

RESEARCH ARTICLE

An Exploratory Study of the Effects of the COVID-19 Pandemic and Lockdown on the Emotional and Social Well-being of Students Enrolled at a University of Technology

Nalini Govender,* Poovendhree Reddy** & Raisuyah Bhagwan***

Abstract

This qualitative descriptive study explored the effects of the COVID-19 pandemic and the subsequent lockdown on the emotional and social well-being of students enrolled at the Durban University of Technology, South Africa. A sample of students was selected across all levels of study (first, second and third years and postgraduates), using convenience sampling. Data saturation was reached after interviewing the fifteenth participant on Microsoft Teams. The interview schedule included details on understanding how the pandemic and the ensuing lockdown affected students' emotional and social well-being. Interviews were recorded, transcribed and subjected to content and thematic analyses. Four broad themes emerged, viz., fears associated with coronavirus and its transmission; the lockdown experience; personal anxiety and mental health; as well as financial distress. Our study highlights the potential risks associated with the emotional and mental health status of our cohort in the advent of the COVID-19 lockdowns that characterised the immediate responses of the South African Government and institutions of higher learning to the pandemic outbreak. These data may assist our understanding of the possible adverse effects on emotional and social well-being amongst a university population. These are important factors for higher education institutions to consider in order to provide better mental health support to students.

Keywords

coronavirus, transmission, lockdown, personal anxiety, mental health, financial distress

Introduction

The recurring fluctuations in COVID-19 infection rates have seen many countries shift between varying levels of “lockdown”. While the lockdown strategy has been essential in curbing the exponential rise of COVID-19 cases, it has increased anxiety and adversely affected mental strength (Shigemura et al., 2020). University students

* Nalini Govender is senior lecturer in the Department of Basic Medical Sciences at the Durban University of Technology, South Africa. Email: naliniip@dut.ac.za. ORCID: 0000-0002-4047-6340.

** Professor Poovendhree Reddy is full professor and senior lecturer in the Department of Community Health Studies at the Durban University of Technology, South Africa. Email: PoovieR@dut.ac.za. ORCID: 0000-0003-0197-8951.

*** Professor Raisuyah Bhagwan is full professor in the Department of Community Health Studies at the Durban University of Technology, South Africa. Email: bhagwanR@dut.ac.za. ORCID: 0000-0002-1584-9432.

are prone to loneliness, characterised by a psychological state that predicts poor mental health outcomes (Auerbach et al., 2016; Bruffaerts et al., 2018; Hunt & Eisenberg, 2010; Vasileiou et al., 2019). The current pandemic adds to the academic, social and personal stresses that this population is subjected to and may substantially impact the academic and mental health of the university milieu in the longer term (Araújo et al., 2020; Sahu, 2020).

The suspension of in-person classes by universities in efforts to curb the spread of the coronavirus resulted in students expressing concerns regarding their education, socio-economic issues, the safety of their families, and their education, thereby predisposing them to increased anxiety (Zhai & Du, 2020). High anxiety levels amongst a Chinese medical college student cohort were significantly correlated with factors such as being in contact with a COVID-19 positive patient (Cao et al., 2020). In Albania, quarantine procedures significantly influenced depression levels amongst nursing and midwifery university students and their families, emphasising the necessity of mental health service provision during quarantine (Mechili et al., 2021). Depression levels increased to almost 60.9% during the lockdown among a Greek university cohort (Kaparounaki et al., 2020). In China, no change was noted in the incidence of depression or other mental health issues amongst those resuming face-to-face employment during the pandemic, which may be attributed to renewed self-assurance achieved during psychoneuroimmunity prevention practices prior to work recommencement (Tan et al., 2020).

In a Spanish university group, however, COVID-19 quarantine measures resulted in higher Impact of Event Scale (IES) scores associated with anxiety, depression, and stress amongst students (Odriozola-González et al., 2020). It is possible that the high IES scores observed may be attributed to a more pragmatic attitude and the varying discipline-specific training students receive. Similarly, Wang and colleagues demonstrated significant emotional and adverse mental health symptoms associated with anxiety, stress, and depression, albeit in a general population in China (Wang et al., 2020). The consequences linked to academic progress is likely to adversely affect the emotional and mental health status of students. An exploratory report evaluating changes in social networks and mental health in Swiss undergraduates identified COVID-19 related stressors, such as physical and societal isolation and limited emotional assistance, as significant correlates with negative mental health symptoms (Elmer et al., 2020). Limited physical access to universities and social distancing may contribute negatively to the social integration of the student, resulting in feelings of isolation and increased vulnerability to further emotional and mental health symptoms.

Due to the national lockdown associated with the COVID-19 pandemic, the emotional and mental health of South African youth aged between 18–35 years was also evaluated using the 10-item Centre for Epidemiological Studies on Depression Scale (Mudiriza & De Lannoy, 2020). Findings from this web-based cross-sectional investigation demonstrated a 72% prevalence of depressive symptoms amongst this age group. The findings indicate that mental health issues among youth require closer scrutiny (Mudiriza & De Lannoy, 2020).

It is also important to understand the lived experiences of students from Africa, more specifically South Africa, with regard to lockdown, as limited resources and infrastructure may adversely impact on emotional and social well-being. Of note, approximately 89% of the South African learners lack the basic online learning necessities such as personal computers, laptops and/or internet access, consequently reducing the success rates of remote learning (Mhlanga & Moloji, 2020). Despite the support received from the South African government regarding the continuation of teaching and learning amidst the COVID-19 lockdown (Dube, 2020), the limited access to information and communication technologies (ICT) and personal electronic tools remains a major issue for many, which can adversely impact the emotional and social well-being of the student (Dube, 2020).

Based on the quantitative findings reported by Dube (2020), it was prudent to undertake a qualitative enquiry to understand the underlying reasons for this decline in the mental health and social well-being of this vulnerable population. Hence, we explored the impact of the pandemic and the lockdown on the emotional and social well-being of students enrolled at a university of technology (UoT) in an attempt to understand the possible ramifications on their mental health.

Methods

Research design

This study adopted a descriptive qualitative design. The study was exploratory in nature, with the objective of understanding the experiences of students related to the COVID-19 pandemic. The study took the position that students' experiences related to the pandemic were important, given that it could enhance knowledge related to the psycho-social effects of COVID-19 on university students. The use of semi-structured one-on-one interviews was considered most appropriate, given the pursuit of the subjective experiences and situational meanings of the participants' experiences (Liamputtong, 2010). Taking an interpretivist position, these methods were used to reveal participants' subjective life experiences, regarding the COVID-19 pandemic.

Study participants

The participants were drawn from the faculty of health sciences at a UoT in Durban. The researchers approached the executive dean of the faculty for permission to recruit students to participate. Given that this was an exploratory study, non-probability sampling strategies, specifically convenience sampling was used to guide sample selection. Convenience sampling is a type of non-probability or non-random sampling where members of the target population that meet certain practical criteria, such as easy accessibility, geographical proximity, availability at a given time, or the willingness to participate, are included for the purpose of the study (Dörnyei, 2007). Participants were recruited from three different departments in the faculty and included both undergraduate and postgraduate students. Fifteen students participated in the study,

with the majority aged between 19–25 years, of which 14 were females. Data collection continued until saturation was achieved with the fifteenth participant.

Data collection

Data was collected between July and August 2020. Students were recruited through liaison with the department heads in the faculty of health sciences. To achieve the study objectives, the interviews were semi-structured in nature which allowed flexibility in data collection. A pre-determined interview schedule was used to facilitate the same. The interview guide (Table 1) was developed by the team of researchers in accordance with the objectives. Since this was a qualitative study, the guide was not pilot tested as it allowed for flexibility in terms of adding probing questions. The advantage of semi-structured interviews is their capacity to invite the interviewee's experiences and encourage broader dialogue, while remaining confined to the focus of the research (Brinkmann, 2014). Interviews were held online via Microsoft (MS) Teams due to lockdown regulations. Interviews lasted between 30 and 60 minutes and were audio recorded.

Table 1: Interview guide

Questions that guided the interview
1. Can you share with me how you experienced the COVID-19 pandemic?
2. Probe: Did you understand the physical aspects of its transmission and its effects?
3. Can you describe how you understood the lockdown ... (Probe: Where was this)?
4. Can you share with me what the experience of the lockdown was for you and your immediate family?
5. What were some of the anxieties and stresses you experienced
a) personally, and
b) academically?
6. Can you describe some of the most challenging moments for
a) yourself, and
b) your family?
7. What was the experience of being disconnected from normal university life and how did it affect you and your studies?
8. What are some of the ways that the university can support you once normal campus activity resumes?

Ethical considerations

The study was approved by the Durban University of Technology Institutional Research Ethics Committee (IREC 061/20). Informed consent was obtained from the students prior to their participation (Kendrick et al., 2008), with written information regarding the study provided in English. Volunteers were also given choice around participation, including the time of interview and audio recording. Participants were clearly informed of the non-compulsory nature of the research, and that they could withdraw and/or cease from participating at any time, thereby minimising the potential for coercion.

Strategies applied to enhance trustworthiness

The four criteria of credibility, dependability, conformability, and transferability were used to ensure the trustworthiness of the study (Guba & Lincoln, 1994). Credibility was ensured as all three researchers were employed at the university and were familiar with the culture of the setting. Participants were asked to provide honest responses, by reassuring them that there were no “correct” responses to any questions. Those who agreed to participate were further allowed to refuse participation, such that data collection included only those willing to partake and offer data freely. Data analysis was undertaken by an experienced qualitative researcher and involved individual analysis together with group discussion and interrogation of the emerging categories with two other researchers. Hence credibility was achieved as the themes and conclusions were confirmed by three researchers from different disciplines. Transferability was achieved by providing a description of the higher education context to allow sufficient detail for the reader. A detailed description of the research process has been provided to assist with dependability. Confirmability was achieved through keeping records and transcripts of all interviews.

Data analysis

Data analysis first involved completing a data extraction table to record key participant data including age and gender. Interviews were transcribed verbatim which formed the corpus of data that underwent analysis for this study. Data were analysed for coding by a team of three co-coders and the thematic analysis process drew on the work by Braun and colleagues (Braun et al., 2019). Analyses involved familiarising the researchers with the data, which was achieved by listening to the audio tapes several times. This was followed by a reading of the verbatim transcriptions, discussions, reflecting on the data and re-reading of the transcripts. Initial codes were developed to encapsulate and mirror important concepts and participant experiences in the data (Flynn & McDermott, 2016), followed by a broader search for themes and relationships. This process was essentially inductive, with the intent of keeping analysis close to participants’ experiences that were significant and meaningful to them (Boyatzis, 1998).

Results and Discussion

We sought to understand how the pandemic and lockdowns influenced the emotional and social well-being of UoT Health Sciences students. Current challenges experienced by university students may be seen as existing on a continuum. The pandemic intensified existing social and economic inequalities amongst vulnerable and marginalised groups, while creating new challenges related to wellness and mental health (Naidoo & Cartwright, 2020). Four broad themes emerged in the data, viz., fears associated with coronavirus and its transmission; the lockdown experience; personal anxiety and mental health; and financial distress. For all themes, direct participant quotes are italicized and are described.

Theme 1: Fears associated with coronavirus and its transmission

Theme 1 highlighted the limited understanding regarding transmission, spread and impact of the coronavirus on personal health. Seemingly, students' risk perception was influenced by an initial lack of understanding of COVID-19 and the transmission process. This uncertainty may have contributed to increased fear and worry and stricter self-isolation, which could lead to feelings of loneliness and despair. Participant 2, 3 and 4 shared similar accounts:

I was really scared to travel because the same transport we are using maybe there is a person who is positive since it can be easily transmitted. (P2)

I try by all means to make sure that I don't get exposed to the outside world. (P3)

I was really afraid to go out because in the beginning they weren't even sure about how the virus is being transferred ... someone saying you can get it through the air, some were saying not. (P4)

In the faculty of Health Sciences, students who needed to complete laboratory practicals and clinical work were eventually allowed back on campus into specific residences under COVID-19 protocols. However, insecurities relating to coronavirus transmission led to increased anxiety among many students returning to campus after the lockdown:

It can be easily transmitted because we are using the same bathroom, using the same sink, we are using most of the things that we have ... in my residence, in my room, we are sharing them ... it's highly transmissible to us since we are like four. (P2)

This virus is very different from the other viruses because you could be walking around with this virus and you could be asymptomatic ... you don't show any symptoms, but you could be infecting ten other people, you know. (P5)

A limited knowledge about COVID-19 is reported to worsen mental health by increasing anxiety, depression, interpersonal problems, and substance use (; Zhao et al., 2020; Zhong et al., 2020). Self-imposed isolation represents an extreme disruption to social life and can aggravate loneliness (Killgore et al., 2020), as well as prevent student access to emotional and psychological support, even if it is peer support. During the pandemic, electronic/social media contributed to an exponential growth in individual knowledge regarding the virus, resulting in an "infodemic" as well as dissemination of inaccuracies regarding the spread and treatment of COVID-19. Moreover, the fear emanating from the "infodemic" escalated anxiety, predisposing many to mental ill-health. Hence, it is possible that this information overload can result in fear and distress associated with feelings of hopelessness.

I think they overwhelmed us with information they gave. They put too much pressure on the topic. And it wasn't healthy. So I think they should have limited the amount of information they were putting out because some of them weren't even legitimate and they were scaring everyone. (P4)

Dealing with self-quarantine, panic associated with becoming infected and the stigma of being infected thus increased the risk of stress amongst many. Findings from a South

African university highlight the discomfort experienced by many students during the lockdown, and the consequent feelings of social disconnection and adjustment issues associated with academia (Visser & Law-Van Wyk, 2021). Moreover, first-year students in their cohort seemed to experience greater emotional struggles than older students, possibly because of inadequately developed coping skills.

When I heard about the virus, I just couldn't believe it, I just thought that everything is going to end ... we just going to die and having to realize that so many people around the world are affected by this. Being in a developing country, I actually just thought everything is going to be havoc after that. (P8)

In China, an increase in stress levels was also associated with concerns about family members contracting COVID-19 (Charles et al., 2021). Consequently, constant fears and misconceptions about COVID-19 may have resulted in emotional disorders (Akdeniz et al., 2020). In our study, major concerns over loved ones, especially for the elderly, parents and family with pre-existing comorbidities, was shared by participants.

My mom also happens to be a frontline worker ... one of her challenges is being able to fulfil all those work hours, but also making sure that she's not contracting the virus and making sure she's maintaining a social distance at work. (P7)

My sister happens to be type one diabetic with renal complications. And so one thing I was constantly concerned of was if it had been transmitted from me to her, if I was infected, my biggest concern and still is giving the virus to someone else, whether that be a family member or someone else. (P7)

Theme 2: Lockdown experience

In theme 2, the stress associated with experiencing the lockdown and consequences for personal health were highlighted. The abrupt shutdown of South African higher education institutions and student confinement to their homes under national lockdown regulations, represented a profound loss of freedom and autonomy for students (Naidoo & Cartwright, 2020). The academic infrastructure provided by universities (i.e. access to libraries and internet connectivity) supports students' ability to meet academic requirements. The sudden and enforced move back to their homes, however, created major distress as, for many, their home environments were not conducive to learning activities. Students may have overlooked the severity of the threat of COVID-19 while still at university prior to the lockdown. However, as soon as they were forced to leave the university due to the lockdown restrictions, the personal impact was felt and they began to acknowledge the crisis. Participants 8 and 9 share similar accounts:

Firstly, I don't want to go home because all of a sudden you just told to go home with all the plans that you have made. But then on the other hand, you also fearing that maybe this is actually more serious, than you actually think. (P8)

It was a bad experience because first of all, we were not aware of it and it influenced us badly because now we had to leave school and go back home and the lockdown restricted us to do the things that we had to do before. (P9)

The lockdown was an important strategy to break the chain of transmission, but it also created restlessness and boredom. Domestic confinement appears to be more difficult for impoverished students living in homes with poor infrastructure, overcrowding, and severe spatial constraints with limited privacy and/or opportunities for studying and relaxation (Naidoo & Cartwright, 2020). The confinement left some feeling isolated and stressed, socially disconnected.

The most difficult parts now because you see we are from rural areas. So definitely no one wants to be stuck in rural areas because there are no facilities for us as young children as young adults. (P3)

We are not really from an advantaged background, its really disadvantaged. So you see we have to share bedrooms and all that. So now having to have my quality space or some quiet space, it's really difficult because we are sharing a room. (P3)

We were so stressed that we were not even going out of our yard. When they said lockdown all of us were just in our house. But then we started to realize that what it means is that you just don't go to public gatherings and go out to. (P5)

Participant 11 voiced her concern about the implications of the lockdown restrictions for families with issues such as domestic violence and abuse. The notion that such victims remained trapped in their abusive environment, with limited recourse for outside assistance bears reference to the ongoing discussion about gender-based violence during the lockdown periods and beyond.

Lockdown meant no contact with the outside world. We should remain isolated with our families. That being said, I also thought what would happen to those who have to be forced to stay indoors in an environment where they are subjected to abuse, violence or depression. For us it was okay because it was time we could use to spend with our families, but for others the circumstances could not have been the same. It would have been their worst nightmare that no one could really help them with. (P11)

Theme 3: Personal anxiety and mental health

Mental health support during public health emergencies is imperative. This theme highlighted the impact of the pandemic on personal mental health and well-being. The mental health status of university students during the COVID-19 pandemic should be prioritised, particularly as mental disorders that first appear during young adulthood can negatively impact developmental trajectories through reduced educational achievement, increased substance use, and poor health behaviours (Sun et al., 2021). Participant 2, 5 and 9 reported:

I was really scared because you can't see if a person is positive with this virus, you can't see the person. (P2)

It was very stressful because, remember, the only thing we did, we were watching news because it's something that's unprecedented. It's never happened before. So we take so much of uncertainty, you know, so we just sit and watch the news and check updates on the virus and how many people are infected and how many people died. (P5)

I'm so scared of COVID-19 because people are dying. So, I was so stressed because I didn't even know what's going on. So, the first time that I experienced the lockdown in my whole life so I was so stressed. (P9)

Findings from a meta-analysis of longitudinal studies exploring the link between COVID-19 lockdown and mental health, confirms a disparate psychological impact within various social clusters, settings, and nations (Prati & Mancini, 2021). These findings, however, cannot be generalised across countries, as data from various geographical regions like South America and Africa were unavailable for interrogation in the meta-analyses. In South Africa, mental health support is essential since students are already navigating multiple challenges including difficulties with finances, depression, sleeping, family and personal relationship problems, anxiety, as well as academic issues (Bantjes et al., 2019; Laher et al., 2021; Schreiber, 2007).

Notably, the South African national lockdown associated with the COVID-19 pandemic negatively influenced both academia and the physical health of socio-economically disadvantaged students registered at a university based in a rural area (Makgahlela et al., 2021). Students there reported experiencing major challenges in accessing remote learning because of inadequate access to ICT tools, data and internet connectivity. These findings confirm that rural-based universities require major support from both government and private sectors to improve ICT infrastructures and provide physical and mental health support to maintain their basic right to teaching and learning (Makgahlela et al., 2021). Tellingly, university healthcare services were identified as convenient medical care access sites for many students, access to which was thus compromised by the lockdown, leaving the general physical health needs of such students neglected.

Feelings of depression and the sense of heading towards mental breakdown were also reported, although none sought professional assistance. The excerpts below are self reported:

Days became weeks and weeks became months up to a point where I actually had a breakdown. (P8)

I was so depressed. First of all, it was schoolwork because, since I'm doing my last year, I was worried when I'm going to start my research, my master's, and I was also worried about home since my mom and dad was not working anymore on how we were going to survive. (P9)

Zhai and Du (2020) highlight the effectiveness of health-support mechanisms such as online counselling support via social media (Zhai & Du, 2020), a practice which is corroborated by others (Cao et al., 2020; Irawan et al., 2020) as a major support structure. Online counselling support thus holds the potential of contributing towards improving teaching and learning, as well as the physical, social and mental health of students during the pandemic and in their emergence from the lockdown. Anxiety, fear and feelings related to stress and depression emerged from several participants. Students worried about becoming infected, and the media updates seemed to exacerbate their

anxiety levels. It is possible that following new case (incidence) and death (mortality) counts updated on a daily basis may be associated with increased levels of fear and anxiety.

Medical students are reported to have experienced unparalleled levels of depression and anxiety under the prevailing global pandemic situation (Islam et al., 2020), which may be attributed to their anxiety about their future roles as frontline healthcare professionals (Rakhmanov & Dane, 2020). In our study, participants shared feelings of fear and anxiety as well as sustained sleep loss:

I could barely sleep. I couldn't do anything because there was this uncertainty. All the time you thinking about this and especially the death rates, the death, every time you're hearing someone die. (P4)

I went to a general practitioner, I had difficulty sleeping. I told her with the virus outbreak, I actually saw the end of everything because this was supposed to be my last year in a varsity, where I actually next year wanted to get a job and also pursue with my studies further. So, I just saw everything [as] pointless. So it was rather emotional and hard to accept. (P8)

Sleep disturbances together with somatic complaints such as back pain, eye strain, increased headaches, migraines and stomach cramps associated with the COVID-19 pandemic was also reported by another student cohort (Laher et al., 2021). In our study, a major concern reported was the fear associated with inadvertently transmitting COVID-19 to others and bearing the guilt and responsibility for transmission:

The biggest concern that I had was that fear. I was just very concerned about being the one that, you know, spreads that to someone else, whether it be a stranger or a family member. I have a real fear that I'm going to make someone else sick and be blamed for someone else's death. (P7)

Stigma and discrimination has been associated with COVID-19, particularly during the initial stages of the pandemic. We learnt from South Africa's public health responses to HIV and the HIV/TB co-infection that stigma and social isolation negatively impact prevention campaigns and may cause reluctance to get tested (Padmanabhanunni & Pretorius, 2021). A similar pattern has been observed with COVID-19, and needs addressing through community outreach and support programmes, as well as increased information literacy. Students in this study also shared their concerns related to social isolation. Simple everyday tasks such as shopping or using public transport (e.g. taxis) created episodes of fear and anxiety related to contracting COVID-19.

In spite of the fearfulness, the level of understanding and knowledge related to the transmission and prevention of COVID-19 was good; however, panic associated with "knowing too much" may have aggravated fear. Fear emanating from the information overload exacerbated feelings of anxiety amongst many as they continued with daily activities such going out to buy basic necessities.

Whenever I would go out to the shops and stuff, we'd always be left on panic mode, you also very stressed out. And when you go out, you know, so most of the anxiety was related to that going out and hoping that you don't mistakenly touch something, because I have a very bad habit of touching

my face. It's sometimes ... an involuntary action, you know ... my fiancé is an essential worker. So personally I was very stressed out because he would be out there. (P5)

So it's been stressful because some of the people do not wear their mask even the taxi drivers, their helpers do not wear a mask. They will take full loads of people without making sure that everyone is safe and giving them sanitizer when they're in the taxi. So you have to think a lot when have to go out of what to do and how to make sure that you are safe at all times. (P6)

University students experienced disruptions in their living situations, financial status, education and social lives. Participants shared concern about their academic progress and employment and referred to these as additional sources of distress.

Feel overwhelmed and scared at the same time? I'm asking my friends who were job hunting and some of them are saying they actually don't want a job right now, their lives are going to be in danger. (P4)

Given that approximately 20% of college students are reported to have a mental health disorder, though many go untreated (Auerbach et al., 2016), the advent of the COVID-19 pandemic has left this population at particular risk (Charles et al., 2021). A global study examining experiences of students in 62 countries found that students expressed concerns about their academic and professional careers, as well as feelings of boredom, anxiety and frustration (Browning et al., 2021). Increased anger, sadness, anxiety and fear were also reported by students in China (Cao et al., 2020). Students in Switzerland reported a decrease in social interaction and higher levels of stress, anxiety and loneliness (Akdeniz et al., 2020).

Providing space for mental self-care in the curriculum may help unpack issues that normally seem taboo, so that students are not afraid or embarrassed to seek assistance when required. Moreover, universities should consider disseminating webinars on mental health education and self-care programmes, with support and/or referral being readily available after the presentations. These initiatives may enhance students' well-being and positively impact their academic success, developing graduates with adequate attributes for our future work force.

Theme 4: Financial distress

The pandemic has had an unprecedented effect on the economy by decreasing employment levels and thus livelihoods. Mental well-being is almost irrevocably tied to an individual's financial well-being. The financial stresses caused by the pandemic and its impact on the students' well-being were emphasised in theme 4. Students spending more time at home have experienced their families' financial trials first-hand, as shared by participants 3, 10 and 11:

You have to stay with your parents 24/7 and now I can see that they're actually taking a lot of strain financial-wise and also psychological because you see when you actually staying with your kids and now there's no income and all that so you can see that they are stressed but on the other hand there are trying to hide this from us. (P3)

It caused a lot of financial strain. We have a very minimal financial support coming from one person to sustain the whole family. Eating was the most common activity which required the purchase of groceries more than usual. However, it did strengthen bonds as a lot of games, talks and family time was had. (P10)

My sister and brother have lost their jobs and we are now stressed due to the economy going downhill and will they be able to get jobs again soon. (P11)

Besides fear and anxiety, the threats of not being able to access basic needs like food and shelter have perpetuated psychological manifestations. The informal sectors have been most affected, and the consequent uncertainty as they struggle for their livelihoods leads to depression and/or suicidal ideation, and even suicide (Kumar & Nayar, 2020). Participant 3 shared how her parents were affected:

The main strain they are actually facing [is] just the financial strain as I've said because well, they're not working currently like we do have a ... we have a small bottle store, it's a tavern actually so it was closed from March up until late June. (P3)

Our findings corroborate the report by Charles and colleagues that the continuous spread of the pandemic, strict isolation measures and delays in getting back to “normal” in universities, has significantly impacted the mental health and well-being of students (Charles et al., 2021). This situation is likely to worsen before it stabilises, as insecurities about future employment and financial stability also contribute to the mental health burden.

Practical Implications and Recommendations

The findings of this study may be used to inform relevant university stakeholders on the emotional and social well-being of our students, particularly those with limited resources, so that they may assist in future preparedness for outbreaks of pandemics such as COVID-19. While professional help may not be readily available to all students (access may be restricted by stigmatisation and financial barriers), it is prudent that students are advised of personal coping strategies to avoid negative psychological impairment (Charles et al., 2021). Some strategies include avoiding excessive exposure to COVID-19 media coverage but simultaneously ensuring one is well-informed via reliable sources; enhancing and/or maintaining physical health; seeking out safe (e.g. virtual) ways to obtain social support; maintaining daily routines; and engaging in relaxation techniques to reduce stress.

In South Africa, universities can assist by providing some of these options through webinars and virtual programmes that promote mental health; including mental and emotional health topics in mainstream curricula, where students would be encouraged to engage with such issues. Universities can also provide links to telehealth networks facilitated by their campus clinics. Fruehwirth et al. (2021) have aptly written that students must “Maslow before they can Bloom” (i.e. their basic physiological, psychological, and safety needs must be met prior to their focusing on academic life).

Thus, universities should provide support for student mental health and well-being, before expecting throughput and output, in a manner that promotes academic recovery in order to produce balanced graduates.

Greater experience sharing and support seeking among peers could be established and supported by “student ambassadors” or “buddies” (Vasileiou et al., 2019). It would be overly optimistic to suggest that professional help is made available to all students, as such services are under-resourced in our universities. Sensitising academic tutors and supervisors to identify signs of loneliness and signpost students at risk may improve their chances of referral to suitable support services (Vasileiou et al., 2019). Thence, the provision of suitable and relevant online coping strategies, educational, psychological and peer support by the university healthcare services is vital in developing academic resilience in students, maintaining their mental health and improving their adjustment during future public health crises.

Conclusion

Our data highlight the potential risks associated with the emotional and mental health statuses of our student cohort. The pandemic has had an unprecedented effect on the economy, by increasing unemployment and decreasing livelihoods. Universities are required to take into consideration issues pertaining to financial support and the subsistence of disadvantaged students, as well as regularly providing online mental health support, which may improve the overall well-being of our students. Our data may assist in mitigating possible adverse complications on mental health, including the emotional and social well-being, of a university population.

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Conflict of Interest

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