DOI: 10.22270/jmpas.V10I6.1733 ISSN NO. 2320-7418

International peer reviewed open access journal

Journal of Medical Pharmaceutical and Allied Sciences



Journal homepage: www.jmpas.com CODEN: JMPACO

Research article

Resilience in women during the pandemic of the new variant of covid – 19 in lima north

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ABSTRACT

Resilience during the COVID - 19 pandemic plays a key role in the development of strategies for each person to adapt and face conflicts during this emergency due to COVID - 19. The objective is to determine the resilience in women during the pandemic of the new strain of COVID-19 in North Lima, due to its properties it is a quantitative study, with a descriptive, non-experimental cross-sectional methodology, with a total of 347 women who responded to a virtual survey on resilience. In their results, we observe resilience in women, where 8 (2.3%) of women have high resilience, 258 (72.9%) have medium resilience and 88 (24.9%) have low resilience. It is concluded that resilience will play a key role as a protector that will improve the response to stressful situations such as the COVID-19 pandemic.

Keywords: Resilience, Vulnerability, Mental Health, Coronavirus.

Received - 25-08-2021, Reviewed - 22/09/2021, Revised/ Accepted - 28/10/2021

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INTRODUCTION

At the international and national level, the coronavirus pandemic (COVID - 19) has triggered consequences on the health of each person¹, but has allowed the development of skills that allow them to adapt to this very stressful situation, since it will be affected physically and mentally product to factors that have interrupted their daily life due to COVID - 19^{2,3}.

Likewise, people have had to take actions that allow them to improve or not their resilience because the COVID-19 pandemic has manifested that it can compromise their mental health⁴, altering their emotional level due to social isolation and not performing their routines before the pandemic⁵.

Resilience in each person will manifest itself negatively or positively if the person can face circumstances of risk to their health due to COVID-19^{6,7}, but that the levels of resilience in the population have been negatively due to situations of depression, anxiety and stress caused by factors such as the contagion of oneself by the disease^{8,9}, in her family or not having the necessary resources to be able to support herself during the COVID-19 pandemic¹⁰.

For this reason, resilience during the different stages of the pandemic will be a key point for each person that allows them to adapt and face stressful situations and maintain the balance of their mental health¹¹, where they allow to maintain an adequate lifestyle and that

this will allow improve your lifestyle when the pandemic has subsided¹².

In the same way, it will show how the population can adapt to this alarming situation due to COVID - 19^{13} , in order to better develop their resilience and thus also improve their lifestyle 14 .

In China¹⁵, in their study with a population of 1770 participants, they stated in their results that symptoms of depression and anxiety were significantly associated with a person having negative resilience.

In Spain¹⁶, in their study with a population of 459 participants, they interpreted in their results that 30.6% of the participants had a low level of resilience and 25.4% a high level of resilience.

In Norway¹⁷, it was evidenced in their results that in the participating population, those with high resilience tended to have fewer effects on depressive and anxiety symptoms compared to those with low resilience.

Therefore, the research objective is to determine the resilience in women during the pandemic of the new strain of COVID - 19 in North Lima.

MATERIALS AND METHODS

The type of research with respect to its research properties is a quantitative study, with a descriptive, non-experimental and cross-sectional methodological approach¹⁸.

Population

The total population was 354 women who agreed to participate in the study, also signing the informed consent.

Inclusion criteria

- Women who reside at least 1 year in the Puente Piedra district
- Women ages 18 and over
- Women who agree to participate voluntarily and who sign the informed consent.

Technique and instrument

The technique used to fill it out was a digital survey that was designed in Google forms, in which, using the Connor and Davidson Resilience Scale data collection instrument in its cut version of 10 items (CD-RISC 10) that They aim to measure the resilience of women during the pandemic of the new strain of COVID - 19 in North Lima.

For our database, the following aspects were taken into account for filling in the digital survey: 1. Sociodemographic data and 2. CD-RISC 10 that comprises 10 items in which it presents a one-dimensional dimension with the 10 respective items, in the which is assessed with a Likert-type scale with 5 response options: "0 = never", "1 = almost never", "2 = sometimes", "3 = almost always" and "4 = always", obtaining a score total, adding all its items, so that its score would be from 0 to 40 points, where "0 to 9" is low resilience, "10 to 30" is moderate resilience and "31 to 40" is high resilience, the higher the score corresponds to greater resilience in female heads of household19.

For the validation of the instrument, the Kaiser-Mayer-Olkin sample adequacy was applied, obtaining a coefficient of 0.752 (KMO> 0.5), while the Bartlett sphericity test obtained significant results (X^2 approx. = 2431.042; gl = 45; p = 0.000).

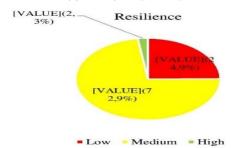
The reliability of the instrument was determined based on the Cronbach's Alpha statistical test, the same one that obtained for all the items (i = 10) a coefficient of 0.883 (α > 0.8).

The virtual survey was conducted to measure the resilience of women during the pandemic of the new strain of COVID - 19 in North Lima, which was conducted in the Puente Piedra district.

It was first coordinated with each study participant for permission to conduct the research, explaining to them and thus having knowledge about what is going to be conducted.

RESULT

Figure 1. Resilience in women during the pandemic of the new strain of COVID - 19 in North Lima



In Figure 1, we observe the resilience in women, where 8 (2.3%) of the women have a high resilience, 258 (72.9%) have a medium resilience and 88 (24.9%) have a low resilience.

Table 1. Resilience in women in relation to the level of instruction during the pandemic of the new strain of coronavirus disease in north lima

•			Resilience			
Instruction		Low	Medium	High		Total
Level	No	Count	11	25	1	37
	Instruction	% Within				
		Level of	29,7%	67,6%	2,7%	100,0%
		instruction				
	Primary	Count	21	33	2	56
		% Within				
		Level of	37,5%	58,9%	3,6%	100,0%
		instruction				
	Secondary	Count	34	140	5	179
		% Within				
		Level of	19,0%	78,2%	2,8%	100,0%
		instruction				
	University	Count	2	2	0	4
		% Within				
		Level of	50,0%	50,0%	0,0%	100,0%
		instruction				
	Superior	Count	20	58	0	78
	Technical	% Within				
		Level of	25,6%	74,4%	0,0%	100,0%
		instruction				
Total		Count	88	258	8	354
		% Within				
		Level of	24,9%	72,9%	2,3%	100,0%
		instruction				

Table 2. Chi-square tests

Parameters	Value	df	Asymptotic significance (bilateral)
Pearson's Chi-square	12,650a	8	,124
Likelihood ratio	14,027	8	,081
Linear by linear association	,125	1	,724
N° of valid cases	354	NA	NA

a. 7 cells (46.7%) have expected a count less than 5. The minimum expected count is .09.

In Table 1, in relation to resilience and the level of education of women, it was verified using Pearson's Chi-square test (X^2) to determine the relationship between both variables, where the level of significance of the test obtained a value of $0.09 \, (p>0.05) \, (X^2=12.650;$ df = 8). Therefore, emphasis is placed on a hypothesis of association between both variables. Therefore, we interpret that woman with no education have a medium resilience 25 (67.6%), with a primary education level 33 (58.9%) of women have medium resilience, with a secondary education level 140 (78.2%) have medium resilience, at university education level 2 (50%) have low and medium resilience; Lastly, in higher technical instruction level 58 (74.4%) have medium resilience.

Figure. 2. Resilience in women in relation to the contagion of a relative by COVID - 19 during the pandemic of the new strain of COVID - 19 in North

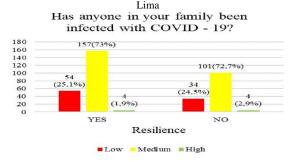


Figure 2 shows the resilience of women in relation to the contagion of a relative by COVID - 19, where 54 (25.1%) of women with a relative infected by COVID - 19 have low resilience, 157 (73%) have medium resilience and 4 (1.9%) have high resilience; and women who do not have a family member infected by COVID - 19, 34 (24.5%) of women have low resilience, 101 (72.7%) medium resilience and 4 (2.9%) low resilience.

Figure 3. Resilience in women in relation to the death of a relative by COVID - 19 during the pandemic of the new strain of COVID - 19 in North Lima

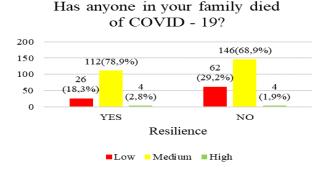


Figure 3 shows the resilience of women in relation to the death of a family member from COVID - 19, where 26 (18.3%) of women with a family member who died from COVID - 19 have low resilience, 112 (78.9%) have medium resilience and 4 (2.8%) have high resilience; and women who have not had a family member who died from COVID - 19, 62 (29.2%) have low resilience, 146 (68.9%) medium resilience and 4 (1.9%) high resilience.

Figure 4. Resilience in women in relation to being infected by COVID - 19 during the pandemic of the new strain of COVID - 19 in North Lima

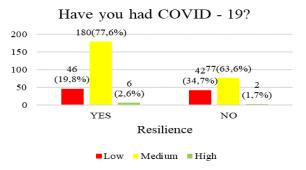


Figure 4 shows the resilience of women in relation to if they have been infected by COVID - 19, where 46 (19.8%) of women who have been infected by COVID - 19 have low resilience, 180 (77, 6%) have medium resilience and 6 (2.6%) have high resilience; and women who have not been infected by COVID - 19, 42 (34.7%) have a low resilience, 77 (63.6%) have a medium resilience and 2 (1.7%) have a high resilience.

DISCUSSION

In the present investigative work, it was made known regarding the resilience of women during the pandemic of the new strain of COVID-19, where emphasis is given to the capacities that they present during this situation that compromise their health or that of their family.

In the results of resilience in women during the pandemic of the new strain of COVID - 19, they present a medium level of resilience, this is due to the fact that the coping capacity that women present generated by COVID - 19 each time goes developing, because the changes in life due to the pandemic make it possible to solve the risks generated by COVID-19 within her home, improving the wellbeing of her and her family. Likewise, some authors mention that women during the pandemic have become expected to improve their performance both at a mental and physical level, allowing them to improve their decision-making and also improve their coping capacity and thus be able to protect the well-being of their family16.

In the results regarding the relationship of women and COVID-19, it has been observed that they present a medium level of resilience in relation to the contagion of themselves and the contagion or death of a family member, this is due to being resilient during the COVID-19 pandemic, it will allow them to develop or improve their self-determination and, their abilities to adapt and face any risk situation that affects the well-being of their family, where the relationship that is managed within the family will be an important point since it will allow to maintain emotional balance and this will reduce or eliminate the symptoms of depression, anxiety or stress caused by the COVID-19 pandemic by being in quarantine and social distancing. The authors mention that women can be more resilient if the relationship between relatives is closer, since the relationship between families will determine how they will interact and resolve conflicts due to the COVID-19 pandemic17. Likewise, others authors mention that women tend to be more resilient due to the fact that within the family during the COVID-19 pandemic, they organize themselves and allow them to further develop decision-making and also improve their mental health that allows them to carry out their daily routines and thus it also allows family members to have positively good health15.

CONCLUSIONS

It is concluded that resilience fulfills the role of protector, and this will allow the person to improve their abilities in terms of the risks that may arise in their health and thus be able to make the correct decisions.

It is concluded that virtual medical care should be given that allows observing the needs and vulnerability of women and their families. It is concluded that strategies on resilience should be conducted since it will benefit the population during the COVID-19 pandemic.

The limitation of the research work is that in our country there are few studies on how the population can improve their resilience during this critical situation due to COVID-19 and this will allow us to identify the problems that allow us to observe resilience in the population.

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How to cite this article

Brian Meneses-Claudio, Nahuel Gonzalez-Cordero, Witman Alvarado-Diaz, Jean Meneses-Claudio, 2021. Resilience in women during the pandemic of the new variant of covid – 19 in lma north". Jour. of Med. P'ceutical & Allied. Sci. V 10 - I 6, 1733, P-3965-3968. doi: 10.22270/jmpas.V10I6.1733