

The Impact of Covid-19 on Mental and Physical Health Based on Socio-Economic Status: A Comparative Analysis

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Abstract:- The sudden shift of COVID-19, from an outbreak in the East Asian region to a pandemic, brought onslaught and catastrophe in our lives. Lockdowns and travel bans were implemented in the different parts of the globe to minimize the transmission of the virus. Physical health issues seem to be a natural problem of the employees even before this global crisis mentioned group is very alarming. Developing psychiatric illnesses and psychological well-being were recognized as the seventh most common research subject. This quantitative study aimed to compare the impact of Covid-19 on the physical and mental health based on the socioeconomic status. A total of 30 employees with various socio-economic background became the respondent of the survey. The researcher used percentage and frequency to determine the demographic profile of the respondents while mean, Pearson's R and ANOVA were used to deeply discover the significant relationship and difference of socio-economic status to the mental and physical health of the participants. The findings revealed that the age of the employees has a significant relationship to the mental and physical health. Therefore, there should be an assessment the mental and physical health of their employees in order to help them cope with physically and psychologically during the pandemic.

Keywords:- Socio-Economic Status, Mental Health and Physical Health.

I. INTRODUCTION

The sudden shift of COVID-19, from an outbreak in the East Asian region to a pandemic, brought onslaught and catastrophe in our lives. Lockdowns and travel bans were implemented in the different parts of the globe to minimize the transmission of the virus (Poudel & Subedi, 2020). Moreover, closing of nonessential establishments was necessary as part of the health protocols issued by the government. This action resulted to the increase of the unemployment rate and other related issues. Schools both in public and private were also closed because the face-to-face mode of teaching and learning can be a major cause of the virus transmission and majority of the students were high risk of getting the virus. Thus, the health sector is not the only one that endured the outcomes of the pandemic but rather, the other economic sectors such as the education and industry

were greatly affected by the current global disaster. (Chinazzi et al., 2020).

The restrictions of the pandemic brought a major concern not just on the economic sectors but also to all of the labor force specifically those who belong to the non-essential industries. COVID-19 has had an impact on global socioeconomic situations, mainly in developing countries and areas of poverty. The pandemic is wreaking havoc on the disadvantaged families and those with the lowest socioeconomic status. Due to variances in the socio-economic factors of the homes, there appears to be a discrepancy in the consequences of COVID-19 at the household scale (Nicola et al., 2020).

Physical health issues seem to be a natural problem of the employees even before this global crisis but a sudden increase on the mental health concerns of the mentioned group is very alarming. Developing psychiatric illnesses and psychological well-being were recognized as the seventh most common research subject. In addition, during the pandemic, extremely high rates of anxiety, depression, post-traumatic stress disorder, and stress were recorded in the general public and health care professionals around the world that is associated to the socio-economic status of the individuals (Sahin et al., 2022).

With no particular study found on physical and mental health of employees in relation to socio-economic status, this research wanted to investigate the impact of the Covid-19 on the physical and mental health of selected employees based on the socio-economic status.

➤ *Statement of the Problem*

The general problem of the study is to compare the impact of covid-19 on the physical and mental health based on the socio-economic status.

➤ *Specifically, it also Sought to Answer the following questions:*

- How may the profile of the respondents be described in terms of;
- Age;
- Sex;
- Civil Status;

- Educational Attainment;
- Household size;
- Employment status;
- Monthly income?

➤ *How may the Mental Health of the Respondents be Described in Terms of;*

- Anxiety;
 - Depression;
 - Stress?
- ✓ How may the physical health of the respondents be described?
- ✓ Which of the respondent’s profile is found to be affecting the mental and physical health of the respondents?
- ✓ Is there a significant relationship between respondent’s profile and the mental and physical health of the respondent?
- ✓ Is there a significant difference on the mental and physical health of the respondents based on socio-economic status?

II. METHODOLOGY

This study aims to compare the impact of covid-19 on the physical and mental health based on the socio-economic status through the use of Quantitative Research which “involves the collection of data so that information can be quantified and subjected to statistical treatment in order to support or refute “alternate knowledge claims”, as stated by Creswell (2014), and through which, a descriptive approach was consequently employed.

The researcher converted the survey questionnaire into a Google Form for an accessible data gathering during pandemic. The questionnaire was divided into three parts wherein the first part focuses on the demographic profile of the respondents, while the second part emphasizes the mental health of the participants particularly anxiety, depression and stress the third part pertains to the physical health of the participants.

The researcher selected 30 respondents purposively across the community within the reach of the researchers through the social media accounts. The significant effect of profile on mental and physical health was determined using the Pearson’s Moment of Correlation. Significant difference in the mental and physical health of the students when grouped according to profile T-test was used. To further test for significance of the null hypotheses that profile has no effect on mental and physical health, mental and physical health was tested using t-test at 0.05 level of significance. Another hypothesis that there is no significant difference in the mental and physical health of the respondents when they are grouped according to their socio-economic status is tested using ANOVA (F-test) at 0.05 level of significance.

III. RESULTS AND DISCUSSION

Table 1 Demographic Profile of the Respondents

Profile	F(frequency)	Percentage(P)
Age		
Below 25 years old (0)	14	46.67%
25-29	8	26.67%
30-34	2	6.67%
35-39	0	0
40-44	1	3.33%
45-49	2	6.66%
50-54	3	10.00%
Total	30	100%
Sex		
Male	12	40%
Female	18	60%
Total	30	100%
Civil status		
Single	23	76.67%
Married	7	23.33%
Widow/Widower	0	0
Total	30	100%
No. of Children supported		
0	20	66.67%
1	3	10%
2	3	10%
3	4	13.33%
Total	30	100%
Educational Attainment		
Elementary level	0	0
High school	5	16.67%
college	20	66.66%
masters	5	16.67%
Total	30	100%
Employment status		
Permanent	16	53.33%
Non-Permanent	14	46.67%
Total	30	100%
Monthly Income		
Below 10,000	3	10%
10,000-19,999	7	23.33%
20,000-29,999	8	26.67%
30,000-39,999	6	20%
40,000-49,999	4	13.33%
50,000-59,000	2	6.67%
Total	30	100%

Table 1 describes the demographic profile of the respondents through percentage and frequency distribution. It can be observed that almost half or 46.67% of the participants belong to the age group of below 25 years old. While the oldest respondents of the study belong to the age group of 50-54 years old with the percentage of 10%. In terms of sex, 18 participants are female which comprise the 60% of the research population while 12 are male respondents with a percentage of 40%. On the one hand, the civil status profile revealed that 76.67% of the respondents are single while 23.33% are married.

On the other hand, majority of the of the participants or 66.67% of the population do not have any children or dependents to be supported while there are only 10 participants that have dependents. In terms of educational attainment, 5 participants were high school graduate, 20 of them were college degree holders and 5 of the respondents finished their master’s degree. The employment status profile revealed that 53.33% were permanent while 46.67% were non-permanent employees. Lastly, the monthly income of the participants was very diverse wherein 10% have a below Php 10,000 income, 23.33% have a salary range of Php 10,000 – Php 19,999, 26.67% were having a monthly income of Php 20,000- Php 29,999, 20% participants earning around Php 30,000 – Php 39,999, 13.33% taking home Php 40,000 – Php 49,999 and 6.67% having a lucrative salary of Php 50,000 – Php 59,999.

Table 2 Mental Health in terms of Anxiety

Anxiety	Mean	Descriptive Equivalent	std
A1: Feeling nervous, anxious, or on edge.	3.10	Moderate Anxiety	1.02
A2: Worrying too much about different things.	3.20	Moderate Anxiety	1.19
A3: Trouble relaxing.	3.00	Moderate Anxiety	1.02
A4: Worried about situations and panic.	3.03	Moderate Anxiety	1.13
A5: Being so restless that is hard to sit still.	2.9	Moderate Anxiety	1.09
A6: Feel scared without any reason.	2.80	Moderate Anxiety	1.10
Over-all mean	3.01	Moderate Anxiety	0.97

The table 2 shows the mental health of the respondents in terms of anxiety through the use of mean and standard deviation. It can be observed that all of the descriptive equivalent shows that most of the participants have a moderate anxiety where in the highest scored mean was on scale A2 which describes the “worrying too much about different things” with a mean of 3.20 and standard deviation of 1.19 while the lowest mean was on

A6 “Feel scared without any reason” with a mean of 2.80 and standard deviation of 1.10. The overall mean of the table is 3.01 with a descriptive equivalent of moderate anxiety and an average standard deviation of 0.97.

According to Nastiti & Rusvitawati (2021), the current pandemic has consequences for people's mental health. The need to assess the fluctuations in anxiety caused by the pandemic needs to be addressed due to an alarming rate of increase in cases of anxiety symptoms, fears about the future,

and uncertainty of security about lives. Hence, the moderate level of anxiety revealed in the study must be addressed to avoid other possible mental heart concerns.

Table 3 Mental Health in terms of Depression

Depression	Mean	Descriptive Equivalent	std
D1: Feeling afraid, as if something awful will happen.	3.23	Moderate Depression	1.07
D2: Find it difficult to work up the initiative to do things.	2.9	Moderate Depression	1.21
D3: Feel downhearted and blue.	2.97	Moderate Depression	1.30
D4: Avoiding people, places & situations because you fear what may happen.	2.67	Moderate Depression	1.09
D5: Nervous and/or edgy around people because of unforeseeable events	2.77	Moderate Depression	1.07
D6: Life nowadays is meaningless.	2.77	Moderate Depression	1.25
Over-all mean	2.88	Moderate Depression	1.03

The table 3 shows the mental health of the respondents in terms of depression through the use of mean and standard deviation. It can be noticed that all of the descriptive equivalent shows a moderate level of depression where in the highest scored mean was on scale D1 which pertains to the “feeling afraid as if something awful will happen” with a mean of 3.23 and standard deviation of 1.07 while the lowest mean was both recorded on D5: Nervous and/or edgy around people because of unforeseeable events and D6: Life nowadays is meaningless with a mean of 2.77 and standard deviation of 1.07 and 1.25 respectively. The overall mean of the table is 2.88 with a descriptive equivalent of moderate depression and an average standard deviation of 1.03.

Freeman et al., (2016) revealed that mental distress during the pandemic is occurring against a backdrop of high rates of mental illness and substance use that existed prior to the current crisis. Prior to the pandemic, one in ten adults reported symptoms of anxiety and/or depressive disorder which is considered to be an alarming rate.

Table 4 Mental Health in Terms of Stress

Stress	Mean	Descriptive Equivalent	std
S1: I am oftentimes seeing tunnel vision.	2.73	Moderate Stress	0.94
S2: Have physical “reactions” to people, places and situations like (Sweaty hands, increased heart rate, racing thoughts, need to vomit etc.)	2.77	Moderate Stress	2.14
S3: Get nervous and/or edgy around people because of unforeseeable events.	2.83	Moderate Stress	1.05
S4: Family, school, work, hobbies being put on the back burner because of your worry.	3.03	Moderate Stress	.99
S5: Feeling stress when touched by other people.	2.63	Moderate Stress	1.13
S6: Feel intolerant of anything that me from getting on with what I am doing.	2.77	Moderate Stress	1.14
Over-all mean	2.79	Moderate Stress	0.97

The table 4 shows the mental health of the respondents in terms of stress through the use of mean and standard deviation.

It can be noticed that all of the descriptive equivalent shows a moderate level of stress where in the highest scored mean was on scale S4 which pertains to the “Family, school, work, hobbies being put on the back burner because of your worry” with a mean of 3.03 and standard deviation of 0.99 while the lowest mean was recorded on S1: I am oftentimes seeing tunnel vision with a mean of 2.73 and standard deviation of 0.94. The overall mean of the table is 2.79 with a descriptive equivalent of moderate stress and an average standard deviation of 0.97.

Hayes et al., (2020) mentioned that the sudden onset of the COVID-19 restrictions enacted across the world meant significant shifts occurred to people’s ordinary working and home life. The negative impact of chronic workplace stress and resulting burnout on both employees and their organizations is well-documented especially in helping professions, like nursing, psychology, teaching, social work, and even librarianship. Burnout is a psychological syndrome that is the result of long-term, job-specific, physical and emotional exhaustion from interpersonal stress that results in detachment, cynicism, reduced feelings of efficacy and accomplishment and may have significant impacts on job performance and satisfaction.

The table 3 shows the physical health through the use of mean and standard deviation. It can be noticed that all of the descriptive equivalent shows a good health where in the highest scored mean was on scale P1 which pertains to the “Over the last 12 years your health has been” with a mean of 3.47 and standard deviation of 0.68 while the lowest mean was on P3: Habituated to drugs and alcohol with a mean of 2.23 and standard deviation of 1.45. The overall mean of the table is 3.18 with a descriptive equivalent of good health and an average standard deviation of 0.79.

Table 5 Physical Health

Physical Health	Mean	Descriptive Equivalent	std
P1: Over the last 12 years your health has been	3.47	Good Health	0.68
P2: In what capacity can you perform your everyday activities.	3.37	Good Health	0.89
P3: Habituated to drugs and alcohol.	2.23	Good Health	1.45
P4: Result of your physical health check-up for the last 3 months.	3.4	Good Health	0.96
P5: Evaluate your over-all physical health.	3.43	Good Health	0.97
Over-all mean	3.18	Good Health	0.79

The study of Kaur et al., (2020) stated that it is important to note that physical activities (PA) and exercise not only maintain physical and psychological health but also help our body to respond to the negative consequences of several diseases such as diabetes, hypertension, cardiovascular diseases, and respiratory diseases.

Moreover, the World Health Organization (2020), encouraged everyone to engage in home-based exercises (including, but not limited to, aerobic activities, balance and flexibility exercises, and muscular strength and endurance training) for about 150–180 min per week; to use social media, music, and/or similar techniques to increase adherence to physical exercises; and to practice dancing and yoga to reduce stress, anxiety, and depression, and even improve the quality of sleep.

Table 6 Significant Effect of age on Mental and Physical Health

Mental and physical health	Pearson’s r	Descriptive equivalent	Significance level= 0.05	Decision
Anxiety	-0.575	High negative correlation	< .001	Significant
Depression	-0.421	Moderately small negative correlation	0.021	Significant
Stress	0.481	Moderately small positive correlation	0.007	Significant
Physical health	0.452	Moderately small positive correlation	0.012	Significant

Table 6 shows the significant effect of age on mental in terms of anxiety, depression and stress and physical health. The test of significance is further test at 0.05.

The table revealed that age shows a moderately small positive correlation on physical health with the computed coefficient of correlation r of 0.452 and moderately small correlation on stress with a computed correlation r of 0.481. It can be implied that as an individual is getting older, he/she is likely to be physically healthy while stress level is also increasing. On the one hand, a high negative relation of -0.575 was observed on anxiety and moderately small negative correlation on depression with computed coefficient of correlation r of -.421. This implies that as one is getting older the employees were resilient to anxiety and depression.

It was revealed on the study of Cho et al., (2011) that physical health is the most commonly used index to assess the well-being of individuals. As people grow older, they might perceive that their physical health (e.g., the prevalence rates of chronic conditions) is not as good as it has been in the past. The importance of health among oldest-old adults, especially the prevalence rates of chronic conditions.

The null hypothesis that age has no significant effect on mental health and physical health is highly rejected for the significance level for anxiety, depression, stress and physical health with values of .001, 0.021, .007 and .012 respectively of the mentioned variables were less than the set level of significance at 0.05.

Behzadnia et al., (2020) implied that health problems in older people have tended to be related to the idea that human development occurs primarily between conception and late adolescence, and change after that would be characterized by increases in age and decreases in various aspects of wellness. However, human development encompasses the entire life span; that is, development and transformation can occur from

conception to later periods in one’s life, and all stages of the lifespan can contribute to human development.

Table 7 Significant Effect of sex on Mental and Physical Health

Mental and physical health	Pearson’s r	Descriptive equivalent	Significance level= 0.05	Decision
Anxiety	-0.019	Very small negative correlation	0.921	Insignificant
Depression	0.096	Very small positive correlation	0.631	Insignificant
Stress	0.052	Very small positive correlation	0.787	Insignificant
Physical health	-0.197	Very small negative correlation	0.298	Insignificant

Table 7 shows the significant effect of sex on mental in terms of anxiety, depression and stress and physical health. The test of significance is further test at 0.05. The table revealed that sex shows a very small positive correlation on depression and stress with the computed coefficient of correlation r of 0.452 and moderately small correlation on stress with a computed correlation r of 0.096 and 0.052 respectively. It can be implied that as an individual is getting older, he/she is likely to be physically healthy while stress level is also increasing. On the one hand, a high negative relation of -0.575 was observed on anxiety and moderately small negative correlation on depression with computed coefficient of correlation r of -.421.

The null hypothesis that sex has no significant effect on mental health and physical health is highly accepted for the significance level for anxiety, depression, stress and physical health with values of .921, 0.631, .787 and .298 respectively of the mentioned variables were more than the set level of significance at 0.05.

Hamouchi (2020), revealed in his study that anxiety problems turned out to be the most prevalent and serious mental health issue for employees during the pandemic. On average, both female and male students suffered from mild anxiety in the first three months of the lockdown implementation in the Philippines.

Table 8 shows the significant effect of monthly income on mental health in terms of anxiety, depression and stress and physical health. The test of significance is further test at 0.05. The table revealed that monthly income shows a high positive correlation on stress with the computed coefficient of correlation r of 0.664 and very small positive correlation on physical health with a computed correlation r of 0.174. It can be predicted that as an individual is having a higher monthly income, his/her stress level is also increasing while there is also small development on his/her physical health.

Table 8 Significant Effect of Monthly income on Mental and Physical Health

Mental and physical health	Pearson’s r	Descriptive equivalent	Significance level= 0.05	Decision
Anxiety	-0.335	Moderately small negative correlation	0.07	Insignificant
Depression	-0.185	Very small negative correlation	0.328	Insignificant
Stress	0.664	High positive correlation	< 0.001	Significant
Physical health	0.174	Very small positive correlation	0.359	Insignificant

On the one hand, a moderately small negative correlation on anxiety was observed with a computed correlation r of -0.335 and a very small negative correlation on depression with a computed correlation r of -0.185. This implies that as the monthly income of an employee increases, the anxiety and depression level is somehow decreasing vice versa.

The null hypothesis that age has no significant effect on mental health and physical health is moderately accepted for the significance level of anxiety, depression and physical health with values of .07, 0.328 and .359 respectively since the mentioned variables were more than the set level of significance at 0.05. While the null hypothesis for the stress is highly rejected resulting with a significant level of < 0.001.

Table 9 Significant Effect of Civil status on Mental and Physical Health

Mental and physical health	Pearson’s r	Descriptive equivalent	Significance level= 0.05	Decision
Anxiety	-0.415	Moderately small negative correlation	0.023	Significant
Depression	-0.286	Moderately small negative correlation	0.125	Insignificant
Stress	0.59	High positive correlation	< .001	Significant
Physical health	0.319	Moderately small positive correlation	.086	Insignificant

Table 9 shows the significant effect of civil status on mental health in terms of anxiety, depression and stress and physical health. The test of significance is further test at 0.05. The table shows that civil status has a high positive correlation on stress with the computed coefficient of correlation r of 0.59 and moderately small positive correlation on physical health with a computed correlation r of 0.319. On the one hand, a moderately small correlation on anxiety and depression were observed with a computed correlation r of -0.415 and -0.286 respectively.

The null hypothesis that civil status has no significant effect on mental health and physical health is moderately accepted for the significance level of depression and physical health with values of 0.215 and 0.86 respectively since the mentioned variables were more than the set level of significance at 0.05. While the null hypothesis for the anxiety and stress is moderately rejected resulting with a significant level of 0.023 and < 0.001 respectively.

The findings of the study of Vaingankar et al., (2020) revealed that civil status is the most widely investigated factor in relation to perceived social support and mental conditions given its potential as a modifiable factor. In addition, people who are married tend to have lower levels of mental disorders and higher levels of perceived social support compared to those who are unmarried.

Table 10 Significant Effect of Household size on Mental and Physical

Mental and physical health	Pearson's r	Descriptive equivalent	Significance level= 0.05	Decision
Anxiety	-0.41	Moderately small negative correlation	0.024	Significant
Depression	-0.275	Moderately small negative correlation	0.141	Insignificant
Stress	0.652	High positive correlation	< .001	Significant
Physical health	0.4	Moderately small positive correlation	0.029	Significant

Table 10 shows the significant effect of household size on mental health in terms of anxiety, depression and stress and physical health. The test of significance is further test at 0.05. The table shows that household size has a high positive correlation on stress with the computed coefficient of correlation r of 0.652 and moderately small positive correlation on physical health with a computed correlation r of 0.4. On the one hand, a moderately small negative correlation on anxiety and depression were observed with a computed correlation r of -0.41 and -0.275 respectively. This implies that as the household size increases there is a higher chance that the stress level of employee also increases vice versa. Good physical health is also related increasing household size. On the other hand, anxiety and depression is less likely to develop as household size increases.

According to Calvano et al., (2021), Parental stress from work seems to be a central variable reflecting the impact of the pandemic on families—both on the parents themselves and on their children. Parental stress was not the only factor related to an increase in the two most prevalent ACEs: witnessing domestic violence and verbal emotional abuse. Families with younger children were especially at risk, which may reflect the impact of childcare and school closures.

The null hypothesis that household size has no significant effect on mental and physical health is highly rejected for the significance level of anxiety, stress and physical health with values of 0.024, < 0.001, 0.029 the mentioned variables were less than the set level of significance at 0.05.

Table 11 Significant Effect of Educational Attainment on Mental and Physical Health

Mental and physical health	Pearson's r	Descriptive equivalent	Significance level= 0.05	Decision
Anxiety	-0.06	Very small negative correlation	0.751	Insignificant
Depression	0.133	Very small positive correlation	0.484	Insignificant
Stress	-0.16	Very small negative correlation	0.398	Insignificant
Physical health	-0.268	Very small negative correlation	0.152	Insignificant

Table 11 shows the significant effect of educational attainment on mental health and physical health in terms of anxiety, depression stress and physical health. The test of significance is further test at 0.05.

The table shows that educational attainment has a very small positive correlation on depression with the computed coefficient of correlation r of 0.133. However, a very small negative correlation on anxiety, stress and physical health were observed with a computed correlation r of -0.06, -0.16 and -0.268 respectively. This implies that as the employee pursue higher studies, the tendency to develop anxiety and stress decreases as well as the attainment of good physical health. However, depression would much likely to develop on the employees with higher education attainment.

In the study of van Zon et al., (2017), it was mentioned that low education and poor health may interact to exacerbate their impact on unemployment beyond the sum of their individual effects although evidence on this issue is scarce. For lower educated people, poor health may pose a particular challenge to enter the labor market, to remain employed, and to re-enter the labor market after unemployment.

The null hypothesis that household size has no significant effect on mental health and physical health is highly accepted. The significance level of anxiety, depression, stress and physical were 0.751, 0.484, 0.398 and 0.152 respectively since the mentioned variables were more than the set level of significance at 0.05.

Table 12 Significant Effect of Educational Attainment on Mental and Physical Health

Mental and physical health	Pearson's r	Descriptive equivalent	Significance level= 0.05	Decision
Anxiety	-0.425	Moderately small negative correlation	0.019	Significant
Depression	-0.162	Very small negative correlation	0.391	Insignificant
Stress	0.495	Moderately small positive correlation	0.005	Significant
Physical health	0.372	Moderately small positive correlation	0.043	Significant

Table 12 shows the significant effect of employment status on mental health in terms of anxiety, depression and stress and physical health. The test of significance is further test at 0.05. The table shows that employment status has a moderately small positive correlation on stress and physical health with the computed coefficient of correlation r of 0.495 and 0.372 respectively. While a moderately small negative correlation was observed on the anxiety level with coefficient of correlation r of -0.425 and very small negative correlation on the depression level with a coefficient of correlation r of -0.425. The findings revealed that as the employee was promoted to permanent position, it is much likely for him to develop a good physical health but higher level of stress. On the other hand, promotion of employment status would possibly lead to lower level of anxiety and depression.

According to Buffel et al., (2015), the social norm effect of unemployment assumes that the employed suffer the most from a high unemployment rate, through increasing job insecurity, feelings of guilt, and higher workloads, whereas for those who are unemployed, any social norm effect mitigates the negative effects of unemployment. In this context, unemployment may be perceived more as a structural problem than a personal failure, which can reduce the associated stigma

The null hypothesis that employment status has no significant effect on mental health is highly rejected for the significance level of anxiety, stress and physical health with values of 0.019, 0.005 and 0.04 respectively, where in the mentioned variables were less than the set level of significance at 0.05.

Table 13 Significant Difference when Socio-Economic status is Taken into Consideration

		ANOVA					Decision
		Sum of Squares	df	Mean Square	F	Sig. =0.05	
Anxiety	Between Groups	5.822	5	1.164	1.291	0.301	Insignificant
	Within Groups	21.649	24	0.902			
	Total	27.471	29				
Stress	Between Groups	5.163	5	1.033	8.322	< .001	Significant
	Within Groups	2.978	24	0.124			
	Total	8.141	29				
Physical health	Between Groups	2.839	5	0.568	0.897	0.499	Insignificant
	Within Groups	15.189	24	0.633			
	Total	18.028	29				
Depression	Between Groups	6.302	5	1.26	1.23	0.326	Insignificant
	Within Groups	24.596	24	1.025			
	Total	30.898	29				

Table 13 discusses the significant difference in the mental and physical health when socio-economic status is being taken into considerations using ANOVA which is further tested for significance at 0.05 level.

It was revealed that there was no significant difference on the anxiety, depression and physical health when socio-economic status is being taken into consideration, this was proven by the F-computed value of 1.164, 0.897 and 1.23 respectively with significance level of 0.301 for anxiety, 0.499 for physical health and 0.326 for depression which is greater than 0.05 level. However, there is a significant difference on the stress when socioeconomic status is being considered since the F-computed value was 8.322 with significance level of < .001. Hence the null hypothesis that the respondents do not significantly differ in mental and physical health when grouped by socio-economic status is partially accepted.

In the study of Sareen et al., (2011), it was revealed that several mechanisms might increase the risk of individuals with lower income to develop mental health problems. These mechanisms may include overcrowding, hunger, violence, social networks, and a decreased capacity to acquire health care for physical health problems.

On the one hand, Kim & So, (2014), argued that people that live in low-income households have greater difficulty being physically active compared with higher income people owing to various social and environmental barriers such as long distances to sports facilities, poor transportation services, poor neighborhoods and traffic conditions, a lack of parks and recreational facilities, air pollution, a lack of spare time, bad health, and a lack of exposure to social support related to exercise. Even though these barriers affect other income groups, the impact is much greater on low-income communities.

On the other hand, Vaidya et al., (2015), revealed that the job security, workload, time pressures and physiological factors – chronic back pain and panic reaction to stress are the dominant cause of medium level stress. These issues need to be addressed by the employer to understand the interactions among humans and other elements of a system, and the profession that applies theory, principles, data and methods to design in order to optimize human well-being and overall system performance.

IV. CONCLUSION AND RECOMMENDATION

➤ *Based on the Results of the Study, the following Conclusions were Made:*

- Employees during the pandemic are vulnerable to moderate level of mental health problems such as depression, anxiety and stress. However, a good physical is an achievable through healthy lifestyle during the transition of pandemic.
- Age has a significant factor in the mental and physical

- Household size, civil status and monthly income has a small effect on the mental and physical health of the employees.
- Stress of employees revealed a significant difference when socio-economic status is taken into consideration. Authors and Affiliations

➤ *Based on the Implications of the Research, the Recommendations are following:*

- Employers should assess the mental and physical health of their employees in order to help them cope with physically and psychologically during the pandemic. Mental health should be prioritized in the workplace through the initiation of mental health programs such mental health webinars, stress coping workshops etc. 3. Employees should also focus on their physical health like having health lifestyle.
- Financial literacy must also be highlighted in every working industry to avoid stress in relation to monthly income.
- Future researchers should consider other mental health disorders in conducting the study in relation to socio-economic status.

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