Effects of Unemployment, Precarious Jobs and COVID-19 on Mental Health of People

Ms. Noor ul Nisa. Ms. Fatima Imran Malik, Ms. Maimona Munir, Mr. Azhar Farooq. Dr. Muhammad Salman Butt, Dr. Javeria Saleem.

Department of Public Health, University of Punjab, Lahore, Pakistan

Corresponding author Ms. Areeba Usman
Email: areebausman43@gmail.com

ABSTRACT

The Covid-19 crisis has left an impact over the globe. It has a mark over world's economy as well as the wellbeing of its people (whether it be social, mental or physical health). The world has experienced a social catastrophe that would be last for years. Pakistan, being a developing country and continuously striving to stabilize its economy is seriously affected by such pandemic. The study design has been planned in order to estimate the economic instability and unemployment rate of Pakistan (Lahore) in the time of pandemic and the mental conditions of people affected by this. A cross sectional study was conducted for this purpose where with the help of questionnaires, we get their demographic data and research data, also score their stress level (through percieved stress scale) in the time of the pandemic. The participants were selected consistently from age group ranging from 20-50 years of age. The participants selected conveniently. When the collection of data was done, the analysis has been made through SPSS to check the validity of the data, chi sq test was performed for furthur analysis. It has found that majority of people (66%) faced unemployment during Covid-19 and there prevailed insecurity (50%), mental exhaustion (56%) and constant fear of future, of not being able to meet their daily demands. Also 52% people were mentally unstable to found that they're suffering from Covid-19 while 60% were stressed for the insecurity of food. 90% were belong to middle class and were mentally stressed. The Covid-19 pandemic has horribly affected the country. Being a developing country, it is difficult to stabilize it's shaking economy as everyone has been affected by it, most of the people were left unemployed, internally displaced to search for living and most of all their mental conditions became unstable. Hence, the study provides a depiction of country's economics altogether with the mental condition of people during Covid-19 Pandemic.

INTRODUCTION

The Covid-19 pandemic has affected the globe in several ways, it altered the mode most people live and do labor(Chirkowska-Smolak & Chumak, 2021). Specifically, it had shaken the economic stability all around the world. Even the developed countries were under huge crisis at the times of Covid-19. And European realms tried to investigate its effect over economic crisis that the globe is facing(Zamorano González et al., 2021). This has a detrimental effect on the overall health of people either it is physical, mental or social health but it has adversely affected the mental health of people. Effect can be differed on the basis of more vigorous economic countries. Globally, international labor organization stated that the unemployment rate has increased from 192.7 M in 2017 to 193.6 M in 2019. Mental health disorders being highly prevalent among the countries (Chirkowska-Smolak & Chumak, 2021).

The people with precarious jobs were more vulnerable as they have lost their jobs during pandemic and there is direct relationship between unemployment and mental health as it causes depression anxiety and stress in a lot of people especially those who are the one and the only working member of the family. In the wake of the COVID epidemic and the closure demanded by indirect governments, unemployment throughout Asia is expected to rise by 15 percent by 2020. India is expected to fight heavily in Asian countries, apparently at an alarming rate of 23.5 percent unemployment., and Bangladesh by 12.5 percent next. Japan and China, on the other hand, are expected to have a 3.9 percent unemployment rate(Lai et al., 2021). During Covid-19 everyone has different reasons but the stress was same. Some lost their jobs because they got Covid-19 some were working from home but did not get enough salary few were facing this problem as the reduction of economic activity in the country.

As mentioned above everyone was surviving but the difference comes between people having permanent jobs and precarious jobs as the precarious employment is always at risk and they workers are not confident about it so they have damaging effect on mental health. People facing mental disorders are more from lower socio-economic status for example labor class, single mothers and lower working class as they do not have that much savings and losing a job was a real trauma for them (Apouey et al., 2020). And these mental traumas lead to disturbance in mental, physical and social health as well. Although young adults are less

likely to be exposed to Covid-19 adverse health outcomes, young people are not immune to the effects of the global epidemic of uncertainty and subsequent economic and employment headaches may be a burden on mental health of young adults (Ganson et al., 2021).

In young people unemployment leads to criminal activities and especially in Covid-19 when everyone in under lockdown and it affects the psychological crimes like drug addiction to calm oneself and take a break from the pressure one is facing due to low self-esteem, depression and low confidence people may get suicidal thoughts. WHO measured young adults as afresh appeared susceptible groups for mental disarrays (Mokona et al., 2020). It also has bad influence on the environment of the house and family as the person with such a bad mental condition will always in a bad mood and will transfer bad vibes to everyone in the family which will further create exhausted environment in the house. The financial stress causing mental health problems is resulting in stress, anxiety and behavioral change which have devastating effect on individual health. It is believed that economic uncertainty and loss of jobs in pandemic is affecting people's mental status badly(Lu & Lin, 2021).

As during pandemic losing a job means completely unable to do anything to again become financially stable as no one was hiring new employs so it was more worrisome and horribly influencing mental health of people having only bread and butter to support their family. Unemployment in the hard time of Covid-19 is increasing frustration and mental disorders due to job insecurity. Not only this as the workforce was reduced in lockdown some were fired some were working from home and some were still have secured jobs but work load was increased occupational demands which stresses the employ(Kim et al., 2021).And as mental health issues are of great importance among public health sectors so it is important that people function in various social settings with sound mental stability(Zamorano González et al., 2021).

The COVID-19 crisis threatens to overwhelm developing and developing countries like Pakistan, not only as a short-term public health problem but also as a devastating economic and social catastrophe for months and years to come. In the Pakistani economy, the Asian Development Bank is expected to decline by 3.3% in 2019 to 2.6% by 2020, and this inflation is likely to continue at 11.5% by 2020(Lee et al., 2020).

Therefore, the closure of COVID-19 is a difficult decision for a country like Pakistan as a large number of poor people will be starving. With rising unemployment in the country there are various consequences which effecting the well-being of workers. Therefore, this research develops an effective scoping method for the workforce and is used for the estimation of current economic status as well as a prediction for future. It aims to examine the measures that are associated with stress and depression. Also, the findings help us investigate the actual Covid-19 causalities over the mental stability of people (unemployed/ precarious job workers) by considering all the data collected from the workforce/ independent community.

This study will provide stakeholders inquisitive about tackling precarious employment and its dangerous health consequences with proof on effectiveness of answers which have been carried out to tell concerns for variation of these to their unique contexts. further, the observe will boom our knowledge of current research gaps and permit us to make pointers to address them. Our paintings align with the sustainable development time table to shield workers, promote respectable work and economic boom, put off poverty, and reduce inequalities.

Methodology:

Study Design

This cross-sectional study aimed to assess the impact of unemployment on the mental health of precarious staff during the COVID-19 pandemic. The study was conducted from March to June 2022, with data collected from March to June 2022. The research involved extensive literature review, questionnaire development, and analysis using SPSS software. The study aimed to understand the effects of unemployment on the mental health of precarious staff in Lahore**.**

Study population

Unemployed people were selected conveniently for this study. The data were collected by distributing a self-administered questionnaire among the participants. The data were collected from a sample of 50 participants.

Ethical Consideration

The study was conducted according to ethical principles of Helsinki Declaration 1999.

Sampling technique

It was a quantitative study in which data were collected through convenient sampling. Convenient sampling is a type of sampling that is close to hand and

in this sampling data is collected from people who are easily accessible and reachable to the researcher. One of study researchers of the institute was there to guide us and suggest possible methods to conduct research.

Procedure

The demographic and research questionnaires were two common questionnaires we employed for the study. To collect basic participant data, a demographic questionnaire was developed. The demographic, unemployment, stress, and health portions of the research questionnaire each had four sub-sections, allowing for estimation of both the mental and financial situations. Before giving out the surveys to the participants, verbal permission was obtained. From the population that reflected the target population, a sample was taken. To the participants, questionnaires were given in physical copy.

Data management and analysis

In summer 2022, data were summarized and analyzed through SPSS by checking proper reliability and validity. Chi's squared test was performed for analysis.

Results

According to the survey, 89.8% of participants were between the ages of 20 and 35, and 10.2% were between the ages of 36 and 50. 62% of participants were female, with men making up the majority. With 38.8% and 10.2%, respectively, of the participants being undergraduates, this group made up the majority of the participants.

With 42% of participants being unemployed, 24% self-employed, and 34% working for private firms, urban and rural areas made up the majority of the participants.

The survey also revealed that 52% of respondents had mental illness, compared to 48% who did not. With 38% of people saying they failed to participate in physical activity during the Covid-19 pandemic, physical inactivity was noted as a worry. 62% of participants lacked confidence in their ability to pay their expenses, while the majority did. Additionally, the study indicated that 34% of respondents

A survey revealed that 74% of participants sought employment during the Covid-19 pandemic, while 26% did not. The PSS scale revealed that 20% of participants experienced upset, 14% felt it occasionally, and 40% felt it most frequently. 10% experienced neither nervousness nor stress, while 34% experienced it occasionally. 8% coped with their tasks, while 24% felt they might not. 4% felt they could control their life's irritations, while 38% felt they could control them occasionally. 6% experienced anger issues during the pandemic, while 16% might have experienced them. Moreover, 52% of respondents reported having corona, with 30% reporting mental tiredness and 66.7% reporting it frequently. 30% of people were unsure of their mental state, while 60% reported feeling mentally worn out. The remaining 48% were corona-free, and 70% were stress and mental illness-free. The survey also showed that 16% of respondents felt mentally ill and 12% of respondents experienced average levels of illness. Half of the population was affected by unemployment, and 16.7% of respondents reported being on the verge of mental weariness. 66% of people's jobs were impacted by Covid, and 66.7% regularly experienced mental fatigue. The remaining 83.3% described mental fatigue as being somewhat present. The middle class more frequently suffered from mental fatigue, whilst the upper class was most impacted. The lower class was mentally worn out. in this sampling data is collected from people who are easily accessible and reachable to the researcher. One of study researchers of the institute was there to guide us and suggest possible methods to conduct research.

Procedure

The demographic and research questionnaires were two common questionnaires we employed for the study. To collect basic participant data, a demographic questionnaire was developed. The demographic, unemployment, stress, and health portions of the research questionnaire each had four sub-sections, allowing for estimation of both the mental and financial situations. Before giving out the surveys to the participants, verbal permission was obtained. From the population that reflected the target population, a sample was taken. To the participants, questionnaires were given in physical copy.

Data management and analysis

In summer 2022, data were summarized and analyzed through SPSS by checking proper reliability and validity. Chi's squared test was performed for analysis.

Results

According to the survey, 89.8% of participants were between the ages of 20 and 35, and 10.2% were between the ages of 36 and 50. 62% of participants were female, with men making up the majority. With 38.8% and 10.2%, respectively, of the participants being undergraduates, this group made up the majority of the participants.

With 42% of participants being unemployed, 24% self-employed, and 34% working for private firms, urban and rural areas made up the majority of the participants.

The survey also revealed that 52% of respondents had mental illness, compared to 48% who did not. With 38% of people saying they failed to participate in physical activity during the Covid-19 pandemic, physical inactivity was noted as a worry. 62% of

participants lacked confidence in their ability to pay their expenses, while the majority did. Additionally, the study indicated that 34% of respondents

A survey revealed that 74% of participants sought employment during the Covid-19 pandemic, while 26% did not. The PSS scale revealed that 20% of participants experienced upset, 14% felt it occasionally, and 40% felt it most frequently. 10% experienced neither nervousness nor stress, while 34% experienced it occasionally. 8% coped with their tasks, while 24% felt they might not. 4% felt they could control their life's irritations, while 38% felt they could control them occasionally. 6% experienced anger issues during the pandemic, while 16% might have experienced them.

Moreover, 52% of respondents reported having corona, with 30% reporting mental tiredness and 66.7% reporting it frequently. 30% of people were unsure of their mental state, while 60% reported feeling mentally worn out. The remaining 48% were corona-free, and 70% were stress and mental illness-free. The survey also showed that 16% of respondents felt mentally ill and 12% of respondents experienced average levels of illness. Half of the population was affected by unemployment, and 16.7% of respondents reported being on the verge of mental weariness. 66% of people's jobs were impacted by Covid, and 66.7% regularly experienced mental fatigue. The remaining 83.3% described mental fatigue as being somewhat present. The middle class more frequently suffered from mental fatigue, whilst the upper class was most impacted. The lower class was mentally worn out.

Discussion

A lot of studies had done to see the effect of unemployment on health and it has direct relation with mental health of the person. According to our study, 66% people faced unemployment out of which 60% suffered from mental illness. Unemployment can lead to many criminal activities and some research has done on it so the research done named economic loss and alcohol consumption and problems during 2008-9 recession it is done through national alcohol survey in age group of(18–29, 30–49, 50+) and it results proved that economic loss and unemployment is linked with high level of alcohol consumption (Ng Chee Ping, 2013)

As unemployment causes stress which leads to many problems and negatively influence health and to overcome or shred the stress people are doing suicide and become the cause of anxiety and this is damaging people’s mental health. Environmental scan and gray literature had done to know the main cause of increasing suicide rate and poor mental health. This study in done by doing interview of 45 to 60 minutes to know that how unemployment is effecting them (Kendzor et al., 2012).

In Pakistan and Kenya randomized control trial had conducted and data collected about how unemployment is affecting the mental health of people so being unemployed people are not able to pay the fee of the school of their children and some are not even able to full fill basic needs. Our study shows that 66.7% people feel the load of responsibilities due to unemployment in COVID-19. 66% people were not confident about the food and basic needs as they were unemployed during COVID-19. In Pakistan the unemployment is affecting people emotionally as they are not able to get medical care and this leads to sadness and aggression which has adverse effect on mental and overall health. This research is conducted by questionnaire that is patient generated mental health outcome and then by comparing the qualitative responses(Harper Shehadeh et al., 2020).

As the Covid times was hard for everybody and then unemployment causes behavioral conditions in which person feels depressed isolated and start doing something that take them away from that thought of anxiety so they start smoking and substance abuse. Suicidal rate increases during Covid pandemic and one of the reasons is unemployment during that time. So IPS helped people with behavioral conditions to get jobs and help them get back to normal mental conditions to overcome their disabilities (Drake et al., 2021).

As the unemployment directly linked with the bad mental health. Due to bad mental health 46% people were frustrated due to unemployment. So a randomized control trial had conducted in people of age between 18 till 29. As these young people are the future of country so to save them from disability two interventions were given 124 participants were there and the interventions are supported employment and traditional vocational rehabilitation so this way they can increase labor market and see the improvement in social and overall health of people (Sveinsdottir et al., 2016).

The study conducted to see the effect on mental health due to job loss during Covid pandemic. Data collected by National Income Dynamics-Coronavirus Rapid Mobile Survey (NIDS-CRAM). It was conducted in 2017. It includes more than 30 academies to see that the young adults who does not lose their jobs have good mental health as compared to people loses their jobs in pandemic. People are randomly interviewed with the guarantee that their information will be kept just between them. Other questionnaire was patient health questionnaire in which they were asked about how the feel and talked about their symptoms of depression(Posel et al., 2021)

Single blinded randomized control study was conducted including 35 participants with CBT treatment and 45 participants were those who were only getting treatment. This study is all about looking for the change in behavior of people like increase in social activities using cognitive behavioral intervention. This study is to check that how these interventions work for improvement of young people with multi problems like unemployment substance use etc and the age group of these people is between 18 and 27 years. This intervention can help them increase quality of life and perform better in schools and to reduce criminal activities DNK is used in this study and it is an intervention which means new opportunities so this study is to know the effectiveness of this intervention that how increase in opportunities positively affecting the behavior of young adults(Luijks et al., 2017)

The study conducted in Canadian community that was Canadian Community Health Survey-Mental Health (CCHS) in 2012 that included 13722 workforce its purpose was to know that how job insecurity is affecting the mental health of people and it shows that job insecurity and unemployment is causing same mental disorders as in precarious jobs one do not know when he is going to lose his job so that leads to mental disorders. In our study the jobs of 66% people were affected due to COVID-19. Male members are facing more mental illness as compared females as they have more stress to support their families(Kim et al., 2021)

The hunt study conducted in the country of Norway 94 194 invited people were invited but only seventy percent of them participated their age was between 20 to 66 years. That study showed that unemployment badly affects the overall health it's the kind of trauma that directly going to have adverse effects on digestive system. It can also affect their sleeping cycle like insomnia. So this study proves that unemployment causes high level of depression in further causes many health problems like diabetes, asthma, cardiovascular disorders, thyroid disease and many more as they follow these people for 14 years and see the after effects of this that results in a lot of diseases(Kaspersen et al., 2016)

The research has done to see the suicide rate increases in 2020 due to Covid pandemic. During Covid times everyone was under lockdown. The family members cannot meet each other and unemployment can be the cause of depression as one is not able to do anything so they have a constant thought in their mind that now they don't have jobs how they can survive and support their families so this could be one of reason of increase in the suicide rate more in 2020 as compared to 2015-19. The tool used in this research is Oueensland suicide Register (Ramanathan et al., 2020).

Limitations

Some of the limitations regarding this study are mentioned below;

- Ideally participants should fill the questionnaire honestly but we have a doubt that they might not tell their actual feelings and stress level. And might be some of them were illiterate so they were unable to understand questionnaire and they might not read instructions carefully.
- Institute did not provide us with any financial resource for conducting research and lack of access to people is one of the biggest limitations.
- People were not willing to participate and fill the questionnaire and not giving the true information.

Conclusion

This study proved that unemployment has great effect on mental health of people which further leads to depression, anxiety, anger, frustration etc. Unemployment during COVID-19 mostly affected the mental health of younger generation. They were not confident to fulfill their basic needs such as food, paying bills etc. Due to load of responsibilities, they feel mentally exhausted. A lot of people internally displaced in search of job. This study also shows that some people did not seek treatment due to unemployment, lack of knowledge and shortage of medicine. There should be a proper planned strategy to deal with such unexpected situation.

References

Apouey, B., Roulet, A., Solal, I., & Stabile, M. (2020). Gig Workers during the COVID-19 Crisis in France: Financial Precarity and Mental Well-Being. Journal of Urban Health, 97(6), 776–795. https://doi.org/10.1007/s11524-020-00480-4

Chirkowska-Smolak, T., & Chumak, M. (2021). Job Insecurity and Emotional Disturbance of Polish Employees During Pandemic Covid-19. Medycyna Pracy, 72(6), 645–652. https://doi.org/10.13075/MP.5893.01181

Drake, R. E., Sederer, L. I., Becker, D. R., & Bond, G. R. (2021). COVID-19, Unemployment, and Behavioral Health Conditions: The Need for Supported Employment. Administration and Policy in Mental Health and Mental Health Services Research, 48(3), 388–392. https://doi.org/10.1007/s10488-021-01130-w

Ganson, K. T., Tsai, A. C., Weiser, S. D., Benabou, S. E., & Nagata, J. M. (2021). Job Insecurity and Symptoms of Anxiety and Depression Among U.S. Young Adults During COVID-19. Journal of Adolescent Health, 68(1), 53–56. https://doi.org/10.1016/j.jadohealth.2020.10.008

Harper Shehadeh, M., van't Hof, E., Schafer, A., van Ommeren, M., Farooq, S., Hamdani, S. U., Koyiet, P., Akhtar, P., Masood, A., Nazir, H., Dawson, K., & Albanese, E. (2020). Using a person-generated mental health outcome measure in large clinical trials in Kenya and Pakistan: Self-perceived problem responses in diverse communities. Transcultural Psychiatry, 57(1), 108–123. https://doi.org/10.1177/1363461519854831

Kaspersen, S. L., Pape, K., Vie, G., Ose, S. O., Krokstad, S., Gunnell, D., & Bjørngaard, J. H. (2016). Health and unemployment: 14 Years of follow-up on job loss in the Norwegian HUNT Study. European Journal of Public Health, 26(2), 312–317. https://doi.org/10.1093/eurpub/ckv224

Kendzor, D. E., Reitzel, L. R., Mazas, C. A., Cofta-Woerpel, L. M., Cao, Y., Ji, L., Costello, T. J., Vidrine, J. I., Businelle, M. S., Li, Y., Castro, Y., Ahluwalia, J. S., Cinciripini, P. M., & Wetter, D. W. (2012). Individual- and area-level unemployment influence smoking cessation among African Americans participating in a randomized clinical trial. Social Science and Medicine, 74(9), 1394–1401. https://doi.org/10.1016/j.socscimed.2012.01.013

Kim, I. H., Choi, C. C., Urbanoski, K., Park, J., & Kim, J. M. (2021). Analysis of the 2012 Canadian Community Health Survey-Mental Health demonstrates employment insecurity to be associated with mental illness. Medicine (United States), 100(50), E28362. https://doi.org/10.1097/MD.0000000000028362

Lai, H., Khan, Y. A., Thaljaoui, A., Chammam, W., & Abbas, S. Z. (2021). COVID-19 pandemic and unemployment rate: A hybrid unemployment rate prediction approach for developed and developing countries of Asia. Soft Computing, 6. https://doi.org/10.1007/s00500-021-05871-6

Lee, J. O., Kapteyn, A., Clomax, A., & Jin, H. (2020). Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID- 19 . The COVID-19 resource centre is hosted on Elsevier Connect , the company ' s public news and information . January.

Lu, X., & Lin, Z. (2021). COVID-19, Economic Impact, Mental Health, and Coping Behaviors: A Conceptual Framework and Future Research Directions. Frontiers in Psychology, 12(November), 1–9. https://doi.org/10.3389/fpsyg.2021.759974

Luijks, M. J. A., Bevaart, F., Zijlmans, J., van Duin, L., Marhe, R., Doreleijers, T. A. H., Tiemeier, H., Asscher, J. J., & Popma, A. (2017). A multimodal day treatment program for multi-problem young adults: Study protocol for a randomized controlled trial. Trials, 18(1), 1–15. https://doi.org/10.1186/s13063-017-1950-3

Mokona, H., Yohannes, K., & Ayano, G. (2020). Youth unemployment and mental health: Prevalence and associated factors of depression among unemployed young adults in Gedeo zone, Southern Ethiopia. International Journal of Mental Health Systems, 14(1), 1–11. https://doi.org/10.1186/s13033-020-00395-2

Ng Chee Ping. (2013). 基因的改变NIH Public Access. Bone, 23(1), 1–7. https://doi.org/10.1111/acer.12301.Economic

Posel, D., Oyenubi, A., & Kollamparambil, U. (2021). Job loss and mental health during the COVID- 19 lockdown: Evidence from South Africa. PLoS ONE, 16(3 March), 1–15. https://doi.org/10.1371/journal.pone.0249352

Ramanathan, K., Antognini, D., Combes, A., Paden, M., Zakhary, B., Ogino, M., Maclaren, G., & Brodie, D. (2020). Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID- research that is available on the COVID-19 resource centre - including this for unrestricted research re-use a. January, 19–21.

Sveinsdottir, V., Tveito, T. H., Bond, G. R., Grasdal, A. L., Lie, S. A., & Reme, S. E. (2016). Protocol for the SEED-trial: Supported Employment and preventing Early Disability. BMC Public Health, 16(1), 1–7. https://doi.org/10.1186/s12889-016-3280-x

Zamorano González, B., Peña Cárdenas, F., Pinto-Cortez, C., Narváez, Y. V., Martínez, J. I. V., & Ramos, L. R. (2021). Unemployment and mental health in a community population from a border city in Mexico. Work, 69(3), 957–967. https://doi.org/10.3233/WOR-213527

Supporting Information

Table 1 Demographic characteristic of unemployed and precarious job workers.

Variable	Category	Frequency
Age	20-35	44 (89.8%)
	36-50	06 (10.2%)
No of children	0-2	45 (90%)
	3-5	5 (10%)
Gender	Male	31(62%)
	Female	19 (38%)
Social class	Upper	5 (10%)
	Middle	39 (78%)
	Lower	6 (12%)
Education	Undergraduates	19(38%)
	Graduates	31(62%)
Residential Area	Urban	45(90%)
	Rural	5(10%)
Employment Status	Unemployed	21(42%)
	Self-employed	12(24%)
	Private company employee	17(34%)
Pay or Salary	No salary	10(20%)
	Less than 25,000	25(50%)
	Above 25,000	15(30%)
Level of sickness	No sickness	23(46%)
	Normal	6(12%)
	Mild	12(24%)
	Severe	9(18%)
Duration of Seeking treatment	No	30(60%)

	Within 7 days	14(28%)
	More than 7 days	6(12%)
Reason of not taking the treatment	Took the treatment	10(20%)
	Afraid of treatment	8(16%)
	Did not suffer from corona	24(48%)
	Financial issues	8(16%)
Duration of being unemployed	No	16(32%)
	1_6 months	15(30%)
	6_12 months	5(10%)
	1_2 years	14(28%)
Would you be more likely to	Accept any job whatever the conditions	5(10%)
	Accept any job, provided it is stable	6(12%)
	Accept any job, provided it is well paid	11(22%)
	Accept any job, appropriate to my level of qualification	10(20%)
	Accept a job, only if it is stable, well paid and appropriate to my level of qualification	18(36%)
Effect of corona	No	24(48%)
	Weakness	10(20%)
	Respiratory disorders	6(12%)
	Psychological issues	10(20%)
Health insurance	Yes	10(20%)
	No	40(80%)
Suffer from Covid_19	Yes	26(52%)
	No	24(48%)
Seek treatment	Yes	19(38%)

	No	31(62%)
Job affect	Yes	33(66%)
	No	17(34%)
Job offers	Yes	12(24%)
	No	38(76%)
Finding job	Yes	25(50%)
	No	25(50%)
Job refusal	Yes	17(34%)
	No	33(66%)
Food insecurity	Yes	25(50%)
	No	25(50%)
Mental disorder	Yes	28(56%)
	No	22(44%)
Physical inactivity	Yes	19(38%)
	No	31(62%)
Paying bills	Yes	17(34%)
	No	33(66%)
Hopeless	Yes	31(62%)
	No	19(38%)
Restlessness	Yes	26(52%)
	No	24(48%)
Effort to get a job	Yes	37(74%)
	No	13(26%)

Table 2; Percieved stress scale

Variable	Category	Frequency
Upset	Never	10(20%)
	Almost	7(14%)

	Sometimes	13(26%)
	Often	10(20%)
	Usually	10(20%)
Nervous and Stressed	Never	5(10%)
	Almost	10(20%)
	Sometimes	17(34%)
	Often	10(20%)
	Usually	8(16%)
Could not cope	Never	4(8%)
	Almost	12(24%)
	Sometimes	17(34%)
	Often	12(24%)
	Usually	5(10%)
Control irritations	Never	2(4%0
	Almost	10(20%)
	Sometimes	19(38%)
	Often	9(18%)
	Usually	10(20%)
Angered	Never	3(6%)
	Almost	8(16%)
	Sometimes	22(44%)
	Often	8(16%)
	Usually	9(18%)
Difficulties	Never	5(10%)
	Almost	14(28%)
	Sometimes	15(30%)
	Often	13(26%)

	Usually	3(6%)
Situation of conflicts	Almost	7(14%)
	Sometimes	23(46%)
	Often	15(30%)
	Usually	5(10%)
Attain goal	Never	2(4%)
	Almost	8(16%)
	Sometimes	21(42%)
	Often	12(24%)
	Usually,	7(14%)
Frustrated	Never	1(2%)
	Almost	3(6%)
	Sometimes	23(46%)
	Often	14(28%)
	Usually	9(18%)
Piling up of problems	Never	1(2%)
	Almost	5(10%)
	Sometimes	23(46%)
	Often	14(28%)
	Usually	7(14%)
Afraid of future	Never	1(2%)
	Almost	7(14%)
	Sometimes	23(46%)
	Often	10(20%)
	Usually	9(18%)
Loaded down with responsibilities	Almost	8(16%)
	Sometimes	22(44%)

	Often	12(24%)
	Usually	8(%)
Mentally Exhausted	Almost	6(12%)
	Sometimes	25(50%)
	Often	9(18%)
	Usually	10(20%)

Table 3 Comparison between mental stress of participants with other variables

		Inferential statistics			
Variables	Category	Mental stress		Frequency (percentage)	Chi square
Suffer from COVID	yes	Almost Sometimes Often Usually	2(33%) 15(60%) 6(66.7%) 3(30%)	26(52%)	0.241
	No	Almost Sometimes Often Usually	4(66.7%) 10(40%) 3(33%) 7(70%)	24(48%)	
Level of sickness	normal	Almost Sometimes Often Usually	1(16.7%) 4(16%) 1(11%) 0(0%)	6(12%)	0.656

	mild	Almost Sometimes Often Usually	0(0%) 7(28%) 3(33%) 2(20%)	12(24%)	
	severe	Almost Sometimes Often Usually	1(16.7%) 5(20%) 2(22%) 1(10%)	9(18%)	
Paying bills	yes	Almost Sometimes Often Usually	3(50%) 9(36%) 1(11%) 4(40%)	17(34%)	0.393
	no	Almost Sometimes Often Usually	3(50%) 16(64%) 8(88%) 6(60%)	33(66%)	
Food insecurity	yes	Almost Sometimes Often	1(16.7%) 12(48%) 6(66%)	25(50%)	0.250

		Usually	6(60%)		
	no			25(50%)	
		Almost	5(83.3%)		
		Sometimes	18(52%)		
		Often	3(33.3%)		
		Usually	4(40%)		
Job effect	yes			33(66%)	0.799
		Almost	5(83.3%)		
		Sometimes	16(64%)		
		Often	6(66.7%)		
		Usually	6(60%)		
	no			17(34%)	
		Almost	1(16.7%)		
		Sometimes	9(36%)		
		Often	3(33%)		
		Usually	4(40%)		
Social class	upper			5(10%)	0.112
		Almost	0(0%)		
		Sometimes	5(20%)		
		Often	0(0%)		
		Usually	0(0%)		
	middle			39(78%)	

		Almost Sometimes Often Usually	6(100%) 18(72%) 6(66%) 9(90%)		
	lower	Almost Sometimes Often Usually	0(0%) 2(8%) 3(33%) 1(10%)	6(12%)	
Loaded down with responsibilities	Almost	Almost Sometimes Often Usually	1(16.7%) 5(20%) 0(0%) 2(20%)	8(16%)	0.215
	Sometimes	Almost Sometimes Often Usually	4(66.7%) 12(48%) 4(44%) 2(20%)	22(44%)	
	Often	Almost Sometimes Often Usually	0(0%) 7(28%) 3(33%) 2(20%)	12(24%)	

	Usually	Almost Sometimes Often Usually	1(16.7%) 1(4%) 2(22.2%) 4(40%)	8(16%)	
Afraid of future	Never	Almost Sometimes Often Usually	0(0%) 0(0%) 0(0%) 1(10%)	1(2%)	0.024
	Almost	Almost Sometimes Often Usually	4(66.7%) 2(8%) 0(0%) 1(10%)	7(14%)	
	Sometimes	Almost Sometimes Often Usually	1(16.7%) 15(60%) 4(44%) 3(30%)	23(46%)	
	Often	Almost Sometimes Often	0(0%) 4(16%) 3(33%)	10(20%)	

		Usually	3(30%)		
	Usually	Almost Sometimes Often Usually	1(16.7%) 4(16%) 2(22%) 2(20%)	9(18%)	
Duration of unemployment	No	 Almost Sometimes Often Usually	 1(16.7%) 10(40%) 2(22%) 3(30%)	16(32%)	0.365
	1-6 months	Almost Sometimes Often Usually	2(13%) 8(53.3%) 2(13%) 3(20%)	15(30%)	
	1-2year	Almost Sometimes Often Usually	2(14%) 3(21%) 5(35%) 4(28%)	14(28%)	