

EXPLORING PSYCHOLOGICAL EFFECTS OF COVID-19 ON LIFE SKILLS
TEACHERS IN WINDHOEK: EXPERIENCES AND COPING STRATEGIES

A THESIS SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS

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ABSTRACT

The COVID-19 pandemic has profoundly impacted the global education system, with teachers facing significant challenges. The present study, specifically, explored life skills teachers' pandemic experiences, coping strategies, and the psychological effects on their lives. A mixed-method research design was used to investigate the psychological effects of COVID19 on life skills teachers in Windhoek, Khomas Region, Namibia. Data was collected through a semi-structured and online questionnaire from 17 life skills teachers in Windhoek. Data was analysed using Google Forms Data Analytics. The findings revealed a significant impact on the teachers' mental health, with stress, anxiety, and depression being common experiences.

However, the teachers demonstrated resilience through various coping strategies, such as seeking social support, practicing self-care, and adopting positive attitudes. The study further found that teachers used various strategies to cope with the pandemic, such as personal resources, and organizational assistance as key influencers on their coping mechanisms. To mitigate the psychological effects of the pandemic on teachers, it is recommended that schools and policymakers provide adequate support and resources. This may involve formally promoting self-care practices, offering access to mental health services, and addressing organizational factors contributing to stress, anxiety, depression and burnout.

Keywords: COVID-19; Mental Health; Life Skills Teachers; Coping Strategies; Resilience

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DEDICATION

I dedicate this thesis to the most significant pillars in my life, whose unwavering support has been my guiding light.

First and foremost, I am profoundly grateful to GOD, who has walked beside me through every challenge and triumph, providing strength and wisdom in moments of uncertainty. Your presence has been my anchor, and I am eternally thankful for the guidance You have offered.

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This work is not just mine; it is a testament to the love, support, and sacrifices of those who have stood by me. I carry your encouragement in my heart, and I hope to make you proud as I move forward in life. Thank you for being my everything.

DECLARATIONS

I, Nonelwa Gqwede, hereby declare that this study is a true reflection of my own research and that this work or part thereof has not been submitted for a degree in any other institution of higher education.

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OCTOBER 2024

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TABLE OF CONTENTS

ABSTRACT	II
ACKNOWLEDGEMENTS.....	III
DEDICATIONS	IV
DECLARATIONS	V
TABLE OF CONTENTS.....	VI
LIST OF TABLES	X
LIST OF ABBREVIATIONS AND ACRONYMS	XI
CHAPTER 1	1
1.0 INTRODUCTION.....	1
1.1 Introduction.....	1
1.2 Background of the Study	1
1.3 Statement of the Problem.....	3
1.4 Research Objectives.....	4
1.5 Purpose of the Study	4
1.5 Limitations of the Study	5
1.6 Delimitations.....	6
1.7 Definition of Terminology.....	6
CHAPTER 2	8
2.0 LITERATURE REVIEW.....	8
2.1 Introduction	8

2.2 Introduction to Covid-19 Pandemic	8
2.3 State of Primary and Secondary Schools during Covid-19.....	10
2.4 The Psychological Effects of COVID-19 on Teachers	12
2.5 Experiences of Life Skills Teachers during COVID-19	13
2.6 Coping Strategies of Teachers during COVID-19.....	14
2.7 Life Skills Education in Namibia.....	17
2.8 Theoretical Framework.....	18
CHAPTER 3	21
3.0 METHODOLOGY.....	21
3.1 Introduction	21
3.2 Research philosophies	21
3.3 Research Design.....	22
3.4 Research Approach.....	23
3.4.1 Qualitative	24
3.4.2 Quantitative Research Methodology.....	25
3.5 Population	27
3.6 Sampling Technique and Sample Size.....	27
3.7 Research Instruments	28
3.8 Procedures	29
3.9 Data Analysis	29
3.10 Ethics.....	30

CHAPTER 4	32
4.0 PRESENTATION OF RESULTS	32
4.1 Introduction.....	32
4.2 Demographic Data	32
4.3 Quantitative Data	33
4.4 Qualitative Data	35
4.5 Analysis of Respondents Experiences on their Coping Strategies.....	38
4.6 Conclusion	40
CHAPTER 5	41
5.0 DISCUSSION OF RESEARCH FINDINGS.....	41
5.1 Introduction	41
5.2 Demographics	41
5.3 The Psychological Effects and Experiences of Covid-19 on Teachers ..	41
5.4 Teacher Experiences during Covid-19 Pandemic	43
5.5 Coping Strategies used by Teachers during Covid-19.....	47
5.6 Chapter Summary	49
CHAPTER 6	50
6.0 CONCLUSIONS AND RECOMMENDATIONS.....	50
6.1 Introduction	50
6.2. Conclusions	50
6.3 Significance of the Study	51

6.4 Limitations of the Study.....	52
6.5 Recommendations	53
6.6 Chapter Summary	54
7. REFERENCES.....	55
APPENDICES	64
APPENDIX A - Ethical Clearance Certificate	64
APPENDIX B – Research Permission Letter (University of Namibia).....	65
APPENDIX C - Permission to Conduct Research (Khomas Regional Council – Directorate of Education, Arts and Culture).....	66
APPENDIX D - Informed Consent.....	67
APPENDIX E – Semi Structured Questionnaire	69

LIST OF TABLES

Table 3.1:	Quantitative versus qualitative research	Page 29
Table 3.2:	Predispositions of quantitative and qualitative modes	Page 30
Table 4.2.1:	Characteristics of Participants	Page 36
Table 4.2.2:	Gender Distribution of Participants	Page 36
Table 4.2.3:	Teaching Duration of Participants	Page 37
Table 4.3.1:	Psychological Effects and Experiences of Teachers during Covid-19	Page 38
Table 4.3.2:	Coping Strategies Employed by Teachers during the COVID-19 Pandemic	Page 39

LIST OF ABBREVIATIONS AND ACRONYMS

Abbreviations and/or acronyms	Full name
APA	American Psychiatric Association
ARDS	Acute Respiratory Distress Syndrome
COVID-19	Coronavirus Disease 2019
CDC	Centre for Diseases and Communication
DSM	Diagnostic and statistical Manual of Mental Disorders
ETSIP	Education and Training Sector improvement programme
ICD	International Classification of Diseases system
LSE	Life Skills Education
LST	Life Skills Teachers
MHSS	Ministry of Health and Social Services
NCDFBE	National Curriculum Framework for Basic Education
UREC	University of Namibia Research Ethics Committee
WHO	World Health Organization

CHAPTER 1

1.0 INTRODUCTION

1.1 Introduction

The advent of COVID-19 towards the end of 2019 brought with it many disruptions to the normal way of living in Namibia and the rest of the world (MHSS, 2020). In Namibia, the first cases were recorded on 13 March 2020 leading to President Hage G. Geingob declaring a state of emergency on the 17th of March 2020. Not long after that, the whole nation of Namibia was put on a countrywide lockdown with neither regional nor international travel permitted. This was in tandem with the rest of the world, which saw everything grinding to a halt. The global lockdown events were life changing for the next three years (2019-2022) as the World Health Organisation grappled with the virus, which it eventually declared as a global pandemic. Normal working became difficult as all forms of business were unavoidably forced to shut down by the government (WHO, 2020).

Many people were physically, emotionally and mentally affected as they struggled to come to terms with the new way of doing things (such as wearing masks all the time, keeping a safe distance to the next person, staying indoors most of the times, and limited travel outside specific areas without health authority clearance). Teachers were among those that were affected, who had to quickly adjust to teaching online and adhering to conditions provided by the Ministry of Health and Social Services. Their job became difficult as not all learners had access to online learning resources such as computers, laptops and smartphones. This study examined the psychological effects that the Covid-19 pandemic had on the mental health of primary and secondary school life skills teachers in government schools in Windhoek. The study further explored the experiences and coping strategies utilised by the life skills teachers to deal with the pandemic.

1.2 Background of the Study

The 2019 Coronavirus disease (COVID-19) pandemic has caused significant global mental health risks (Xiong et al., 2020). COVID-19's high infection and mortality rates have resulted in widespread psychosocial effects, including public

hysteria, economic burden, and financial losses. COVID-19 is a contagious virus that can cause severe sickness and death (WHO, 2020). In Namibia, the coronavirus (COVID-19) caused the first confirmed death on July 10, 2020. Since then, the overall number of coronavirus deaths increased, reaching four thousand and eighty (4080) deceased people by September 28, 2022 (Statista, 2024). In addition, the researcher's employment as a Life Skills teacher in the Khomas region primarily provided the basis that resulted in the conduct of the study.

Teachers were dealing with the effects of COVID-19 in their schools and classrooms almost unnoticed. Some of the tasks of life skills teachers involve the development of the skills of young people, to deal effectively with the demands and challenges of everyday life. These include, among others, relationship skills, and skills in communicating, making decisions, thinking, managing emotions, being assertive, building self-esteem and resisting peer pressure (NIED, 2016). This research was motivated by empirical studies confirming that Covid-19 has caused significant emotional and psychological suffering in the general population and has altered the way that some people's daily routines operate, the way some professions operate and a lack of sense of security, as there were many people who were reported to be dying on a daily basis (Mundia, 2013).

Global education systems rushed to satisfy the requirements of learners and families (Stein -Zimar, et al., 2020). In a study carried out in Latin America by Hincapie (2020) results reveals that the life skills teachers during Covid-19 in schools assumed different non-traditional roles which included continued and sustained psychosocial and socio-emotional support of their learners. The author postulates that this is a role that is normally relegated to social workers. However, when the learners came to schools before the lockdown the teachers have to continuously support the children on a daily basis providing psycho social education and counselling (Hincapie, 2020).

Therefore, with this on-going pressure to maintain safety and the requirement to finish the curriculum, mental health specialists must assist teachers in coping with the effects of the coronavirus disease on their overall health, particularly, their psychological health (Mundia, 2013). Hence, it has been noted by scholars that generally without teacher's optimal well-being, productivity will be low, which may influence learners' learning outcomes (McCallum, 2021).

Investing in the health and happiness of teachers improves the health and happiness of both teachers and pupils. Since teacher well-being or wellness is tied to the quality of their work, the education of children depends on teachers' efforts. Hettler (1984, as cited in Warner, 1984) defined wellness as "the active process through which individuals become aware of and make decisions toward a more successful life." It is believed that psychological wellness influences an individual's entire health (Ilgan, Özü-Cengiz, Ata, & Akram, 2015). Employees, including teachers, must be psychologically and physically healthy in order to perform at their highest levels at work (Mundia, 2013). It has been determined that teaching is a stressful occupation (Benevene & Fiorilli, 2020).

As Kubberud, Helland, and Smith (1999, as cited in Janik, 2015) asserted, "quality education is a potent instrument for promoting the economic, democratic, and social growth of nations." High levels of work-related stress are usually associated with poor general health (Manju, 2018). According to a study conducted before COVID-19 struck by George et al. (2008), 28.8% of secondary school teachers in urban areas of Namibia suffer high levels of emotional weariness.

As George et al. (2008) observed, "job satisfaction among urban secondary-school teachers in Namibia is influenced by various factors." Wellbeing in schools is also a study that was carried out by Coleman (2009). He pointed out that teacher and learner wellbeing is an individual, collective and community responsibility. He suggests that the issue of employee wellbeing is complex and best addressed holistically. The case studies they provided illustrate complexities of supporting wellbeing within schools, as well as point to areas that can be targeted to support teachers better at all times for them to be able to be motivated to perform better. Therefore, this support during Covid -19 is needed and essential in motivating the teachers.

1.3 Statement of the Problem

Mental health is the emotional, psychological, and social well-being of a person (CDC and Prevention, 2020). Since the onset of the COVID-19 pandemic, news broadcasts have highlighted the profoundly altered psyche of workers. During a pandemic, catching a virus and being at danger of infection generates mass anxiety and stress (Di Corrado et al., 2020). It has been determined that teaching is a very stressful

occupation. Individuals who are not at high risk of becoming ill can also experience these feelings of anguish and anxiety (Montemurro, 2020).

Given the anticipated severity of the mental health repercussions on a global scale due to this pandemic (Sahoo et al., 2020), it is imperative for educators to comprehend its profound psychological ramifications. This would motivate mental health professionals to offer psychological first aid as well as other psychological therapies and support measures. There is no doubt that COVID-19 has affected the mental health of learners and teachers, but research in this area is still in its infancy, hence the identified need to conduct this study in the Namibian context.

1.4 Research Objectives

The primary objective of the study was to explore the psychological effects of the COVID-19 pandemic on Life Skills teachers, with particular focus on their experiences and coping strategies. This is anchored by a set of three sub-objectives as follows:

1.4.1 Explore the psychological effects of the covid-19 pandemic on life skills teachers.

1.4.2 To understand the experiences of life skills teachers during covid-19.

1.4.3 Identifying the coping strategies utilized by life skills teachers to cope with covid-19.

1.5 Purpose of the Study

The purpose of this research was thus, meant to investigate how the pandemic has influenced the wellbeing and coping mechanisms of the life skills teachers in the specified region in Windhoek. Specifically, it aims to understand the effects of Covid-19 on their mental health, relationship quality and ability to manage crises during the pandemic. The study examines factors such as stress, anxiety and depression, and as well, as changes in social relations to the distance work. Ultimately, this research contributes valuable insights to support teacher's well-being and resilience during the challenging times. Hence, their interactions with learners may be negatively affected.

The understanding of the impact of the pandemic on teachers' mental health can inform targeted interventions to support their well-being in schools, and policy

makers can implement strategies to reduce stress, anxiety and depression among life skill teachers. The study will also bring insight into coping strategies, which can guide professional development programmes. The Life skill teachers may benefit from training on crisis management, resilience and self-care during challenging times.

This study can also provide information where schools can adapt unique needs during crises. Flexible work arrangement, social support networks and mental health resources can be integrated into school practices. The purpose of the research will enable the information provided to identify the gaps in knowledge, which can guide future studies. Researchers can explore specific coping mechanisms, long-term effects and variations across different teachers. Overall, the study contributes to a more holistic understanding of the pandemic's impact on teachers and informs evidence-based practices for teacher support.

1.5 Limitations of the Study

One of the limitations of this study was that the life skills teachers who were the participants of the study were from schools in the Khomas Region and hence generalizing these results to other regions or different types of schools might not be appropriate. Due to the lack of prior empirical studies on this topic, data accessibility was rather limited. While the COVID-19 crisis is recognized as a potentially traumatic event that can worsen preexisting mental health conditions and give rise to new stress-related disorders, the current study's scope is limited to the perspective of school counselors and not specifically life skills teachers.

Consequently, the findings may not fully capture the comprehensive effects of the pandemic on school personnel and their efforts to support children during this challenging time. In addition, the researcher was a life skill teacher and hence this may lead to bias. Sometimes the participants will act differently if they can identify the researcher. Although this research, indirectly, was aimed at enhancing the well-being of learners and teachers and provide them with essential resources amidst the global crisis, it is essential to acknowledge the need for additional studies that encompass a broader range of educational professionals to gain a more holistic understanding of the pandemic's impact on educational communities.

1.6 Delimitations

The study was delimited to examining the psychological effects, experiences, and coping strategies of the COVID-19 pandemic on life skills teachers in Namibia. Life skills teachers from primary and secondary schools in the Khomas region of Windhoek will be the subject of the study.

1.7 Definition of Terminology

Psychological Effects: refer to the various emotional, cognitive, and behavioural changes that occur in an individual or a group because of exposure to certain events, experiences, or circumstances. These effects can manifest in a wide range of psychological and emotional responses, including changes in mood, cognition, perception, and overall mental well-being (American Psychological Association, 2021; Centre for Disease Control and Prevention, 2020; Norris et al., 2002).

Covid-19: Coronavirus Disease 2019, is a highly contagious infectious disease caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). First identified in December 2019 in the city of Wuhan, China, COVID-19 quickly spread globally, leading to a pandemic declared by the World Health Organization (WHO) on March 11, 2020 (WHO, 2020). The disease primarily spreads through respiratory droplets when an infected person coughs, sneezes, or talks, but it can also be transmitted through close contact with infected individuals or contaminated surfaces (CDC and Prevention, 2020). The symptoms of COVID-19 can range from mild respiratory issues to severe pneumonia, acute respiratory distress syndrome (ARDS), and, in some cases, death (WHO, 2020). In an effort to control the spread of the virus, various preventive measures such as wearing masks, practicing social distancing, and vaccination campaigns have been implemented worldwide (CDC and Prevention, 2020).

Life Skills Teachers: Usually works in special education to provide instruction to learners with special needs. They provide academic education as well as basic life skills that these learners will utilize in their everyday life. These skills include critical thinking, money management, problem-solving skills, hygiene, food

preparation, appropriate social interaction, etc. Life skills teachers are also responsible for administrative functions such as report writing. Life skills teachers work with learners of all ages. They work in an array of settings, including schools, treatment centres, therapy centres, and correctional centres.

Experiences: refer to the personal encounters, events, or situations an individual goes through, which can leave a lasting impact on their thoughts, emotions, and overall perspective on life (Cherry, 2021). These encounters can be of various types, such as positive, negative, educational, cultural, social, or emotional. In the context of psychology, experiences play a crucial role in shaping an individual's personality, behaviour, and cognitive development. They can encompass a wide range of occurrences, including life milestones, travel, relationships, challenges, achievements, traumas, and more.

Coping Strategies: Research underscores the significance of coping strategies as predictors for mental health measures (Budimir, Probst, & Pieh, 2021). Moreover, it is advocated that education focusing on positive thinking, active coping, and social support could prove beneficial in mitigating the adverse effects of decreased mental health during the COVID-19 pandemic (Budimir, Probst, & Pieh, 2021).

CHAPTER 2

2.0 LITERATURE REVIEW

2.1 Introduction

This chapter focuses on the reviewing the empirical literature that relates to the research topic area and its relevance to the present study. This Chapter will commence by providing the essential aspects of Covid-19 pandemic. The general effects of the pandemic on the education sector, focusing on life skills teachers and learners, will also be briefly examined. The section will conclude by providing the theoretical framework of the study.

2.2 Introduction to Covid-19 Pandemic

This section introduces the Covid-19 pandemic as the major external influence on the education sector specifically primary and secondary schools. First, an overview of the pandemic and its course is given, followed by the most important measures to counteract the pandemic. Eventually, first insights on how the Covid-19 crisis affected learning in schools is elaborated.

On December 31st, 2019, the outbreak of an unknown pneumonia was confirmed in China in a place called, Wuhan (Qin & Wang, 2020). The Chinese government authorities in response then cut off the city of Wuhan on January 23rd, 2020, to interrupt the spread of the virus that had already killed 17 people and infected at least 570 cases in China, Taiwan, Thailand, and South Korea at that time (Qin & Wang, 2020). After the infections gained traction in the Asian region, cases in Europe started to occur throughout February 2020. By March of the same year, South America had recorded increasing numbers of infections. (Taylor, 2021).

In March 2020, the World Health Organisation declared the Covid-19 virus outbreak a pandemic of global magnitude (Silk, 2021). Health institutions and Governments were overwhelmed by the pace that the virus spread throughout the world (Lesser et al., 2020). During the period of the global first wave, the deadliness of the Covid-19 virus was largely unresearched (Landreth, 2020). Many health care systems in countries all over the globe had, insufficient knowledge about the disease, and had limited medical equipment such as respiratory machines and this led to a high

death toll among the infected (Landreth, 2020). This development continued throughout the year 2020, and by May 2021, there were a total of over 171 million confirmed infection cases, and more than 3.6 million deaths had been reported (World Health Organisation, 2021).

The only viable long-term solution to the global pandemic appeared to be a global vaccination campaign (The Business Standard, 2021), and by May 2021, 198 countries had started vaccinating against Covid-19 (Reuters, 2021). The Organization for Economic Co-operation and Development (henceforth referred to as OECD) (OECD, 2021b) created an overview of the most important measurement of the governments of the world to cope with the Covid-19 pandemic (Bulman & Koirala, Chapter 2: Literature Review Master's thesis David Page 14 2020). The World Health Organisation had issued strict measures to curb infections during the year 2020 and into the year 2021, until the vaccination campaign had been rolled out (Bulman & Koirala, 2020). Both capacity for staffing and health infrastructure has been supported strongly through various measures such as promotion of health care employment (Stahl, 2020), equipment purchases (Siegenthaler, 2021), and an increase in the number of emergency beds (NPR, 2020).

Numerous regulations and rules, such as removing overtime caps for medical personnel and remote consultation barriers, were adopted temporarily to accommodate the extraordinary situation as reported by the Bulman and Koirala (2020). Besides extensive investments into vaccination and medical equipment research, the governments also imposed export bans for medical suppliers (Bulman & Koirala, 2020). The second cluster of measurements revolved around contamination in order to stop human-to-human transmission, personal interactions were greatly limited. Among the most significant measurements that were put in place were stay-at-home policies, school closure, remote work rules, and nationwide lockdowns (Bulman & Koirala, 2020).

Eventually, public life was stopped, and most retail stores have had to close for longer periods. Supermarkets that sold necessity products remained partially opened while all other retailers had to remain closed for weeks or longer in many parts of the world (Centre for Retail Research, 2021; Handelsblatt, 2021; Repko & Lauren, 2020; SRF, 2021; Travel Inside, 2020). Many countries also prohibited both international travel and movement within national borders. Moreover, 53% of countries-imposed travel restrictions such as obligatory quarantine time by year 2020 (Bulman & Koirala,

2020). The measurements impeding people's private lives and cross-border business conducting led to strong insecurity, and consequently, most economic activities came to a halt.

2.3 State of Primary and Secondary Schools during Covid-19

The Covid-19 pandemic shocked the education system around the globe. According to Reimer (2022), this stated situation constrained educational opportunities for many scholars at almost all levels and in most countries. The poor countries were hard hit, those marginalised, and disabled were affected more because of their condition. (Eadie et al., 2021).

The impact on the schools included direct health threats of the pandemic and the effects of the measures put in place, which affected the income levels of the people. This meant that the families experienced diminished food. This then worked against learning. The disruptions caused by Covid-19 affected more than 1,7 billion learners, includes 99% of learners in low and lower middle-income countries (OECD, 2020 United Nations, 2020, p, 2). The chief policy that was put in place by most governments as the main protocol for contributing in preventing infection of the virus from one person to the next is social distancing measures, which reduced the ability of many people to work near each other. This also reduced the ability of people to congregate and meet for different purposes including teaching and learning. The interruption of face-to-face instructions in schools, universities and colleges reduced the opportunities to learn, thus causing disengagement from schools and in other cases, resulted in school dropouts.

While arrangements were made by schools to undertake learning outside the normal face to face method, the methods put in place to reach learners in different aspects was met with challenges due to internet connectivity and technological access. Some did not even have those digital devices. In some cases, the schools were partially closed and the teachers and learners had to learn maintaining the social distance protocols. This also made the teachers to play another role of making sure that these protocols are adhered to so as not expose all the learners to the virus in case one of the learners has it. UNESCO (2020) postulates that the closure of schools in China made some schools in the world to close, too, and some partially closed. By end of January 2021, UNESCO estimated that globally, schools had completely closed an average of

14 weeks, with the duration of school closures extending to 22 weeks (UNESCO, 2021).

There was a variation across regions in the duration of school closures ranging from 20 weeks of complete closure in Latin America and the Caribbean to just one month in the Oceania. In Sub-Saharan Africa the schools were not closed initially, because most of the governments and people never thought the pandemic would spread to Africa, hence most of the schools were partially closed (Reimer 2022). The schools were later closed when the cases affected by the virus started increasing. This is the time also, that online learning commenced. Thus, when it started it was difficult to introduce online learning because some of the children in Africa did not even have the gadgets to engage in online learning activities. Hence, the teachers had to come to school to assist the children in cases where there were no gadgets. The teachers also took the opportunity to provide psychosocial support to the learners when they come to school (Ndeya -Ndereya, Mubita and Mumbala, 2021)

A significant number of children did not have access to the online solutions provided because of lack of connectivity as shown in a May 2020 report by UNESCO. In Sub-Saharan Africa, full 80% of children lacked internet at home, 49% in Asia, 34% in Arab States and 39% in Latin America but it was only 20% in Eastern Europe and central Asia and 14% in Western Europe and North America (Giannini, 2020). UNESCO, UNICEF and the World Bank also obtained similar data from cross-national studies conducted by Senior Education Planning. These organisations administered two surveys between May and June 2020 and between July and October to Government officials in 118 and 149 countries. The study got information on extended school closures. It also further documented differences among countries in which learner learning was monitored with much greater levels of monitoring in high income countries than lower income countries.

The results confirmed that most governments created alternative education delivery systems during the period when schools were closed, through a variety of ways, which included online platforms, televisions, radio and paper-based instructions packages. Some governments also put measures to support access to these platforms for disadvantaged learners and they provided devices or subsidised the internet connectivity and supported teachers and caregivers. The report shows differences between countries at different income levels, with most high-income countries providing such support and a third of lower income countries not providing any

specific support for connectivity to low-income families (UNESCO-UNICEF- the World Bank, 2020).

It was reported that there was considerable variation across countries and within countries in terms of when schools reopened and how they did so. Whereas some countries offered both in person and remote learning options and gave learners a choice of which approach to use, others did not offer a choice.

2.4 The Psychological Effects of COVID-19 on Teachers

The COVID-19 pandemic has significantly altered societal norms and necessitated adjustments in various academic spheres. Organizational activities within higher education have been reshaped as instructors and students transitioned from traditional in-person instruction to online, and hybrid learning formats (Rodriguez-Mejia, Briody, Lee, & Berger, 2021). Rodriguez-Mejia et al. (2021) conducted a study exploring how educators responded to the COVID-19 crisis by adapting to online teaching methods, emphasizing the need for instructors to maintain personal connections with students despite the virtual environment. The study highlights the challenges faced by educators in maintaining the quality of education and student engagement during the transition to online learning. The pandemic has created unprecedented challenges for teachers, who have had to adapt to new teaching methods, cope with increased workload, and deal with the fear and uncertainty caused by the pandemic. Understanding the psychological effects of COVID-19 on teachers and their coping strategies is crucial for their mental health and well-being.

The COVID-19 pandemic has caused widespread anxiety and stress among teachers worldwide. Teachers were worried about their health and that of their learners, and they were concerned about job security and the future of education (García-Villamizar, 2021). Previous empirical studies conducted in various parts of the world have shown that the pandemic has had a significant impact on the mental health and well-being of teachers, with many experiencing symptoms of anxiety, depression, and burnout (Lai et al., 2020). For example, a study conducted in China found that the pandemic has caused high levels of anxiety, depression, and stress among teachers. Similarly, a study conducted in Spain found that teachers experienced high levels of psychological distress during the pandemic (García-Villamizar, 2021). In another study, conducted in Brazil, teachers reported feeling overwhelmed, frustrated, and

exhausted due to the sudden changes and demands imposed by the pandemic (Borges et al., 2021). Teachers in low-income countries such as those in Africa have been, particularly, affected by the pandemic. The limited resources and poor infrastructure available to support online learning and mental health have made it more challenging for teachers to cope with the pandemic (Rohwerder, 2020). In Namibia, for example, the COVID-19 pandemic disrupted the education system, causing significant challenges for both teachers and learners. (Namibia Institute of Democracy, 2020) Many schools in Namibia lacks access to basic resources, such as electricity and internet connectivity, which has made it very challenging for teachers to provide online learning. This was also supported by Peterson (2022). The author postulates that in Namibia, the Ministry of Education reported in parliament that 700 of the schools have no internet connection and 33% of the schools still do not have electricity and further explained that the infrastructure for ICT that is available needs to be maintained, repaired and upgraded. Teachers have reported feeling overwhelmed, frustrated, and exhausted due to the sudden changes and demands imposed by the pandemic (Borges et al., 2021). Teachers in low-income countries such as Africa have been particularly affected, with limited resources and infrastructure to support online learning and mental health (Rohwerder, 2020).

2.5 Experiences of Life Skills Teachers during COVID-19

The experiences of life skills teachers during COVID-19 have been of particular concern. Life skills education aims to develop amongst others, the following essential skills, such as decision-making, critical thinking, and problem solving, which are essential for personal and societal well-being. The pandemic disrupted the delivery of life skills education, forcing teachers to adapt to new teaching methods and challenges. In Africa, where resources for education were already limited, the pandemic has worsened the situation for teachers in general including life skills teachers, as they have to deal with new challenges in the educating of learners. (Peterson 2020).

Many schools lacked the necessary infrastructure and basic resources for online learning, and teachers had to improvise with limited support and guidance (Rohwerder, 2020). Thus, the lack of adequate ICT infrastructure could have

contributed to limited learning of learners in schools. Thus, affecting negatively, the online learning programme (Giannini, 2020).

In Namibia, although there is no specific study which has been conducted focusing on life skills teachers and how they were affected directly by Covid 19. However, studies conducted focused on the effects of the pandemic on all the teachers in schools in Namibia. The impact felt by life skills teachers it is assumed it might be more as compared to other teachers since they had to bear with attending to the school children using non-traditional methods (Matete et al., 2023). The wellbeing of learners remained one of the life skills teachers' main role for them to be able to attend to online learning. Their roles also included now, to also liaise with the families of learners so that they can also they maintain the relationships that exist between the schools and the children.

A study carried out by Chirimbana et al., 2024) on the impact of Covid-19 on the Namibian Education systems goes beyond the learner population. Teachers and other education staff were faced with a number of challenges when they were adopting the new ways of teaching. This included providing support to learners in remote learning environments. (Matete et al., 2023) The teachers also reported in this research they were also anxious and felt isolated from their colleagues and this meant their mental health was affected.

In response to the challenges posed by Covid -19, the education system implemented various strategies and innovation. This included the use of online platforms to support the learners and teachers as well (OECD 2020). The policy makers in Namibia and educators emphasised flexible and adaptable systems, which can be adopted easily by teachers and the children to minimise mental health challenges. Overall, the experiences of life skills teachers during COVID-19 have been emotionally challenging, and understanding the impact on their mental health and well-being is crucial.

2.6 Coping Strategies of Teachers during COVID-19

The COVID-19 pandemic brought unprecedented challenges to teachers worldwide, and they have had to develop coping strategies to deal with the sudden changes and demands caused by the pandemic. Coping, which encompasses the thoughts and behaviors employed to navigate the internal and external demands of

stressful situations, has been a focal point of investigation within the social sciences for over three decades (Folkman & Moskowitz, 2004). Additionally, coping strategies denote the deliberate efforts undertaken by individuals to effectively manage or alleviate stress and difficulties (Folkman & Moskowitz, 2004). Studies have shown that teachers have employed various coping strategies to deal with the psychological effects of COVID-19.

One common coping strategy adopted by teachers was to seek for psychosocial support from colleagues, friends, and family (Borges, De Oliveira, Diaz-Morales & Moraes, 2021). Over the past three decades, researchers have persistently emphasized the necessity for comprehensive investigations into the intricate mechanisms through which social ties and support systems exert their profound influence on physical and mental well-being. Thoits (2011) delved into these mechanisms, elucidating the multifaceted pathways linking social relationships and support to individuals' overall health.

The study underscores the significance of social ties not only as direct contributors to well-being but also as potent buffers against the deleterious effects of stress. Thoits (2011) highlighted the intricate interplay between social connections and various health outcomes, shedding light on the nuanced ways in which social support systems can promote resilience and enhance individuals' overall health and psychological functioning. Teachers have formed online support groups, participated in webinars, and engaged in online communities to share personal experiences and advice on psychosocial support (Borges et al., 2021).

Coping strategies were identified as crucial mechanisms for managing the challenges posed by the COVID-19 pandemic. Among these strategies, practicing self-care emerged as a prominent approach adopted by teachers, involving engagement in activities that promote physical and mental well-being. Additionally, a study conducted in China investigated and compared the prevalence and severity of mental health symptoms, including anxiety, depression, and insomnia, between frontline medical staff and non-frontline medical staff during the COVID-19 outbreak.

The study also sought to evaluate the association of their mental health with occupational stress (Zhang et al., 2020). The results indicated that frontline medical staff experienced higher levels of anxiety, depression, and insomnia compared to non-frontline medical staff, and their occupational stress positively influenced their psychological distress. These findings underscore the importance of implementing

occupational stress management interventions to mitigate the risk of mental health problems among medical staff during biological disasters. Self-care activities include exercise, mindfulness, and relaxation techniques, such as yoga and meditation.

Studies have shown that self-care can reduce stress and improve mental health and well-being (Angelini, Buonomo, Benevene, Consiglio, Romano, & Fiorilli, 2021). Sweeney (2012) asserts that, another study carried out in America examined self-care practices and perceived stress amongst four hundred and eighty students. This study was carried out across the United States of America. They completed an anonymous survey of self-care practices and stress. Multiple regression analyses indicated that sleep hygiene, social support, emotion regulation and acceptance within a mindfulness framework were significantly related to perceived stress. Results suggested that educating students to manage stress is associated with self-care. (Virtue, 2012)

The article by Fredrickson (2001) introduces a novel theoretical framework within the emerging field of positive psychology. The broaden-and-build theory proposes that the experience of positive emotions expands individuals' momentary thought-action repertoires, subsequently enhancing their enduring personal resources. These resources span from physical and intellectual capacities to social and psychological strengths. Fredrickson's theory and findings underscore the fundamental importance of positive emotions in human well-being and suggest that the capacity to experience such emotions is a fundamental human strength central to the study of human flourishing. This theoretical perspective highlights the transformative potential of positive emotions, indicating that they not only contribute to individual resilience but also serve as catalysts for long-term personal growth and flourishing. Empirical research found that teachers who adopt a positive attitude are more likely to adapt to change and cope with stress and uncertainty (Li, Yang, Liu, Zhao, Zhang and Xiang, 2021).

In a low-income continent such as Africa, where resources and infrastructure for online learning and mental health support are limited, teachers have employed innovative coping strategies. For example, in Namibia, popular social media messaging application, WhatsApp was used to communicate with, distribute learning materials to parents, distribute learning materials to parents, and distribute learning materials to parents for learners during lockdown. (Strauss 2021) This approach has been effective in reaching learners in remote areas and ensuring that learning continues during the pandemic.

Teachers also reported using mindfulness techniques, physical exercise, and relaxation techniques to manage their stress (Borges et al., 2021). Additionally, the use of humour and creative expression has been reported as effective coping strategies (Simione, 2023). The author further argues that the effectiveness of coping strategies may vary depending on individual differences and contextual factors.

Several factors may influence the coping strategies employed by teachers during the pandemic. These factors may include personal characteristics such as age, gender, and personality traits, as well as contextual factors such as organizational support and work demands. For example, teachers with higher levels of emotional intelligence and resilience may be more effective in coping with the challenges posed by the pandemic (Maharaj & Ramsaroop, 2022). Organizational support in the form of access to resources and training may also help teachers cope with the demands of online learning. (Reimers, 2022)

2.7 Life Skills Education in Namibia

Life Skills Education (LSE) is an important component of the educational system that equips learners with essential life skills necessary for their holistic development. In Namibia, LSE has been integrated into the school curriculum as part of the government's commitment to ensuring the development of learners' socio-emotional and practical skills (Ministry of Education, Arts and Culture, 2018).

According to a study conducted by the Namibian Ministry of Education, Arts and Culture (2018), LSE is a critical component of the curriculum that aims to provide learners with knowledge, attitudes, and practical skills that they need to cope with the challenges of life. LSE covers a wide range of topics, including personal hygiene, healthy living, financial literacy, communication skills, decision-making, and problem solving. The study further highlights the importance of LSE in promoting learners' personal and social development, as well as improving their academic performance. Moreover, a review of the literature shows that LSE in Namibia is implemented through various strategies.

For instance, some schools use formal classroom-based instruction to teach LSE, while others use experiential learning approaches, such as role-playing, group discussions, and community service (Namibian Ministry of Education, Arts and Culture, 2018). Studies have shown that these strategies have positive effects on

learners' academic performance and their ability to apply the skills they learn in real-life situations (Namibian Ministry of Education, Arts and Culture, 2018).

Furthermore, the Namibian government has implemented several policies to support the integration of LSE into the school curriculum, for example, the National Curriculum Framework for Basic Education (NCDFBE) of 2015 includes LSE as a crosscutting theme that should be integrated into all subjects taught in primary and secondary schools (Ministry of Education, Arts and Culture, 2015). Additionally, the Education and Training Sector Improvement Programme (ETSIP) of 2018 has prioritized the development of life skills among learners as a key objective of the education sector (Ministry of Education, Arts and Culture, 2018).

Life skills education is delivered by specialized teachers who have received training in the field. Life skills teachers in Namibia face various challenges in delivering life skills education, including inadequate resources, limited training opportunities, and high workload (Mushaandja, 2013). The COVID-19 pandemic has exacerbated these challenges, with teachers having to adapt to online, hybrid learning, and increased workload.

2.8 Theoretical Framework

The Resiliency and Coping Models are theoretical frameworks that can be used to understand and analyse the psychological effects of Covid-19 on teachers, their experiences and their coping strategies. The Resiliency Model proposes that individuals can adapt to and overcome adversity through their innate resilience and the availability of supportive resources (Toledo, 2023).

Over the past decades, Social and Pedagogical Studies have moved from the deficit model (which relies on difficulties and problems) to a more holistic and systemic model. This new model is based on the strengthening of teachers and learners' well-being thus focusing on their personal strengths and characteristics (Kourkoutas & Xavier, 2010). Positive Psychology has recently emerged, highlighting the importance of one's strengths and abilities, thus adopting an optimistic view of both the reality and the future (Seligman, 2002). So, although in the past, research focused on negative feelings and facts, nowadays scientists examine and investigate positive feelings and their implications for human beings (Tugade, 2010).

According to Seligman and Csikszentmihalyi (2014, p. 279) “a science of positive subjective experience, positive individual traits, and positive institutions promises to improve quality of life and prevent the pathologies that arise when life is barren and meaningless. The exclusive focus on pathology that has dominated so much of our discipline results in a model of the human being lacking the positive features that make life worth living.” Under this term, Resilience Theory has been on stage for many scientists in the field. Scientific community pays attention to the ability of some people to bounce back and successfully adjust to adversities emerging over time.

These people continue to maintain typical psychosocial development. The term of resilience does not refer only to certain “super people” (who remain calm and optimistic despite the negative facts occurring around them) but it is about the “ordinary magic” which lies in people’s abilities to be empowered (Masten, 2001). This magic gives people the ability to overcome everyday hassles and enjoy their daily life despite difficulties. Neenan (2009) illustrates that Resilience refers to the “ordinary many” and not to the “extraordinary few”. Based on this assumption, he uses the term “routine resilience”, meaning that we can all demonstrate Resilience at some degree in our daily hassles.

According to Luthar, Cicchetti, and Becker (2000), Resilience is not a stable, permanent characteristic, which we maintain during our lifetime. In fact, it depends on the setting, the moment and definitely the interaction between the surrounding context and us. The etymology of this word comes from the physical term resilience. Therefore, the Resilience model was suitable to be used as with Life skills teachers as they were dealing with the uncertainties of the COVID-19 pandemic. This model also helps when people are in a transition period. During that period of transition from teaching using the traditional methods to the use of ICT in teaching, brought with it, a lot of anxiety, which required mental strength on the teachers (Rohwerger, 2020).

This meant that life skills teachers were also included and could possibly be more negatively affected, as their main role is to provide counselling to the learners and they had to adopt new ways of helping the learners. This was compounded by other changes of the new protocols of life that had been introduced by the government, which had to be adopted by every citizen of the country in order to curb the spread of the virus, such as banning of gatherings, people maintaining a social distance in public places, travel bans. Few shops selling essential goods such as food were allowed to open only (Reimer 2020).

The Coping Model suggests that individuals engage in problem-focused and emotion-focused coping strategies to manage stress and adversity. Lazarus and Folkman (1984) one of the pioneers of the coping theory, defined coping as, constantly changing cognitive and behavioural efforts to manage specific external and internal demands that are appraised as taxing or exceeding the resources of the person. Hence coping involves spending mental energy in a way that can reduce productivity. Whether conscious or subconscious, the goal for coping mechanisms is to solve a problem and return homeostasis.

The model also shows that coping strategies one chooses for adapting to a situation is highly individualized. It is said that coping is dependent on personality patterns and perceptual experiences (Chowdhury, 2019). This study conceptualised the findings of a study on the psychological effects of Covid-19 on teachers, their experiences, their coping strategies, and their demographic characteristics, using the Resiliency and Coping Models as a theoretical framework (Fluharty & Fancourt, 2021).

The Resiliency and Coping Model provided a useful framework for understanding how teachers coped with the psychological effects of the COVID-19 pandemic. The Psychology of coping alludes to the fact that when people are dealing with stress full situations, they tend to utilise different coping styles, which are emotion focused, problem focused and meaning focused. (Krocknow, 2023). Therefore, emotion focused coping deals with changing the way a person feels about a challenging situation. This can be undertaken using either a behavioural approach or a cognitive approach (thus changing one's thoughts). Krocknow (2023) postulates that when it comes to the problem focused coping, one has to confront the challenging situation and take back some control.

This can be done through solving the specific practical problems, ether reducing the stress experienced or increasing the personal capacities or resources to deal with that stress. The meaning focused is aimed at changing the way we interpret suffering by finding meaning even in the most difficult situations. This can be done by adapting the way we approach the hardship and our entire experience. Hence, the Resiliency and Coping Model fits into this study where the psychological effects of COVID-19 are being explored on life skills teachers.

CHAPTER 3

3.0 METHODOLOGY

3.1 Introduction

This chapter covers the research philosophies, design, population, sample technique, sample size, research instruments, procedures, data analysis and ethics.

3.2 Research philosophies

The idea that there are different views in the world and of the world, and the processes that operate within it, is part of what is known as philosophy. Philosophy is concerned with views about how the world works and, as an academic subject, focuses, primarily, on reality, knowledge and existence of everything under the earth. The individual view of the world is closely linked to what we perceive as reality. On a day-to-day basis outside the academic work, it is unusual to think often about the way things work in the world.

However, in relation to this research, it is very important to realize how the researcher perceive reality. The individual perception of reality affects how world knowledge is gained. This means that the perception of reality of the researcher affects the way, how knowledge is gained, and will also affect the way in which the research is conducted (Erickson, 2017).

There are four research philosophies, which are, Positivism, Interpretivism, Critical realism and Relation critical realism. The positivism research philosophy has its basis on the idea that factual knowledge gained by sensory observation leads to reliable knowledge. The researcher's role is limited to data collection and interpretation following objective methods. That is why the research results are observable and quantifiable. Positivism premises is based on quantifiable observations that can be analyzed via statistical methods. The researcher is not part of the research; there is no room for human interpretation. A deductive approach is mainly utilized.

The **Interpretivism** approach is sometimes called Subjectivism or social constructivism, it is necessary for the researcher to understand the differences between

people in their roles as social actors that interpret the world around them we adapt our interpretations of the world around these actors. For the researchers it means they adopt an empathetic approach in order to understand the meaning formed by those social actors.

Critical realism research philosophy research believes there is a reality with underlying mechanism (Ontological principle). The positivistic approach states only observable events are allowed for knowledge development. The existence of unobservable events is denied. This is contrary to critical realism in which underlying mechanisms are said that could explain observable events are specifically targeted. When we take the realistic point of view this opposes the interpretivist approach, which states that people shape their own world. This literally means that everyone has his or her own truth and science is just an opinion. By connecting with reality, critical realism paves the way for evaluating truths against reality. Lastly, we have the **Critical Realism** - systems thinking and this is closely related to systems thinking. Underlying mechanism and own reality are subjects that are closely linked to concepts from systems thinking, using both the hard and soft approach (John Mingers, 2015).

This research utilized a positivism philosophy because it is the one suitable in dealing with quantitative approaches. In this paradigm, the researcher is concerned with reliable information and testing hypothesis.

The researcher also utilizes the Interpretivism theory because it tends to produce qualitative data.

3.3 Research Design

The research design for this study is an exploratory and mixed method design. Swedberg (2020) defines exploratory research in social science as an endeavor to uncover something new and intriguing within a research topic. This type of research involves a degree of risk since the outcome of the investigation cannot be predetermined, making it challenging to ascertain whether any novel insights will emerge. This study explored the psychological impact during COVID-19 on life skills teachers from schools in Windhoek, Khomas region, their experiences, and coping

strategies. The study employed a mixed method approach in that it has an interest in both quantitative and qualitative aspects of the phenomenon under study.

This mixed method is ideal for this study because it would yield both qualitative and quantitative data. The present study has its focus on human experience that largely requires a qualitative approach, because it places importance on the “quality of experience and actions lived by persons” (Fischer, 2006). As a result, a qualitative approach allows the researcher to see how people think and feel about the topics of concern to the research. The study also employed a quantitative approach because the structured survey instrument it used asks the same questions to all respondents in the same order, allowing for consistency.

Henning (2004) elucidates the nuances of qualitative research methodologies in the seminal work, "Finding your way in qualitative research." To substantiate, this goes hand in hand with how Henning argues that the qualitative approach allows for different views of the theme of study by affording participants a more open-ended way of expressing their views and demonstrating their actions.

Moreover, Thomas (2023) emphasizes the significance of understanding the research population in statistical inference, drawing from previous insights provided by Pilot and Hungler. The research population, also known as the target population, encompasses the entire cohort of individuals, objects, or events possessing specific characteristics pertinent to the research inquiry (Thomas, 2023). It serves as the broader demographic, from which a representative sample is drawn.

3.4 **Research Approach**

Research approach is a plan and procedures for research that spans the steps from broad assumptions to detailed methods of data collection, analysis and interpretation. This plan involves several decisions. The overall decisions involve which approach should be used for a specific topic of research. Informing this decision should be the philosophical assumption the researcher brings to the study, procedure of enquiry (Research Design) and specific research methods of data collection, analysis and interpretation.

The selection of the research approach was based on the nature of the research problem or issue being addressed, researchers’ personal experiences and the audiences

for the study. There three approaches to research which are qualitative, quantitative and mixed methods. However, these methods should be viewed as overlapping at times they are not rigid. Therefore, for purposes of this research a qualitative and quantitative method approach were utilised.

These methods were found suitable because the approaches needed to be used to provide scientific and data which required the respondent's experiences. It is suitable for also examining the relationship among variables. These variables can be measured on instruments, so that data can be analysed using both quantitative and qualitative ways. The researcher used an interpretive research paradigm since the methodology of this study emphasises knowing the individual and how they interpret the world around them and is suitable for both qualitative and quantitative data analyses. It entails that the fundamental ideology is that reality is socially produced (Alvermann & Mallozzi, 2010).

The qualitative research methodology, systematically investigates social events in their natural settings. These occurrences can pertain to, among other things, how individuals perceive aspects of their lives, how people and groups behave, how organisations operate, and the influence of interactions on connections (Grossoehme, 2014). Therefore, we conclude that this research is utilising a mixed method approach, which is the class of research where the researcher mixes or combines quantitative and qualitative research techniques, methods approaches concepts or language into a single study for the purpose of breadth and depth of understanding and corroboration (Creswell, 2014)

3.4.1 Qualitative

Qualitative research according to van der Merwe (cited by Garbers, 2006) is a research approach aimed at the development of theories and understanding. Denzin and Lincoln (2005) define qualitative research as situated activity, which locates the observer in the world. It and meanings that are involves interpretive naturalistic approach to the world. This means qualitative researchers study phenomena in their natural settings, attempting to make sense of or interpreting phenomena in terms of

the meanings people bring to them. Qualitative Research implies an emphasis on the qualities of entities and on processes and meanings that are not experimentally examined or measured (Denzin and Lincoln 2005).

3.4.2 Quantitative Research Methodology

It is a research approach aimed at the development aimed at testing theories, determining facts, demonstrating relationships between variables and predicting outcomes. Quantitative research uses methods from the natural sciences that are designed to ensure objectivity, generalizability and reliability (Weinreich 2010).

The techniques utilised in quantitative research include random selection of research participants from the population of study in an unbiased way, the standardised questionnaire or intervention they receive and statistical methods used to test predetermined hypothesis regarding the relationship between specific variables. The researcher in quantitative research, unlike in the qualitative paradigm where she is regarded as a great research instrument due to her active participation in the research processes is considered as being external to the actual research and results are expected to be replicable no matter who conducts the research.

Table 3.1: Quantitative versus qualitative research: Key points in the classic debate (adapted from Neill, 2007). Predispositions of Qualitative and Quantitative methods of inquiry

Predisposition refers to the acquired characteristics of both qualitative and quantitative research methods. The table below represents the predispositions of both methods of inquiry. It further sums up how each of these research approaches operates and each of the predispositions explained below.

Table 3.2: Predispositions of quantitative and qualitative modes of inquiry
 (Adapted from Glesne and Peskkin, 1992)

Quantitative mode	Qualitative mode
<p>Assumptions</p> <ul style="list-style-type: none"> • Social facts have an objective reality • Primacy of method • Variables can be identified and relationships measured • Etic (outsider’s point of view) <p>Purpose</p> <ul style="list-style-type: none"> • Generalizability • Prediction • Causal explanation 	<p>Assumptions</p> <ul style="list-style-type: none"> • Reality is social constructed • Primacy of subject matter • Variables are complex, interwoven and difficult to measure • Emic (insiders’ point of view) • <p>Purpose</p> <ul style="list-style-type: none"> • Contextualization • Interpretation • Understanding perspectives
<p>Approach</p> <ul style="list-style-type: none"> • Begins with hypothesis and theories • Manipulation and control • Uses formal instruments • Experimentation • Deductive • Component analysis • Seeks consensus • Reduces data to numerical indices • Abstract language in write up 	<p>Approach</p> <ul style="list-style-type: none"> • Ends with hypothesis and grounded theory • Emergence and portrayal • Researcher as instrument • Naturalistic • Inductive • Searches for patterns • Seeks pluralism, complexity • Makes minor of numerical indices • Descriptive write up

Researcher Role	Researcher Role
<ul style="list-style-type: none"> • Detachment and impartiality • Objective portrayal 	<ul style="list-style-type: none"> • Personal involvement and partiality • Empathetic understanding

The approach commences where the quantitative research first starts with a hypothesis and theories using formal instruments such as questionnaires and reduces data to numerical indices on the other end qualitative research ends with a hypothesis and grounded theory and makes minor use of numerical indices. The role of the researcher in quantitative research as indicated under assumptions is that of a distant observer's he is detached from the research setting to ensure impartiality and objectivity, whereas in qualitative research, the researcher identifies fully with the researched phenomenon this may possibly lead to partiality and bias. The research utilised both deductive and inductive approaches. Combining both is very useful in that deductive reasoning focuses on qualitative data while Inductive reasoning is for qualitative data. (Creswell,2014). This is specifically for mixed methods.

3.5 Population

A research population is described by Pilot and Hungler (1999) as an aggregate or totality of all the objects or members that conform to a set of specifications. A population is a group of individuals who have the same characteristic (Creswell,2012). The study population comprises of teachers who teach life skills in Windhoek, Khomas region in Namibia. The total number of the life skills teacher's population in Khomas region are one hundred and thirty four (134) teachers (Ministry of Education, Namibia. (2023). Education Management Information System (EMIS) - EMIS Education Statistics, 2022).

3.6 Sampling Technique and Sample Size

According to Brink (1996), a sample is defined as a portion or percentage of a whole, or a subset of a larger collection, chosen by the researcher to take part in a

research endeavor. Participants are the individuals who comprise the sample. The non-probability sampling method was employed in this study, with purposive sampling being used to select the participants. The sample size was drawn out of one hundred and thirty four (134) life skills teachers in Windhoek. Seventeen (17) teachers then participated in the study, from primary and secondary schools.

The study sampled these teachers from all levels of experience, newly trained, and advanced experience levels. One of the key inclusion criteria in this study was that participating teachers should have been exposed to the COVID-19 pandemic during the 2020 and 2022 academic periods. Hence, on the same basis the teachers who had not been exposed to COVID-19 pandemic were excluded from the study. This was the only exclusion criteria.

3.7 Research Instruments

Primary data was collected through a self-designed semi-structured online questionnaire (see *Appendix E* for the soft copy version of the online questionnaire) with both primary and secondary school teachers, responsible for teaching life skills, in the Khomas region, in Windhoek. The questionnaire consisted of both closed-ended, as well as open-ended questions. Due to Covid-19 restrictions, the entire online process prevented the risk of social interaction and the risk of infection, as such, these questions were distributed through Microsoft and the link was sent via WhatsApp teacher's groups, as it was more efficient in reaching all participants to complete the questionnaire. The self-designed semi-structured questionnaire guide was administered to the teachers. This was carried out as a structured survey. While using semi-structured questions, the participants were able to answer the questions at their convenience.

The questionnaire guide was constructed by the objectives of the research and the main topic. What followed was to create a format of the questionnaire, which would guide on its structure. The first part of the questionnaire consisted of demographic details; these are age, sex, and teaching duration. The questions were arranged in a sequence from the general to specific, from easy to difficult, from fact to opinions and sensitive topics were introduced later in the questionnaire. According to Creswell (2014), a questionnaire needs to be, valid and reliable and therefore any new

questionnaire requires a pilot test in a small sample of respondents who are representative of the larger population. However, because of the pandemic the researcher managed to pilot test it with about five teachers from five schools in Khomas. It was not fully part of the sample. However, the objective of the pilot study was achieved.

The pilot test provided information on how long it takes to complete the questionnaire. The other information that was obtained by the researcher was the questions that are confusing and misleading. Validity indicates that the questionnaire measures what it claims to measure, this means taking into consideration the limitations that came with any questionnaire based study (Leung, 2012). Reliability means that questionnaire yields consistent responses when administered repeatedly even by different researchers and any variations in the results are due to actual differences between participants and not because of problems with interpretation of the questions or their responses.

3.8 Procedures

Permission for the study was sought from the University Of Namibia Research Ethics Committee (UREC) (see *Appendix B* for the ethical clearance certificate), the Ministry of Education, Arts and Culture of Namibia, and the Educational Director of the Khomas region. Consent was sought from the participants -life skills teachers (LST) of the study, and they were, informed of their rights to voluntarily consent or deny participation, as well as to withdraw participation at any time without penalty. Due to the increasing numbers of Covid-19 infections, the researcher used online platforms to gather research data, to maintain social distancing and other Covid-19 related protocols. This kept the respondents and the researcher to be safe from the risk of any infection.

3.9 Data Analysis

For the qualitative data, a thematic analysis was used to analyze the qualitative data, which is defined as “a process for methodically discovering, organizing, and providing insight into patterns of meaning (themes) throughout a data set” (Braun &

Clarke, 2012, p. 57). The study used a thematic analysis to seek for meaningful and significant patterns in the data (Braun & Clarke, 2012). Thematic analysis has the benefit of allowing the processing of various types of qualitative data in terms of a study's needs or objectives (Braun & Clarke, 2012). The thematic analysis was done manually called Coding reliability. The process followed six steps which are as follows, 1) Familiarization with the data, ii) coding iii) generating themes, iv) Reviewing themes, v) defining and naming thematic analysis, vi) themes and writing up

For the analysis of the quantitative data, the researcher analyzed the data manually, using graphs and charts that were developed using Google forms, to analyze and numerically represent the data gathered. According to a study by Lin et al. (2019), Google Forms was found to be an effective tool for collecting and analyzing data in educational research. The researchers used Google Forms to collect data from students and found that it provided a convenient and user-friendly platform for data collection and statistical analysis. They also noted that the built-in data analysis tools in Google Forms, such as charts and graphs, were useful for visualizing the data and identifying trends. Similarly, a study by McLean et al. (2021) found that Google Forms was an effective tool for analyzing data in healthcare research. The authors used Google Forms to collect data on patient experiences and satisfaction with healthcare services. They found that Google Forms was easy to use and provided useful data analysis tools for identifying patterns and trends in the data, hence this study adopted and utilized the same technique.

3.10 Ethics

The study underwent an ethical review process, and an ethical clearance certificate was obtained from the relevant University of Namibia's Research Ethics Committee (UREC) (*Appendix A*). Research Permission Letter (s) *Appendix B* and *Appendix C*) from the University of Namibia and Ministry of Education were also obtained to enable the process of data collection. The researcher ensured that the ethical guidelines set by the University of Namibia were followed throughout the study to ensure the participants' protection from any potential harm.

The study was conducted on a voluntary basis, and the participants were informed of their right to withdraw from the study at any time without consequence. The researcher also made sure that all data collected from the participants were treated with confidentiality, and their privacy was protected. To ensure the security of the collected data, the researcher stored the soft copies in a password-protected file on the researcher's laptop. After five years, the data will be destroyed through formatting. During that period of COVID -19, it is anticipated that psychological inconveniences may be caused by the study, therefore information about where to obtain counseling services was provided where required.

CHAPTER 4

4.0 PRESENTATION OF RESULTS

4.1 Introduction

This chapter presents results from the data analysis carried out to meet the objectives of the study, namely participants' demographic, quantitative and analysis of the qualitative data.

4.2 Demographic Data

Table 4.2.1 **Characteristics of Participants**

Age Category	Number Of Participants	Percentage
20-25	1	5.9%
26-35	9	52.9%
36-45	4	23.5%
46-60	3	17.6%

Table 4.2.1 shows the age distribution of the participants. Most participants fall into the 26-35 age category (52.9%), followed by 36-45 (23.5%), 46-60 (17.6%), and 20-25 (5.9%).

Table 4.2.2: **Gender Distribution of Participants**

Item	Category	Frequency	Percentages
Gender	Male	2	11.8%
	Female	15	88.2%

Table 4.2.2 shows the gender distribution among the participants. The sample predominantly consists of females (88.2%), while males make up a smaller portion (11.8%).

Table 4.2.3: Teaching Duration of Participants

Item	Category	Frequency	Percentages
Teaching Duration	1-5 years	6	35.3%
	6-10 years	4	23.5%
	11-15 years	1	5.9%
	16-20 years	4	23.5%
	25+ years	2	11.8%

Table 4.2.3 presents the distribution of teaching durations among the participants. Most participants have a teaching duration of 1-5 years (35.3%), followed by 6-10 years (23.5%), 16-20 years (23.5%), 25+ years (11.8%), and 11-15 years (5.9%).

4.3 Quantitative Data

4.3.1 The Psychological Effect and Experiences of Covid-19 on Teachers

Sixteen out of seventeen participants (94%) experienced Covid related psychological effects.

Table 4.3.1 below indicates the Covid related psychological effects, the frequency, and percentages of the seventeen participants. Among the seventeen participants, six (37.5%) experienced sleep disturbances, while four (25%) exhibited symptoms of depression, including sadness, over-thinking, and loss of interest in activities.

Table 4.3.1 Psychological Effects and Experiences of Teachers during Covid-19

Psychological Effects	Frequency	Percentages
Feelings of sadness, tearfulness, emptiness or hopelessness.	4	25%
Anger outbursts, irritability or frustration, even over small matters.	3	18.8%

Loss of interest or pleasure in most or all-normal activities, such as sex, hobbies, or sports.	4	25%
Sleep disturbances, including insomnia or sleeping too much.	6	37.5%
Racing thoughts	1	6.3%
Uncontrollable over-thinking	4	25%
Difficulties concentrating.	3	18.8
Feelings of dread, panic or 'impending doom'.	1	6.3%
Heightened alertness.	2	12.5%
Upset stomach, including diarrhoea, constipation, and nausea.	3	18.8%
Aches, pains, and tense muscles.	3	18.8%
Chest pain and rapid heartbeat.	3	18.8%
Insomnia	4	25%
Frequent colds and infections.	1	6.3%
Loss of sexual desire and/or ability.	2	12.5%
Changes in appetite	3	18.8%

Table 4.3.1: provides an overview of the psychological effects and experiences reported by teachers during the Covid-19 pandemic. Frequencies and percentages are presented for various psychological symptoms.

4.3.2 Coping Strategies Employed by Teachers during the COVID-19 Pandemic

Among the cohort of seventeen participants, a noteworthy eleven individuals actively employed coping mechanisms in response to the psychological distress precipitated by the COVID-19 pandemic. The diversification of these coping strategies is enumerated within *Table 4.3.2*, facilitating a detailed comprehension of these adaptive responses.

Table 4.3.2: Coping Strategies Employed by Teachers during the COVID-19 Pandemic

Coping With Psychological Effects	Coping Strategy	Frequency	Percentage
	Self-care	5	45.5%
	Counselling	3	27.2%
	Distraction (Keeping busy)	2	18.2%
	Socialising	2	18.2%
	Religion	1	9.1%

Table 4.3.2: Within the cohort of seventeen participants, eleven individuals employed various coping strategies to ameliorate psychological symptoms during the tumultuous backdrop of the COVID-19 pandemic. Self-care emerged as the most prevalent strategy, engaging 45.5% of participants. Counselling was endorsed by 27.2%, while distraction (18.2%) and socializing (18.2%) were also employed. A singular participant (9.1%) availed themselves of religious coping as elucidated in *Table 4.3.2*.

4.4 Qualitative Data

The responses of the participants were analysed to identify common themes related to psychological effects and coping skills. Based on the responses, the following themes were identified, using a thematic analytic method. Thematic analysis is a widely used qualitative research method for analysing and identifying patterns, themes, and meaning within a dataset, often in the context of textual or qualitative data (Braun & Clarke, 2019).

4.4.1 Theme 1: Psychological Symptoms

This theme includes various psychological symptoms experienced by the participants, including feelings of sadness, anger outbursts, difficulties concentrating, sleep disturbances, loss of interest or pleasure in activities, uncontrollable overthinking, chest pain and rapid heartbeat, heightened alertness, upset stomach, aches and pains, loss of sexual desire, and changes in appetite.

4.4.2 Theme 2: **Coping Strategies**

This theme includes various coping skills used by the participants to deal with their psychological symptoms, including self-care, practicing meditation, seeing a doctor, spending time with friends and family, visiting a psychologist, practicing self-counselling, attending Christian meetings, teaching others about God, keeping busy, helping others, going for counselling, and making lifestyle changes such as exercising and being on a diet.

4.4.2.1 **Self-care**

Self-care is one of the coping strategies the Life skills teachers had to adopt during the pandemic. Hence, self-care involves undertaking practices that will help one's mind to be stable in the face of any environmental pressures (Eisenbeck, 2022). This involved activities also that would improve their health such as exercising, having enough sleep and eating enough nutritious meals. Hence, the teachers reported to be involved in such activities that assisted them to keep on being focused and be able to do their work at home and help their learners.

4.4.2.2 **Counselling**

Counselling is a helping approach that highlights the emotional and intellectual experiences of a client: how a client is feeling and what they think about the problem that they have sought help for (Munar & Choudhry 2020). Thus, in this case the Life skill teachers utilised counselling from other life skills teachers, family members and pastors. One also reported that during the period, they resorted to self-counselling. This includes writing (journaling) their thoughts on paper, finding answers within themselves, and then once they feel better, they could then discard the written notes. This assisted as a coping strategy. The verbal interview captions of this experience has been captured in the assessment, in this chapter below. Self-counselling sessions may consist of typing a few pages which consists of expressing their inner, most deep feeling. This allows the process of catharsis. After completion, it is important to print them out, delete the file, and then shred or burn the hard copy to release the emotions they may have found difficult to express, due to isolation. What is important to realize

is that virtually everybody has the capacity to take dominion over his or her own inner self, using this skill.

4.4.2.3 Religion

Practising Faith in God was one important aspect, which assisted the Life skill teachers in coping as part of the self-care practices. The faith-based practices and belief system are seen to play an integral role in the lives of the educators such as teachers, to cope with the COVID-19 pandemic (Munawar & Choudhry 2020:4). One of the participants in a qualitative study conducted in Pakistan by Munawar and Choudhry (2020:4) said ‘My coping is based on my faith that every illness, disease or virus comes from God and it cannot harm us without His will, so COVID-19 is no exception’ (Munawar & Choudhry 2020:4). Coping is considered to be of critical importance in determining whether a stressful event results in adaptive or maladaptive outcomes (Dardas & Ahmad 2015:5).

4.4.2.4 Socialising

The idea of socialising was said to be difficult during this period because of the Covid -19 protocols, which had been put in place by the Governments. Meeting in person had been reduced and the people were supposed to respect the social distancing protocols. However, some teachers indicated that they used social media for socialising, which proved to be an essential mode of coping. One teacher indicated that it was very important using the social media outlet, as they were able to be in contact with people in the country and outside the country. This was also recorded in the chapter on the assessments of individual coping strategies.

4.4.2.5 Distraction (Keeping Busy)

Psychologists say that some of us may even be addicted to being busy. This is because when we complete tasks, our brain releases the pleasure hormone, dopamine, which makes us feel good. It’s easy to get addicted to this feeling, so we repeat the pattern, craving the feeling that being busy and accomplishing things gives us. (Dardas & Ahmad 2015). Therefore, during the Covid -19 period some Life skills Teachers

reported that they used to keep themselves busy with chores at home. This distracted them from constantly thinking of what was happening in their work lives and what was happening in the world, which was being influenced by the pandemic. This was used as a coping strategy by the Life skills teachers and was said to be useful.

4.5 Analysis of Respondents Experiences on their Coping Strategies.

This section provides a comprehensive analysis of their experiences and coping strategies employed by each of the (seventeen) 17 participants, shedding light on their unique responses to psychological effects, because of the COVID-19 pandemic. The researcher listed down the analysis, which focused on how the life skills teachers felt during the COVID-19 pandemic. These experiences and strategies were individualised and the researcher selected a few examples, left the ones, which looked similar. These provided evidence on how the Life skills teachers managed to deal with psychological pressures.

1. *Participant 1*: The primary coping mechanism revolved around the practice of self-care, suggesting a proactive effort to manage their emotional well-being.

2. *Participant 2*: In stark contrast, navigated a myriad of distressing symptoms, encompassing sadness, anhedonia (loss of interest or pleasure in activities), concentration difficulties, physical discomfort (upset stomach, aches, and pains), autonomic arousal (rapid heartbeat), susceptibility to illness, diminished sexual desire, and appetite fluctuations. The participant also engaged in self-care to address these multifaceted psychological challenges.

3. *Participant 3*: This participant reported experiencing sleep disturbances and changes in appetite but did not specify any discernible coping strategies employed during these episodes.

4. *Participant 4*: contended with sleep disturbances and drew from a diverse set of coping mechanisms, including religious practices such as reading the Bible and attending Christian meetings. Additionally, they expressed engagement in teaching and assisting others, and, notably, self-care and keeping positively busy.

5. *Participant 5*: For *this participant*, the predominant psychological symptom was relentless overthinking. To cope with this, they embraced self-care practices and occupied themselves with activities to mitigate the mental strain.

6. *Participant 6*: was confronted with sleep disturbances and opted to employ self-care measures as their primary coping strategy.

7. *Participant 7*: distinct from the others, did not report experiencing any psychological symptoms and, consequently, did not require any specific coping strategies.

8. *Participant 8*: In stark contrast to the extensive array of symptoms they endured, *this participant* did not specify any coping strategies despite contending with feelings of sadness, anger outbursts, concentration difficulties, somatic symptoms (upset stomach, aches, and pains), sexual dysfunction, and appetite fluctuations.

9. *Participant 9*: reported an absence of psychological symptoms and, therefore, did not engage in any coping strategies.

10. *Participant 10*: grappled with a reduced interest in activities and racing thoughts. Nevertheless, no specific coping strategies were elucidated in their responses.

11. *Participant 11*: encountered relentless overthinking but did not specify any coping strategies for managing this cognitive challenge.

12. *Participant 12*: grappled with anger outbursts, concentration difficulties, heightened alertness, and somatic discomfort. Notably, embarked on self-counselling as the chosen approach to cope with these symptoms.

13. *Participant 13*: This participant experienced sleep disturbance and upset stomach. The coping repertoire encompassed seeking medical assistance, increasing

social interactions with friends and family, consulting a psychologist, and embracing self-care practices.

14. *Participant 14*: confronted a constellation of symptoms, including anhedonia, persistent rumination, chest pain, and rapid heartbeat. In response, the participant sought professional counselling and adopted lifestyle modifications such as exercise and dietary adjustments.

15. *Participant 15*: grappled with sleep disturbances and intense feelings of dread, panic, or impending doom. However, no explicit coping strategies were indicated in the responses.

16. *Participant 16*: Had psychological experiences that encompassed sadness, anger outbursts, anhedonia, and sleep disturbances, incorporated meditation, and self-care as the chosen means to manage these distressing symptoms.

17. *Participant 17*: Finally, reported heightened alertness and coped with this heightened state through self-care strategies.

4.6 Conclusion

The psychological effects experienced by life skills teachers during the COVID-19 pandemic are consistent with the effects of stress, anxiety, and depression. These findings suggest the need for targeted interventions and support to address the psychological impact of the pandemic on individuals in high-stress occupations such as teaching. The data suggests that self-care, counseling, and religious coping were some of the strategies used by the participants to cope with the psychological effects of the COVID-19 pandemic. These findings are consistent with clinical research that has shown that these strategies can be effective in managing stress, anxiety, and depression. It is encouraging to note that some of the participants sought professional help when they were unable to cope on their own.

CHAPTER 5

5.0 DISCUSSION OF RESEARCH FINDINGS

5.1 Introduction

This chapter discusses the findings of this study in detail and draws conclusions based on the results as presented in the previous chapter, including the demographic data of the participants, background analysis of individual participants, the psychological effects, and experiences of Covid-19 on teachers, and the coping strategies used by the participants. Furthermore, this chapter explores the implications of the study's findings for teachers, policymakers, and other stakeholders in the education sector. Finally, it highlights the key conclusions of the study and provides recommendations for future research.

5.2 Demographics

When looking at the respondent's characteristics, all of them had a common denominator of being Life skills teacher working in the same region called Khomas in Namibia. The study surveyed seventeen (17) Life skills school teachers of which 11, 8% (two) were males and 88, 2% (fifteen) females. The age distribution of the participants was 20-25years, 5, 9% (1), 26-35years, 52, 9%, 36-45years, 23, 5% (four), 46-60years, 17, 6% (three). The teaching experience and in terms of teaching duration is 1-5 years, 35. % (six), 6-10years, 23,5%(four),11-15years, 5,9%(one),16-20years, 23.5% (four),25+years,11.8% (two). These demographics helps the reader to understand the factors that affected the results that were obtained as such factors have a scientific effect on the individual's response to any stimuli. This also helps in providing a basis for understanding individuals and communities as where they are and its influences (Call, 2023)

5.3 The Psychological Effects and Experiences of Covid-19 on Teachers

The study's findings highlight the significant psychological effects of the COVID-19 pandemic on teachers' mental health. In this study, the psychological

effects experienced by life skills teachers during the pandemic were assessed using an online questionnaire. The results indicate that the teachers experienced a range of psychological symptoms. These effects were communicated through the questionnaire, which was self-administered through online means. One of the major feelings which was common in the teacher's response is the feelings of sadness, tearfulness, emptiness, or hopelessness which were reported to be (25%) (Four) of the participants. These symptoms suggest the presence of depression, which is a common psychological effect of the pandemic (Eisenbeck, 2022).

During the period of COVID -19, these feelings and hopelessness was also common because of several other factors, which came out of this study. These were issues, such as the lockdown protocols and the news of death of several people, relatives and the uncertainties that were caused by these protocols of when the virus would end, and when the world and country would resume to normal day to day lives. Even though the teachers were receiving their normal salaries, there was a lot of anxiety created on whether the Government would continue to pay them their normal salaries when they were not fully traditionally engaged in their teaching practices. (Kaxuxwena, 2020).

Three (18.8%) participants reported anger outbursts, irritability, or even frustration, even over small matters. These symptoms may indicate heightened levels of stress and anxiety, which are also common psychological effects of the pandemic (Salari et al., 2020). This type of reaction is common also in situations where irritability involves feelings of anger, frustration, impatience and quick annoyance, which can be triggered by just small things. (Australia, 2023).

Four (25%) participants reported loss of interest or pleasure in most or all-normal activities, such as sex, hobbies, or sports. This symptom is consistent with anhedonia, a core symptom of depression (American Psychiatric Association, 2013). These results are consistent with previous research that indicates that the pandemic has led to an increase in depression, anxiety, and stress symptoms in the general population (Eisenbeck, 2022).

Furthermore, Salari et al. (2020) found that psychological effects such as sleep disturbances, changes in appetite, and gastrointestinal symptoms are common during

times of stress and anxiety, including those related to the pandemic. The study's findings, therefore, support the notion that the COVID-19 pandemic has had a severe impact on mental health worldwide.

5.4 Teacher Experiences during Covid-19 Pandemic

The COVID-19 pandemic has had a significant impact on education worldwide, and the challenges faced by teachers have been profound. According to a study conducted in Namibia by Hako (2021), teachers experienced various challenges during the pandemic, such as supporting learners who were experiencing anxiety, stress, and trauma, which were similar symptoms that they were going through themselves. This is consistent with studies from other African countries, such as Nigeria, where Ogunnaike & Ogunnaike (2021) found that teachers had to support learners who were experiencing depression, anxiety, and loneliness during the pandemic.

Teachers in the Namibian study attempted to help learners overcome these obstacles by using technology such as video calls. However, the pandemic had effects on learners, such as trauma and difficulties concentrating in class, which required additional counselling. This is consistent with studies from other parts of the world, such as the United States, where a study by Usher et al. (2020) found that teachers reported high levels of stress and anxiety due to the pandemic, and that this was affecting their ability to provide emotional support to learners.

The new precautions and measures such as social distancing and wearing masks were also challenging for teachers, as it interfered with communication, and providing counselling while wearing masks was difficult. However, some participants reported that their counselling skills had improved during the pandemic. This is consistent with studies from other parts of the world, such as a study by Lai et al. (2021) which found that the pandemic had a positive impact on teacher's mental health and well-being.

The teacher experiences during the COVID-19 pandemic reflected the challenges faced by teachers in the new teaching environment. Participants in the study reported that they had to support learners who were experiencing similar symptoms as

themselves, such as anxiety, stress, and trauma. Despite the challenges, they tried their best to help learners overcome these obstacles, sometimes via video calls. However, the pandemic had some effects on learners, such as trauma and difficulties concentrating in class, which required additional counseling.

The new precautions and measures were also challenging for teachers, as close contact was not allowed, and people could not spend more hours together. Providing counseling while wearing masks was also challenging, as it interfered with communication. However, some participants reported that their counseling skills had improved during the pandemic.

Teachers also had to remind learners to take care of themselves and not to trust others, as friends could bring COVID-19. Some teachers experienced negative emotions, such as grumpiness, but these feelings have been improving over time. This is consistent with a study by Castronovo et al. (2020) in Italy, which found that teachers experienced anxiety and depression due to the pandemic, but their well-being improved over time as they became more accustomed to the new normal.

In conclusion, the COVID-19 pandemic had significant effects on teacher experiences worldwide, and this was reflected in the Namibian context. Despite the challenges, teachers tried their best to support learners and provide counselling despite the obstacles.

5.4.1 Analysis of Respondents Experiences of the Psychological Effects.

This section provides a comprehensive analysis of the psychological experiences and coping strategies employed by each of the 17 participants, shedding light on their unique responses to psychological effects, because of the COVID-19 pandemic. The researcher listed down the analysis, which focused on how the life skills teachers felt during the COVID-19 pandemic.

1. *Participant 1*: grappled with feelings of profound sadness and sleep disturbances. The primary coping mechanism revolved around the practice of self-care, suggesting a proactive effort to manage their emotional well-being.

2. *Participant 2*: In stark contrast, navigated a myriad of distressing symptoms, encompassing sadness, anhedonia (loss of interest or pleasure in activities), concentration difficulties, physical discomfort (upset stomach, aches, and pains), autonomic arousal (rapid heartbeat), susceptibility to illness, diminished sexual desire, and appetite fluctuations. The participant also engaged in self-care to address these multifaceted psychological challenges.

3. *Participant 3*: This participant reported experiencing sleep disturbances and changes in appetite but did not specify any discernible coping strategies employed during these episodes.

4. *Participant 4*: contended with sleep disturbances and drew from a diverse set of coping mechanisms, including religious practices such as reading the Bible and attending Christian meetings. Additionally, they expressed engagement in teaching and assisting others, and, notably, self-care and keeping positively busy.

5. *Participant 5*: For this participant, the predominant psychological symptom was relentless overthinking. To cope with this, they embraced self-care practices and occupied themselves with activities to mitigate the mental strain.

6. *Participant 6*: was confronted with sleep disturbances and opted to employ self-care measures as their primary coping strategy.

7. *Participant 7*: distinct from the others, did not report experiencing any psychological symptoms and, consequently, did not require any specific coping strategies.

8. *Participant 8*: In stark contrast to the extensive array of symptoms they endured, this participant did not specify any coping strategies despite contending with feelings of sadness, anger outbursts, concentration difficulties, somatic symptoms (upset stomach, aches, and pains), sexual dysfunction, and appetite fluctuations.

9. *Participant 9*: reported an absence of psychological symptoms and, therefore, did not engage in any coping strategies.

10. *Participant 10*: grappled with a reduced interest in activities and racing thoughts. Nevertheless, no specific coping strategies were elucidated in their responses.

11. *Participant 11*: encountered relentless overthinking but did not specify any coping strategies for managing this cognitive challenge.

12. *Participant 12*: grappled with anger outbursts, concentration difficulties, heightened alertness, and somatic discomfort. Notably, embarked on self-counselling as the chosen approach to cope with these symptoms.

13. *Participant 13*: This participant experienced sleep disturbance and upset stomach. The coping repertoire encompassed seeking medical assistance, increasing social interactions with friends and family, consulting a psychologist, and embracing self-care practices.

14. *Participant 14*: confronted a constellation of symptoms, including anhedonia, persistent rumination, chest pain, and rapid heartbeat. In response, the participant sought professional counselling and adopted lifestyle modifications such as exercise and dietary adjustments.

15. *Participant 15*: grappled with sleep disturbances and intense feelings of dread, panic, or impending doom. However, no explicit coping strategies were indicated in the responses.

16. *Participant 16*: Had psychological experiences that encompassed sadness, anger outbursts, anhedonia, and sleep disturbances, incorporated meditation, and self-care as the chosen means to manage these distressing symptoms.

17. *Participant 17*: Finally, reported heightened alertness and coped with this heightened state through self-care strategies

5.5 Coping Strategies used by Teachers during Covid-19

The experiences of the 17 participants in the study provide insight into the coping strategies used by teachers during the COVID-19 pandemic. These strategies were aimed at managing the psychological effects of the pandemic, which included stress, anxiety, and depression. The study findings suggest that self-care, counseling, religious coping, and social support were some of the strategies used by the participants. Additionally, some of the participants tried to support and assist their colleagues and learners during this difficult time. This finding highlights the importance of social support in helping people cope with the psychological effects of the pandemic (Rosenberg et al., 2021).

5.5.1 Self-care

Self-care, as mentioned by five (5) out of the seventeen (17) participants, involved engaging in activities that promote physical, emotional, and mental well-being. These activities included exercise, meditation, and spending time in nature. The participants recognized the importance of taking care of themselves to remain healthy and cope with the challenges of the pandemic. This finding is consistent with previous research that has shown that self-care is an effective way of dealing with stress and anxiety (Liu et al., 2020)

5.5.2 Professional Counseling

Counseling was another strategy used by two (2) out of the seventeen (17) participants. Seeking professional help from a counselor can help individuals manage their emotions and thoughts, reduce stress and anxiety, and improve their overall well-being. This finding is consistent with clinical research that has shown that counseling can be an effective way of managing stress, anxiety, and depression (Eskin & Dereboy, 2012).

5.5.3 Religious Coping

Religious coping, as mentioned by one participant, involved relying on faith to cope with the pandemic's challenges. This finding is consistent with previous research that has shown that religious coping can be an effective way of dealing with stress and

anxiety (Ano & Vasconcelles, 2005). However, it is worth noting that the participant also mentioned difficulties in controlling learners who were playful during this time, which highlights the challenges that teachers faced in managing their own well-being while also ensuring their learners were coping.

5.5.4 Social Support

Finally, some participants tried to support and assist their colleagues and learners during this difficult time. Social support from colleagues and loved ones can provide emotional and practical help, which can help individuals manage the psychological effects of the pandemic (Rosenberg et al., 2021). This finding highlights the importance of social support in helping people cope with the psychological effects of the pandemic.

The study found that the Covid-19 pandemic had a significant psychological impact on teachers, with an increase in depression, anxiety, and stress symptoms. This is consistent with previous research that suggests that times of stress and anxiety, such as during a pandemic, can cause psychological effects such as sleep disturbances and changes in appetite.

The Resiliency Model suggests that the availability of supportive resources, such as counselling and psychotherapy, stress management and relaxation techniques, and organizational support, can help alleviate the psychological burden on teachers and improve their mental health and well-being. These interventions should be considered essential to ensure the health and safety of essential workers.

The study also found that teachers experienced various challenges during the pandemic, such as supporting learners who were experiencing anxiety, stress, and trauma. The Coping Model proposes that individuals engage in problem-focused and emotion-focused coping strategies to manage stress and adversity. The study found that teachers used self-care, counselling, religious coping, and social support as coping strategies to manage the psychological effects of the pandemic. Self-care involved engaging in activities that promote physical, emotional, and mental well-being, such as exercise, meditation, and spending time in nature. This finding is consistent with previous research that has shown that self-care is an effective coping strategy for managing stress and promoting well-being.

5.6 Chapter Summary

The chapter provided an overview and a discussion on the findings and data of the study. Significant findings from the chapter were; psychological effects and experiences of teachers. The chapter also discussed about the coping strategies that the Life skills teachers used during the COVID-19 pandemic. Supporting findings from earlier studies was also incorporated in the discussions.

CHAPTER 6

6.0 CONCLUSIONS AND RECOMMENDATIONS

6.1 Introduction

This chapter provides conclusions about the present study and addresses the significance of the study while highlighting some limitations. Furthermore, future recommendations are made.

6.2. Conclusions

The present study attempted to shed light on the psychological effects that life skills teachers experienced due to the COVID-19 pandemic, their general experiences during the pandemic and the coping techniques they spontaneously used. The results have demonstrated that the pandemic has had a significant impact on the psychological well-being of life skills teachers. This highlights the need for targeted interventions to address the unique psychological challenges faced by individuals in high-stress occupations such as teaching, specifically. Life skill teachers have had to navigate a multitude of obstacles during the pandemic, including supporting learners experiencing anxiety, stress, and trauma. Despite these challenges, the life skills teachers have attempted to provide care and counselling to their learners, demonstrating admirable resilience in the face of adversity.

The study's primary objective was to examine the psychological effects of COVID-19 on teachers, including their experiences during the pandemic and the coping mechanisms they employed. Therefore, the data obtained from the research indicated that during the Covid -19 pandemic the life skills teachers were faced with various psychological problems, which emanated from the transition from the traditional way of teaching to the new way of utilizing ICT technology. The study also highlighted how the life skills teachers were affected by their inability to always have face-to-face contact with their learners and their fellow teachers. The teachers felt helpless and remained anxious, as there was no specific time period when the protocols imposed by the Government would end.

The pressure was compounded by their personal loss of relatives through death and the fear to contract the virus. The life skills teachers however developed coping strategies such as self-care, prayer, reading the bible, self-counselling and even exercising. They report that these mechanisms assisted them a great deal. This study was conducted by a researcher who was a life skills teacher in one of the schools in Windhoek and this may affect the objectivity of the study, in that some of the respondents might have responded in a biased manner to impress their colleague. However, the fact that the questionnaire was mailed to the respondents helped in reducing the kind of bias as some of the teachers do not know the researcher personally and being away without directly being influenced.

6.3 Significance of the Study

A noteworthy significance of the present study is that it is a pioneering study in the Namibian context. While some studies exploring the psychological effects of covid-19 on teachers have been conducted in other parts of the world, studies of such nature are scarce in the African context, as compared to Western contexts, and further lacking in the Namibian context. Although further investigation is required to estimate the validity and reliability of the results obtained in the present study, the present study has provided the field with an empirical indication of what the psychological effects of covid-19 had on life skills teachers living in a Namibian context. The pioneering nature of the present study should also be kept in mind when considering the results, discussions, and limitations of the present study.

Another significance of the present study is that it uncovered the imminent need for further exploration of the psychological effect of covid-19 on not only life skills teachers, but educators in all sectors, as well as the need for the development and implementation of effective intervention strategies.

Another notable significance of the present study is that it might assist health professionals in developing specific, and hence more effective, intervention strategies. The need for specific research in the Namibian context is increased by the fact that Namibia has a vast variety of educational sectors.

6.4 Limitations of the Study

There are several limitations to the research presented in this chapter.

The study's sample size may limit the generalizability of the findings. The study involved only 17 participants, which may not be representative of all teachers' experiences during the COVID-19 pandemic. Thus, caution must be taken when interpreting the results.

The study's reliance on self-reported data may introduce bias in the findings. Participants may have provided socially desirable responses or may not have accurately reported their experiences. Additionally, the use of self-reported data may limit the ability to capture a complete picture of the participants' experiences.

The study's focus on a specific geographic location may limit the generalizability of the findings. The study was conducted in the Khomas region, in Windhoek, Namibia, which may have unique cultural, social, and economic factors that may affect the participants' experiences; therefore, the findings may not be generalizable to other regions.

Limited diversity - The study may not have included a diverse range of participants in terms of demographics, such as age, gender, and race, which could limit the generalizability of the findings.

Lack of control group - The study did not have a control group, which means that it is difficult to attribute the findings solely to the effects of the COVID-19 pandemic and not other factors.

No longitudinal data - The study did not collect longitudinal data, which could provide insights into how the psychological effects of the pandemic change over time.

No comparison to pre-pandemic data - The study did not compare the psychological effects and coping strategies of teachers during the pandemic to pre-pandemic data, which could provide insights into the impact of the pandemic on teachers' mental health. The other limitation was that the study was carried out by a life skills teacher from Windhoek, which would affect the information obtained. There

is likely to have bias on the data as the life skill teachers may have provided information they think their colleague would want to have rather than the facts.

Finally, the study did not explore the long-term effects of the pandemic on teachers' mental health and well-being. The long-term effects of the pandemic may be different from the short-term effects and may require different interventions to address them.

6.5 Recommendations

Based on the research study presented, here are some recommendations:

1. Provide targeted interventions to address the psychological impact of the pandemic on individuals in high-stress occupations such as teaching. These interventions may include counselling and psychotherapy, stress management and relaxation techniques, and organizational support such as flexible work arrangements, workload reduction, and provision of mental health resources.

2. Prioritize the mental health and well-being of teachers and other essential workers during and post pandemic to prevent burnout and ensure continuity of critical services. Providing mental health resources and support should be considered an essential part of ensuring the health and safety of essential workers.

3. Recognize the need for such interventions to support the mental health and well-being of teachers and other essential workers during and after the pandemic.

4. Provide teachers with training and resources to support learners who are experiencing anxiety, stress, and trauma, which was similar to what they were going through themselves.

5. Encourage the use of technology, such as video calls, to help learners overcome obstacles such as trauma and difficulties concentrating in class, which require additional counselling.

6. Offer professional development opportunities to help teachers develop new skills and strategies for providing emotional support to learners during the pandemic.

7. Encourage teachers to engage in self-care activities that promote physical, emotional, and mental well-being, such as exercise, meditation, and spending time in nature.

8. Provide teachers with access to counselling and other mental health resources to help them cope with the psychological effects of the pandemic.

9. Promote social support networks among teachers to reduce feelings of isolation and provide a sense of community during the pandemic.

10. Conduct further research to understand the experiences of teachers during the pandemic and to identify additional strategies for supporting their mental health and well-being.

6.6 Chapter Summary

This chapter presented the conclusions of the study. The researcher emphasised the importance of the psychological wellbeing of teachers and how it can be linked to the study. The importance of interventions was highlighted and the researcher discussed the limitations as well as the recommendations.

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APPENDICES

APPENDIX A - Ethical Clearance Certificate



ETHICAL CLEARANCE CERTIFICATE

Ethical Clearance Reference Number: SHS 0014 Date: 15 February 2021

This Ethical Clearance Certificate is issued by the University of Namibia Decentralized Ethics Committee (DEC) in accordance with the University of Namibia's Research Ethics Policy and Guidelines. Ethical approval is given in respect of undertakings contained in the Research Project outlined below. This Certificate is issued on the recommendations of the ethical evaluation done by the School of Humanities, Society & Development Decentralized Ethics Committee.

Title of Project: Exploring the Psychological Impact During Covid-19 on Life Skills Teachers From Selected Schools in the Khomas Region, Windhoek: Experiences and Coping Strategies.

Researcher: Nonelwa Gqwede
Student Number: 201157969
Supervisor(s): Dr. A.E.E. Shikongo

Centre for Research Services

Take note of the following:

1. Any significant changes in the conditions or undertakings outlined in the approved Proposal must be communicated to the ethics committee. An application to make amendments may be necessary.
2. Any breaches of ethical undertakings or practices that have an impact on ethical conduct of the research must be reported to the ethics committee
3. The Principal Researcher must report issues of ethical compliance to the ethics committee (through the Chairperson) at the end of the Project or as may be requested by the ethics committee
4. The ethics committee retains the right to:
 - i) Withdraw or amend this Ethical Clearance if any unethical practices (as outlined in the Research Ethics Policy) have been detected or suspected,
 - ii) Request for an ethical compliance report at any point during the course of the research.

The ethics committee wishes you the best in your research.

A handwritten signature in black ink, appearing to read 'Trywell Kalusopa', written over a horizontal line.

Prof. Trywell Kalusopa (Chairperson, Decentralised Ethics Committee)

A handwritten signature in black ink, appearing to read 'Davis Mumbengegwi', written over a horizontal line.

Prof. Davis Mumbengegwi (Head, Multidisciplinary Research)

APPENDIX B – Research Permission Letter (University of Namibia)

CENTRE FOR RESEARCH SERVICES

Office of the Pro-Vice Chancellor: Research, Innovation & Development

University of Namibia, Private Bag 13301, Windhoek, Namibia

340 Mandume Ndemulayo Avenue, Planets Park, Office F223 - Fblock, Second Floor

☎ +264 61 206 4673; E-mail:kmbulu@unam.na; URL: <http://www.unam.edu.na>



RESEARCH PERMISSION LETTER

Date: 18/02/2022

Student Name: Nonelwa Gqwede

Student Number: 201157969

Programme: Masters in Clinical Psychology

Approved Research Title: Exploring the Psychological Impact During Covid-19 on Life Skills Teachers from Selected Schools in the Khomas Region, Windhoek: Experiences and Coping Strategies.

TO WHOM IT MAY CONCERN

I hereby confirm that the above mentioned student is registered at the University of Namibia for the programme indicated. The proposed study met all the requirements as stipulated in the University guidelines and has been approved by the relevant committees.

The proposal adheres to ethical principles as per attached Ethical Clearance Certificate. Permission is hereby granted to carry out the research as described in the approved proposal.

Best Regards

A handwritten signature in black ink, appearing to be 'AEE', with a horizontal line underneath.

Dr. AEE Shikongo
Head: Postgraduate Support Services
Tel: +264 61 206 3129
E-mail: aeshikongo@unam.na



APPENDIX C - Permission to Conduct Research (Khomas Regional Council – Directorate of Education, Arts and Culture)



REPUBLIC OF NAMIBIA

**KHOMAS REGIONAL COUNCIL
DIRECTORATE OF EDUCATION, ARTS, AND CULTURE**

Tel: [09 264 61] 293 4356
Fax: [09 264 61] 231 367/248 251

Private Bag 13236
WINDHOEK

12 May 2022

For Attention: Nonelwa Gqwede

REQUEST FOR PERMISSION TO CONDUCT RESEARCH WITH SELECTED SECONDARY SCHOOLS IN WINDHOEK, KHOMAS REGION

Your letter dated 09 May 2022 on the above topic is hereby acknowledged.

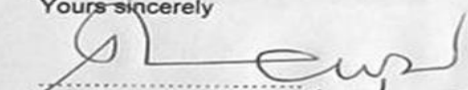
Permission is hereby granted to you to research *"Exploring the Psychological Impact during Covid-19 on Life Skills Teachers from selected schools in Windhoek: Khomas Region* under the following conditions:

Experiences and Coping Strategies

- ❖ The Principal of the selected school to be visited must be contacted in advance and an agreement should be reached between you and the Principal.
- ❖ The school programme should not be interrupted.
- ❖ The teachers and students who will take part in this exercise will do so voluntarily.
- ❖ The Directorate of Education, Arts and Culture should be provided with a copy of your thesis/ findings.

We wish you success in your research.

Yours sincerely


Paulus D. Nghikembua
Director of Education, Arts and Culture



APPENDIX D - Informed Consent



"Exploring the Psychological Impact of COVID-19 by Teachers from selected schools in the Khomas Region, Windhoek: Experiences and Coping Strategies."

Hello, my name is Nonelwa Gqwede, a Master's Clinical Psychology student at the University of Namibia and I am conducting research about the psychological impact that COVID-19 had on teachers, their experiences and coping strategies.

I would like to invite you to take part in this survey, because you are a teacher who has experienced the effects of returning to face-to-face teaching during and post the pandemic.

The research I am conducting has been approved by the UNAM Research Ethics Committee. I would appreciate it very much if you would complete this questionnaire, and I would like to assure you of the following:

- a. You do not have to fill in this questionnaire if you do not want to.
 - b. You can stop filling in the questionnaire and stop participating at any time if you want to, and there will be no negative consequences for you.
 - c. Your participation is completely anonymous. This means that, even if I ask information that might identify you or if I know you, I am not allowed to make your identity known to anyone. When I report on my questionnaires' data and results, I will not mention any personal information about participants that might identify them.
 - d. All completed questionnaires and data will be stored in a safe and secure place, and only I will have access to it. After the study, all the questionnaires and data will be permanently deleted.
2. If you have any questions about this questionnaire, or if you do not understand anything, please feel free to ask me before you start with the questionnaire, and I will be happy to explain it to you.
 3. If you want to know more about the research I am doing, please feel free to ask me, and I will be happy to tell you more.
 4. You can reach me on my cell phone at 0812961301, or send an e-mail to gqwedenonie@gmail.com
 5. It should take about 10 to 15 minutes for you to complete the questionnaire.
 6. If you want to contact the UNAM Centre for Research Services for more information or because you have a comment or complaint about this research or about me, please call (+264 61) 206 4673, or write an e-mail to research@unam.na. Please provide specific information.
 7. Thank you very much for your willingness to participate in this research

Informed Consent

"By clicking ACCEPT, I declare that I understand that my participation is voluntary and that my identity will not be revealed in any way, and I agree to filling in the questionnaire. I can leave the questionnaire at any time without any negative consequences."

Do you want to participate?

- ACCEPT
- DO NOT ACCEPT

APPENDIX E – Semi Structured Questionnaire

"Exploring the Psychological Impact of COVID-19 by Teachers from selected schools in the Khomas Region, Windhoek: Experiences and Coping Strategies."

Hello, my name is Noniwa Gqwede, a Master's Clinical Psychology student at the University of Namibia and I am conducting research about the psychological impact that COVID-19 had on teachers, their experiences and coping strategies.

I would like to invite you to take part in this survey, because you are a teacher who has experienced the effects of returning to face-to-face teaching during and post the pandemic.

The research I am conducting has been approved by the UNAM Research Ethics Committee. I would appreciate it very much if you would complete this questionnaire, and I would like to assure you of the following:

- a. You do not have to fill in this questionnaire if you do not want to.
 - b. You can stop filling in the questionnaire and stop participating at any time if you want to, and there will be no negative consequences for you.
 - c. Your participation is completely anonymous. This means that, even if I ask information that might identify you or if I know you, I am not allowed to make your identity known to anyone. When I report on my questionnaires' data and results, I will not mention any personal information about participants that might identify them.
 - d. All completed questionnaires and data will be stored in a safe and secure place, and only I will have access to it. After the study, all the questionnaires and data will be permanently deleted.
2. If you have any questions about this questionnaire, or if you do not understand anything, please feel free to ask me before you start with the questionnaire, and I will be happy to explain it to you.
 3. If you want to know more about the research I am doing, please feel free to ask me, and I will be happy to tell you more.
 4. You can reach me on my cell phone at 0812961301, or send an e-mail to gqwedenonnie@gmail.com
 5. It should take about 10 to 15 minutes for you to complete the questionnaire.
 6. If you want to contact the UNAM Centre for Research Services for more information or because you have a comment or complaint about this research or about me, please call (+ 264 61) 206 4673, or write an e-mail to research@unam.na. Please provide specific information.

7. Thank you very much for your willingness to participate in this research

Informed Consent

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1. Do you want to participate?

Mark only one oval.

- ACCEPT Skip to question 2
 DO NOT ACCEPT Skip to section 8 (Participation Declined)

Part 1 - Demographic Information

Please select one that applies to you:

2. 1.1 AGE

Mark only one oval.

- 20-25
 26-35
 36-45
 46-60
 Other: _____

3. 1.2 GENDER

Mark only one oval.

- Male
 Female
 Prefer not to say

4. 1.3 TEACHING DURATION

Mark only one oval.

- 1-5 years
- 6-10 years
- 11-15 years
- 16-20 years
- 25+ years
- Other: _____

Part 2 - Physical Symptoms

Please select the physical symptoms you have experienced.

5. 2.1 Have you experienced any physical symptoms related to COVID-19 when you returned to face-to-face teaching?

Mark only one oval.

- Yes
- No

6. If you answered "Yes above" please select the symptoms you have experienced:

Tick all that apply:

- Fever
- Dry cough
- Tiredness
- Aches and pains
- Sore throat
- Diarrhoea
- Conjunctivitis
- Headache
- Loss of taste or smell
- A rash on skin, or discolouration of fingers or toes
- Difficulty breathing or shortness of breath
- Chest pain or pressure
- Loss of speech or movement
- Other: _____

7. 2.2 How did you cope with the symptoms you have selected above: (Please describe)

Part 3 - Psychological Symptoms

Please select the psychological symptoms you may have experienced.

8. 3.1 Which Psychological Symptoms did you experience? (Whether covid positive or negative) (Please select as many as you have experienced)

Tick all that apply

- Feelings of sadness, tearfulness, emptiness or hopelessness.
- Anger outbursts, irritability or frustration, even over small matters.
- Loss of interest or pleasure in most or all normal activities, such as sex, hobbies or sports.
- Sleep disturbances, including insomnia or sleeping too much.
- Racing thoughts.
- Uncontrollable over-thinking.
- Difficulties concentrating.
- Feelings of dread, panic or 'impending doom'.
- Heightened alertness.
- Problems with sleep.
- Upset stomach, including diarrhea, constipation, and nausea.
- Aches, pains, and tense muscles.
- Chest pain and rapid heartbeat.
- Insomnia.
- Frequent colds and infections.
- Loss of sexual desire and/or ability.
- Changes in appetite.
- Other: _____

9. 3.2 How were you able to cope with the symptoms of depression, anxiety and stress mentioned above? (Please describe) Example: Therapy, self-care, substance use, etc.

3.3 General Health Questionnaire-12

HOW OFTEN HAVE YOU EXPERIENCED THE FOLLOWING? (PLEASE PICK WHAT IS APPLICABLE BELOW).

10. 1. Been able to concentrate on what you're doing?

Tick all that apply.

- Better than usual
 Same as usual
 Less than usual
 Much less than

11. 2. Lost much sleep over worry?

Tick all that apply.

- Not at all
 No more than usual
 Rather more than usual
 Much more than usual

12. 3. Felt you were playing a useful part in things?

Tick all that apply.

- More so than usual
 Same as usual
 Less useful as usual
 Much less useful

13. 4. Felt capable of making decisions about things?

Tick all that apply.

- More so than usual
 Same as usual
 Less so than usual
 Much less capable

14. 5. Felt constantly under strain?

Tick all that apply.

- Not at all
- No more than usual
- Rather more than usual
- Much more than usual

15. 6. Felt you couldn't overcome your difficulties?

Tick all that apply.

- Not at all
- No more than usual
- Rather more than usual
- Much more than usual

16. 7. Been able to enjoy your normal day-to-day activities?

Tick all that apply.

- More so than usual
- Same as usual
- Less so than usual
- Much less than usual

17. 8. Been able to face up to your problems?

Tick all that apply.

- More so than usual
- Same as usual
- Less so than usual
- Much less able

18. 9. Been feeling unhappy and depressed?

Tick all that apply.

- Not at all
- No more than usual
- Rather more than usual
- Much more than usual

19. 10. Been losing confidence in yourself?

Tick all that apply.

- Not at all
- No more than usual
- Rather more than usual
- Much more than usual

20. 11. Been thinking of yourself as a worthless person?

Tick all that apply.

- Not at all
- No more than usual
- Rather more than usual
- Much more than usual

21. 12. Have you recently been feeling reasonably happy, despite all things considered?

Tick all that apply.

- More so than usual
- About same as usual
- Less so than usual
- Much less than usual

Part 4 - Interaction with Learners

22. 4.1 How have the above psychological and physical symptoms affected your interactions with your learners? E.g. Were you able to provide counselling services effectively? (Please describe the challenges you faced)

23. 4.2 What did you do to cope with the affected interactions towards your learners (if any)?E.g.: Therapy, self-care, substance use, etc. (Please describe how you coped)

Thank you for your participation

Participation Declined

You have selected not to participate - you can click the submit or simply close your browser.

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