteem during the lockdown period. Our findings are in line with the study conducted by Austin et al., who indicated that representation of means and their confidence intervals (95%) for male and female in mental health variables indicated their significance and significant differences were found between male and female for depression and anxiety. The prevalence rate for depression during COVID-19 is comparable to a study by Huang and Zhao who

reported a prevalence rate of 20% for depression and 35% for anxiety. The higher percentage of anxiety might be influenced, among other factors, by their GAD-7 cut-off of 9 instead of 10 points. There are many studies that are conflicting to our findings, as the results of a study that showed that women were more likely to suffer psychological disturbance than men, reflecting the already known gender gap for depression and anxiety (Albert, 2015; Prasanna et al., 2020). Likely, a synthesis of the results of five recent studies showed a prevalence of depression of 26.9% among women and 20.3% among men. Also, a compilation of the results of six studies showed a prevalence of anxiety of 29.1% among women and 20.9% among men (Pappa et al. 2020). A study conducted in Nigeria indicated that there was no significant difference in the reported severity of depressive symptoms between females and males residing in Nigeria during the pandemic ($\chi^2 = 01.94$; df = 4; $P > 0.05$). The study also revealed that the majority of male respondents (55.4%) had minimal depressive symptoms, 22.3% reported mild depressive symptoms, 11.9% of the respondents had moderate depressive symptoms, 6.7% had moderately severe depressive symptoms, while 3.7% of the male participants had severe depressive symptoms during the COVID-19 pandemic (Olaseni et al., 2020). These results indicate that COVID-19 affects the mental health of the general population and not just the mental health of the people most directly affected. This interpretation is also supported by other COVID-19 studies (Bao et al., 2020), suggesting that the COVID-19 outbreak may have negative psychological effects beyond the individual.

Self-esteem is the key element of mental health. The finding of the current research indicated the there is a statistically significant and negative relationship between mental health and self-esteem and these outcomes are consistent with previous findings. A study by Chen et al. (2020) regarding self-esteem and stress among the general population in China, revealed that anxiety was negatively related to self-esteem ($r = -0.29$, $p < 0.001$) and positively correlated with perceived stress ($r = 0.52$, $p < 0.001$). At the same time, self-esteem was negatively related to perceived stress ($r = -0.26$, $p < 0.001$). We also found a similar association between self-esteem and emotional distress, with higher self-esteem associated with lower levels of emotional distress. We found evidence that differences between males and females moderate the association between self-esteem and emotional distress (Abu-Kaf et al., 2020). In other words, with different levels of differences, the relationship between self-esteem and emotional distress varied between males and females. Our results revealed a statistically significant negative relationship between self-esteem and mental health for male and female participants.

There were some limitations to this study. The mental health and self-esteem of participants were measured only objectively rather than subjectively. Mental health and self-esteem parameters may be influenced by participants' mood at the time of the day. Additionally, only participants who have access to the internet participated in the survey.

CONCLUSION

In the current study, psychological effects (high level of anxiety, depression, and behavior control) were shown to be higher in males than females, in participants from urban than in those from rural areas, and in those over forty years. During the lockdown period, these psychological imbalances can be diminished while increasing the level of self-esteem. These findings have important suggestion for indorsing psychological interventions to reduce the negative psychological effects of the lockdown on peoples' physical and mental health.

REFERENCES

Abu-Kaf, S., Nakash, O., Hayat, T., Cohen, M. (2020). Emotional distress among the Bedouin Arab and Jewish elderly in Israel: The roles of gender, discrimination, and self-esteem. Psychiatry Res., 291, 113203. https://doi.org/10.1016/j.psychres.2020.113203

Ahsan, M., Ali, A. (2020). A Comparison of Anger, Depression, Fatigue, and Tension Amongst Physical Educators Based on Their Socio-Demographic Characteristics During Covid-19 Pandemic Outbreak. Int. J. Multidiscip. Educ. Res., 9(4), 103–122.

Albert P.R. (2015). Why is depression more prevalent in women? J. Psychiatry Neurosci., 40(4), 219–221. https://doi.org/10.1503/jpn.150205

Bao, Y., Sun, Y., Meng, S., Shi, J., Lu, L. (2020). 2019-nCoV epidemic: address mental health care to empower society. Lancet 395, e37–e38. https://doi.org/10.1016/S0140-6736(20)30309-3

Chen, H., Zhao, X., Zeng, M., Li, J., Ren, X., …, Yang, J. (2021). Collective self-esteem and perceived stress among the

non-infected general public in China during the 2019 coronavirus pandemic: A multiple mediation model. Pers. Individ. Differ., 168, 110308. https://doi.org/10.1016/j.paid.2020.110308.

Crocker, J., Major, B. (1989). Social stigma and self-esteem: The self-protective properties of stigma. Psychol. Rev., 96 (4), 608.

Dolan, S.L., Garcia, S. (2020). Covid-19, Stress, Self-Esteem, Values, and Psychological Well-being: How to Assess Risks of Becoming Depressed, Anxious, or Suicidal? The European Business Review. Access on May 13, 2020, available from https://www.europeanbusinessreview.com/covid-19-stress-self-esteem-values-and-psychological-well-being-how-to-assess-risks-of-becoming-depressed-anxious-or-suicidal

Huang, Y., Zhao, N. (2020). Generalized anxiety disorder, depressive symptoms and sleep quality during COVID-19 outbreak in China: a web-based cross-sectional survey. Psychiatry Res., 288, 112954. https://doi.org/10.1016/j.psychres.2020.112954

Jiao, W.Y., Wang, L.N., Liu, J., Fang, S.F., Jiao, F.Y., …, Somekh, E. (2020). Behavioral and Emotional Disorders in Children during the COVID-19 Epidemic. J. Pediatr., 221, 264–266. https://doi.org/10.1016/j.jpeds.2020.03.013

Júnior, J.G., de Sales, J.P., Moreira, M.M., Pinheiro, W.R., Lima, C., Neto, M. (2020). A crisis within the crisis: The mental health situation of refugees in the world during the 2019 coronavirus (2019-nCoV) outbreak. Psychiatry Res., 288, 113000. https://doi.org/10.1016/j.psychres.2020.113000

McGinty, E.E., Presskreischer, R., Han, H., Barry, C.L. (2020). Psychological Distress and Loneliness Reported by US Adults in 2018 and April 2020. JAMA, 324(1), 93–94. https://doi.org/10.1001/jama.2020.9740

Olaseni, A.O, Akinsola, O.S, Agberotimi, S.F, Oguntayo, R. (2020). Psychological distress experiences of Nigerians during Covid-19 pandemic; the gender difference. Social Sciences & Humanities Open, 2(1), 100052.

Pappa, S., Ntella, V., Giannakas, T., Giannakoulis, V.G., Papoutsi, E., Katsaounou, P. (2020). Prevalence of depression, anxiety, and insomnia among healthcare workers during the COVID-19 pandemic: A systematic review and meta-analysis. Brain Behav. Immun., 88, 901–907. https://doi.org/10.1016/j.bbi.2020.05.026.

Prasanna, B.K., Ali, F.A., Ahsan, M. (2020). Effect of Stress On Physical Education and Sports Teachers in Fiji, Purakala, 31(53), 272–284.

Qiu, J., Shen, B., Zhao, M., Wang, Z., Xie, B., Xu, Y. (2020). A nationwide survey of psychological distress among Chinese people in the COVID-19 epidemic: implications and policy recommendations. Gen Psychiatr. 33(2), e100213.

Rosenberg, M. (1965). Society and the adolescent self-image. Princeton, NJ: Princeton University Press.

Rossi, R., Socci, V., Talevi, D., Mensi, S., Niolu, C., …, Di Lorenzo, G. (2020). COVID-19 Pandemic and Lockdown Measures Impact on Mental Health Among the General Population in Italy. Front. Psychiatry, 11, 790. https://doi.org/10.3389/fpsyt.2020.00790

Veit, C.T., Ware, J.E. (1983). The structure of psychological distress and well-being in general populations. J. Consult. Clin. Psychol., 51(5), 730–742. https://doi.org/10.1037/0022-006X.51.5.730

Viner, R.M., Russell, S.J., Croker, H., Packer, J., Ward, J., …, Booy, R. (2020). School closure and management practices during coronavirus outbreaks including COVID-19: a rapid systematic review. Lancet Child Adolesc. Health., 4(5), 397–404. https://doi.org/10.1016/S2352-4642(20)30095-X

Wang, C., Pan, R., Wan, X., Tan, Y., Xu, …, Ho, R.C. (2020). Immediate Psychological Responses and Associated Factors during the Initial Stage of the 2019 Coronavirus Disease (COVID-19) Epidemic among the General Population in China. Int. J. Environ. Res. public health, 17(5), 1729. https://doi.org/10.3390/ijerph17051729

Ali, A., Ahsan, M., Ali, I. (2020). COVID-19 pandemic: Effect of lockdown on mental health and self-esteem between genders. Intercathedra 3(44), 115–122. http://dx.doi.org/10.17306/J.INTERCATHEDRA.2020.00103

PANDEMIA COVID-19: WPŁYW IZOLACJI NA ZDROWIE PSYCHICZNE I SAMOOCENĘ W ZALEŻNOŚCI OD PŁCI

Abstrakt. Pandemia koronawirusa (COVID-19) prowadzi do zwiększenia poziomu problemów psychologicznych, takich jak lęk, depresja i stres oraz wpływa na zdrowie psychiczne mężczyzn i kobiet. Niniejsze badanie ma na celu porównanie zdrowia psychicznego i samooceny wśród mężczyzn i kobiet podczas pandemii COVID-19. Badanie przeprowadzono w formie ankiety on-line przygotowanej w formularzu Google na grupie 440 uczestników. Użyto półstrukturalnego kwestionariusza MHI (*mental health inventory*) opracowanego przez Veita i Ware'a w 1983 roku. MHI zawiera cztery podskale opisujące lęk, depresję, kontrolę zachowania i pozytywny afekt. Wykorzystano również kwestionariusz samooceny opracowany przez Rosenberga. Jest to 10-itemowa skala wykorzystująca 4-punktowy format skali Likerta w zakresie od „zdecydowanie się zgadzam" do „zdecydowanie się nie zgadzam". Wyniki pozwoliły stwierdzić, że mężczyźni w porównaniu z kobietami mają wyższy poziom lęku (46,94 ±22,45), depresji (49,36 ±24,31), kontroli zachowania (44,47 ±20,12) i pozytywnego afektu (36,70 ±19,88). Ponadto kobiety mają wyższy poziom samooceny (22 ±3,78) niż mężczyźni. Dla obu płci wykazano statystycznie istotną różnicę (0,000) w odniesieniu do podkomponentów zdrowia psychicznego. Okazało się także, że dla badanych poczucie własnej wartości nie jest istotne. Jednak zarówno mężczyźni, jak i kobiety jednakowo odczuwają lęk, depresję, kontrolę behawioralną, co potęgowane jest podczas okresu zamknięcia. Dlatego istnieje pilna potrzeba działania zapobiegawczego, aby uniknąć negatywnego wpływu lockdownu podczas pandemii COVID-19 na zdrowie fizyczne i psychiczne.

Słowa kluczowe: zdrowie psychiczne, samoocena, lęk, depresja, COVID-19