

Teachers' gendered experiences of the global health crisis: The effects of the COVID-19 pandemic on teacher well-being during school closures



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Abstract

With the COVID-19 pandemic once again highlighting the crucial role teachers play in maintaining learning continuity, building a comprehensive understanding of teachers' experiences and well-being during the health crisis can inform ongoing crisis response and education development strategies. This paper focuses on teachers' gendered experiences during school closures in four low-resource, post-conflict countries and suggests how their experiences might inform the current discourse on teacher well-being. Drawing from the secondary analysis of survey data from a multi-project panel study, the paper discusses teachers' gendered experiences within the socio-ecological framework of teacher well-being in low-resource, crisis- and conflict-affected contexts, as outlined by the Education Equity Research Initiative. Recognising teacher well-being as a multi-dimensional and context-specific phenomenon, the paper discusses how teacher well-being is affected by gender norms in society and suggests programmatic responses to support teachers' well-being during school closures.

Key Words

teacher well-being, gendered experiences, school closures, conceptual framework

Teaching during the educational responses to the global health crises

The global health crisis caused by the COVID-19 pandemic exacerbated existing social, economic, and political conditions and further destabilised countries already battling previous political or health crises. In 2020, nearly every government in the world closed down schools in an attempt to reduce the transmission of COVID-19. Approximately 1.6 billion learners (94 percent of students) and 63 million teachers in more than 190 countries were affected (United Nations, 2020). From the onset of the pandemic, education systems and education development programmes were expected to adapt nimbly by providing alternative solutions amid rapidly changing contexts in an unfamiliar and unpredictable environment. Schools switched to distance learning modalities, and teachers were immediately tasked to adopt these modalities, often without sufficient guidance, training, or resources (United Nations, 2020).

The provision of alternative education solutions for learners affected by the pandemic varied from region to region. In low- and middle-income countries, pre-existing disparities in resources and quality were exacerbated by the limited resources and support provided to make the transition to remote or distance learning, leaving teachers under- or un-prepared to engage with learners and caregivers (World Bank, UNESCO and UNICEF, 2021). As schools across the globe adopted alternative or distance education approaches, concerns were raised about teachers, particularly female teachers, facing intensified demands on their time as they engaged in distance teaching, supporting learning at home, and other care responsibilities. These factors would add 'extra layers of stress, lack of time and

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additional work' (Unterhalter, 2020, para. 5).

During health crises, the underlying gender inequalities in societies are exacerbated, due to the generalised responses of governments and organisations that do not consider the lived realities of men and women (Fuhrman *et al.*, 2020; Missika and Vicherat, 2020). Current health policy research recognises that understanding the 'gendered dimensions' of health crises plays an important role in designing programmatic responses, as biological and social normative factors shape the ability of both women and men to survive and recover from a pandemic's effects (Oertelt-Prigione, 2020; The Lancet, 2020). The 2013-2016 West African Ebola outbreak and the Zika virus in South and Central America provided insights into how differently the effects of disease outbreaks were manifested, based on social gender norms (Simba and Ngcobo, 2020; Davies and Bennett, 2016). These studies showed that girls and women were disproportionately affected, particularly with women primarily responsible for caring for the sick and the young. The gendered effects of the COVID-19 pandemic manifested not only in the mortality rates of women and men (Sex, Gender and COVID-19 Project, 2020) but also in the mental well-being, physical health, and safety of women and girls, as well as economic resilience of women and educational opportunities for girls (Briggs *et al.*, 2020; de Paz *et al.*, 2020). Additionally, situations of social instability exacerbated pre-existing patterns of discrimination against women and girls, and violence against girls and women frequently intensifies in times of crisis (The Global Women's Institute, 2021; The Office of the High Commissioner for Human Rights, 2022). With households under financial strain in many regions, stay-at-home orders, school closings, and deteriorating access to basic hygiene products and health services, women and girls often faced disproportionate economic, health, and social risks. Child care, elder care, and household responsibilities typically fall on women, and these responsibilities and related stresses compounded the pandemic's effects on women.

Looking at the intersections of gendered social norms and structural responses to the crisis caused by the pandemic, this paper examines gendered experiences of the COVID-19 pandemic and its effects on the attitudes and behaviours of teachers. It focuses specifically on teachers' experiences

during the school closures in four low-resource, post-conflict countries—Honduras, Liberia, Mali, and Zambia—and how those experiences can inform future responses to support teacher well-being during emergencies.

Teacher well-being

Teachers share significant responsibility for preparing young people to lead successful and productive lives. It is well-documented that teachers play a vital role in promoting and supporting learners' cognitive, social, and emotional development. Studies show that teachers are the single most important in-school factor contributing to student success, satisfaction, and achievement—for all children, regardless of their circumstances, location, or social status (Hattie, 2009). Providing a quality education largely depends on having a qualified, well-resourced, and motivated teaching workforce. Hence, strengthening the education systems that prioritise investment in teacher quality and professionalism is critical for the future of education.

In recent decades, teachers' psychological, physical, and emotional well-being has received increasing attention, as it is known to have a bearing on their aspirations, development, and retention in the profession. As stated above, it is also critical to students' well-being and achievement (Richardson, Watt and Devos, 2013). Work-related stress and poor teacher well-being are often cited as contributing to poor teacher performance, burnout, staffing shortages, and attrition, and being an impediment to education reforms (Hasher and Weber, 2021).

While there is no universal definition of teacher well-being, there is general consensus that well-being is multi-dimensional, nuanced, and context-specific and that it refers to physical, emotional, social, and cognitive health. For instance, Uchida, Ogihara, and Fukushima (2015, p. 823) caution that cross-cultural studies point at 'sizable cultural differences in how people define well-being and how people pursue it'. Teaching as a profession also varies across different countries (Stromquist, 2018), as do teachers' working conditions. At the individual level, feeling stressed, burdened, pressured, or over-worked can negatively affect teacher well-being.

Teachers in crisis- and conflict-affected contexts often work without professional development

support, certification, or reasonable compensation. However, limited attention has been paid to teacher well-being in these settings. They may also face personal hardships that could threaten their well-being (Mendenhall, Gomez and Varni, 2018; Burns and Lawrie, 2015). Among these challenges are concerns for their own and their family's safety, stress due to economic uncertainty, or being over-worked due to increased workloads.

For this paper, we rely on the well-being positioning and definition by McCallum and Price (2015, p.17), who propose that

well-being is diverse and fluid, respecting individual, family and community beliefs, values, experiences, culture, opportunities and contexts across time and change. It is something we all aim for, underpinned by positive notions, yet is unique to each of us and provides us with a sense of who we are which needs to be respected.

This view of well-being, along with the Education Equity Research Initiative's (EERI) Teacher Well-Being conceptual framework in low-resource, crisis- and conflict-affected contexts, was adopted to inform and guide the analysis in this paper. The EERI Teacher Well-Being conceptual framework uses a socio-ecological framework to offer a logical structure of individual and contextual factors. It provides a clear picture of how constructs of teacher well-being, self-efficacy, job stress and burnout, job satisfaction, and social-emotional competencies may be affected (Falk *et al.*, 2019). The framework also identifies the inter-related environments, interactions, and relationships that contribute to teacher well-being. It recognises that individuals have responsibility for their own well-being and, at the same time, acknowledges that teachers operate and interact in numerous micro-systems, including the school environment, home, and community. The framework also outlines how the constructs of well-being interact at the individual, school, community, national, regional, and global levels. Gender, teaching experience, coping mechanisms, and content knowledge are identified as factors that might contribute positively or negatively to teacher

well-being at the individual level, depending on the context in which the teacher lives and works. Together with the definition of teacher well-being, the framework guided and informed the discussion of our findings, as well as the recommendations aimed at providing more comprehensive support for teachers and their well-being at the individual, school, community, and national levels.

Methodology

In May 2020, Education Development Center initiated a research study across its ongoing projects in several countries. The study, the Effects of COVID-19 on Project Beneficiaries, was an effort to provide insights and useful information to help shape Education Development Center's programmatic responses, and to contribute to a broader understanding of its project beneficiaries' resilience. The research was shaped around the USAID 2019 Policy Framework on Education and Resilience, which focuses on understanding communities' capacities to withstand the shock of the adversities created by the global health crises of COVID-19 pandemic, which Shah (2019, p. 23) describes as 'short-term, acute deviations from long-term trends that have substantial negative effects on people's current state of well-being, level of assets, livelihoods, and safety or their ability to withstand future'.

This paper draws from the sub-set of data collected from teachers as part of a larger study focusing on four projects implemented in low-resource, post-conflict countries: Honduras, Liberia, Mali, and Zambia. The aim is to understand the gendered dimensions of the health crises as experienced by teachers within these contexts, and to examine whether the effects of the COVID-19 pandemic on the attitudes and behaviours of teachers in the development projects differed by gender.¹ The results informed new insights into teacher well-being that are vital to programmatic responses, particularly during global health crises.

This paper relies on the secondary analysis of data collected from May through August 2020 using

1 The survey used the variable 'sex' aligned with the USAID sex disaggregation, with two response options: male and female; the survey did not ask about gender identity. In the absence of additional data about gender, the study uses the variable 'sex' as a proxy for teachers' gender identity and experiences as female or male teachers. The paper does not reference the experiences of gender non-conforming teachers.

a survey instrument administered via phone². The survey was designed to capture the beliefs, attitudes, and behaviours of development project beneficiaries in relation to their experiences of the COVID-19 pandemic ‘shocks’, specifically, any deviations in environmental, economic, conflict, or violence trends (Shah, 2019). The survey data was collected over three intervals; an interval represents the contact with the participant and includes the same set of core questions³. The study used a randomly stratified sample from the projects’ population. The secondary analysis conducted for this paper focused on the sample of teachers (n=2,045) reached by four projects. Across the four projects, 56.7 percent of participating teachers were female. The proportion of female and male participants in each country varied, fairly reflecting the gender breakdown of the teaching workforce in those countries. While this study examines the experiences of teachers in four countries, it does not take the comparativist approach. Rather, the data are aggregated to provide a richer analysis across different time points during the early stages of the pandemic and to contribute to an understanding of the ‘gendered dimensions’ of a health crisis in education (The Lancet, 2020).

Data analysis for this study focused on six constructs created to capture beneficiaries’ actions around personal protection and prevention, access to basic needs and services, concerns about health, livelihoods, concerns about and experiences of violence, and perceptions about family resilience⁴. Multiple survey items were added to create a composite score for each construct. To examine the effects of COVID-19 on the attitudes and behaviours of teachers by gender, multiple analyses of variance (ANOVA) were conducted for each construct; the variables of sex (as a proxy for gender) and the interval were included as independent factors. The results of the secondary survey analysis were examined within the context of the expanding literature and frameworks about teacher well-being, particularly in low-resource and crisis-affected contexts. Notably, the survey inquired about

the beliefs, attitudes, and behaviours of project participants that were relevant to their understanding of well-being. However, it did not inquire about specific challenges, demands, or tasks of the teaching profession.

Findings:

Teachers’ gendered experiences of the pandemic effects and educational practices

The ANOVA examined whether the effects of the pandemic on teachers’ attitudes and behaviours were different by gender over the three intervals of data collection. The results of these analyses include the following⁵:

- There was statistically significant interaction between the effects of gender and interval on the actions around personal protection and prevention. Female teachers reported making significantly greater protection and prevention efforts than their male counterparts. While female teachers’ efforts were consistent over time, male teachers’ protection and prevention efforts decreased over time.
- Female teachers had significantly less access to basic needs and services—particularly health services—and significantly lower livelihood standards. While access to basic needs and services and livelihood standards significantly improved for all teachers over time, the differences between male and female teachers remained.
- Female teachers reported significantly lower levels of family resilience to the shocks of the health crisis than male teachers. While the family resilience levels of male teachers increased over time, the family resilience of female teachers stagnated.

Additional analysis of teachers’ responses to whether people in their community faced increased exposure to violence in the home indicated a statistically significant difference in the proportion of female and male teachers⁶. A greater proportion of

2 The study was able to reach only beneficiaries who had phones.

3 Interval duration varied across locations between 3-6 weeks, depending on the significant national policies affecting the logistical procedures of the programme staff members who coordinated data collection.

4 Informed by the 2019 USAID Policy Framework on Education and Resilience.

5 See results tables in the Annex.

6 Chi-Square analysis.

female teachers (36.6 percent) than male teachers (28.3 percent) reported increased violence in the homes in their community.

The survey also inquired whether teachers' children had access to educational activities during school closures. Overall, 76.8 percent of teachers (n=1,572) had children in school. The analysis revealed a statistically significant difference, based on teachers' gender, in their children's access to education⁷. A greater proportion of female teachers' children (79.6 percent) had some sort of replacement education, compared to those of male teachers (75.0 percent).

The results suggest that balancing the roles and responsibilities of teaching and care-giving was central to many female teachers' experiences, due to social norms and gendered expectations at home or in the community. The findings also highlight the contrasting gendered experiences of the participants: female teachers reported having a greater domestic workload, less access to basic needs and services, lower levels of livelihood and family resilience, and a heightened risk of domestic violence.

Participating project staff members reported that physical distancing and school closures impeded teachers' ability to maintain professional relationships with their colleagues, particularly in light of teachers' limited means and resources to do student outreach or to network with colleagues. After the schools reopened, teachers reported greater levels of concern about job security, their families' financial stability, and their health than during the initial months of the pandemic, when schools were closed.

Discussion

The study findings have parallels with evidence from past public health responses to health crises. While intended to protect citizens, public health responses have historically reinforced restrictive societal norms and advantaged one gender over the other, due to the different ways men and women experience them (The Lancet, 2020). The reinforcement of the traditional societal norms of women as caregivers and unpaid workers corresponds with the female teachers in this study, who reported having a greater domestic workload, less access to basic needs

and services, lower levels of livelihood and family resilience, and concerns about personal and family safety when schools reopened. Previous studies indicate that women are more likely than men to perceive COVID-19 as a very serious health problem and to comply with restrictive health measures, and the restrictions on movement during the pandemic possibly impeded female teachers' ability to access health care services. These findings support the argument that public health policies, practices, and communication should be viewed through a gender lens to encourage gender equity in roles and responsibilities when responding to public health measures.

Our findings are similarly consistent with the current literature on teacher well-being. Teachers in general, and particularly those who work in low-resource, crisis- and conflict-affected contexts, face many challenges that negatively affect their well-being. A recent study in the U.S. indicates that teachers 'showed a significantly higher prevalence of negative mental health outcomes during the pandemic when compared to healthcare and office workers', and that female teachers were 'significantly more likely to report anxiety symptoms, depression symptoms and feeling of isolation than male teachers' (Kush, *et al.*, 2022, pp. 3-4). This study also notes that various guidelines provided for supportive school reopenings have 'often fail[ed] to consider the magnitude and scope of possible negative effects on mental health outcomes among teachers' and have lacked guidelines or interventions to address these effects on teachers' (p. 4).

Learning is an inherently social process embedded in a social context, wherein students and teachers work together to build knowledge (Wood, 1998). Several studies highlight that knowledge, communication, and student-teacher relationships are foundational to effective teaching and learning and can contribute to teachers' well-being (Hattie, 2009; Falk *et al.*, 2019). In the contexts where our projects were implemented, we found that physical distancing and school closures impeded teachers' ability to maintain professional relationships with colleagues, do student outreach, or to network with colleagues. While social and emotional support for learners in crisis settings is increasingly prioritised in educational programmes, the social and emotional

7 Chi-Square analysis.

well-being of teachers needs more attention in order to address the individual and contextual factors that affect them in their work. Numerous studies and reports call for greater understanding of the factors and predictors of teacher well-being, including the role of social relations (Hascher and Weber, 2021). Moving forward, both pre-service and in-service teacher professional development programmes should provide teachers with the knowledge and skills to adapt and deliver instruction via multiple modalities, including distance or hybrid learning. Additionally, peer support programmes and remote training should foster connectedness with colleagues and help teachers transition to remote teaching.

The learnings from educational responses in different emergency settings (e.g., natural disasters, human-caused crises, and health pandemics, including COVID-19) can inform education policy and programming so it is better prepared and relevantly resourced to respond to change and support longer-term educational reforms. The roles women and girls play in providing formal and informal care is often under-estimated or invisible, and this gender blindness can result in public health measures that are less effective for women and detrimental to their overall well-being. A contextual analysis of educational environments and a gender-inclusive approach can inform response pathways. It also may mitigate the inequitable risks posed by health crises and support teacher well-being. The EERI Teacher Well-Being framework can support policy-makers and practitioners in developing policies and identifying intervention points for enhancing teacher well-being and creating more resilient education systems (Falk, Frisoli and Varna, 2021). In addition to reforming educational programme design, planning also needs to consider multi-sectoral approaches to crisis response. Relevant, effective, equitable, and proportionate measures for responding to a health crisis require efforts not only in the education sector but in health, social, and economic systems. Social protection systems need to be in place to support all members of society. Policy-makers and implementers should adopt a gender-responsive approach to health messaging and communications, which may provide greater equity in gender roles during health crises and improve the well-being of all.

Conclusion

The findings presented in this paper signify the need for education policy-makers and practitioners to consider both individual and contextual factors from the start, and to design gender-responsive programming that prioritises and supports teacher well-being. We argue for the importance of reflecting on the assumptions and values embedded in education (and other) programmes and policies to promote better understanding of how measures, tools, and interventions introduced in the school environment during health crises, such as the COVID-19 pandemic, impact supportive learning environments. It is also important to understand how they interact with the less flexible gendered relations of power in society that may affect teachers' mental health and well-being. It is through this process that we can increase our understanding of how practice and policy could be reshaped to provide more equitable experiences for all education programme participants, including teachers. As highlighted in the EERI framework, teacher well-being is the responsibility of the entire education system. We encourage policy-makers and programme implementers to reflect on the learnings from the COVID-19 pandemic experience, and to consider how educational programmes can be shaped to consider working conditions and teacher well-being as key factors in improving student learning outcomes. We urge them to engage in dialogue with teachers about their experiences and challenges, and to include their voices in discussions around teacher well-being policies and programmes. We also want to emphasise the need to identify opportunities for additional research to examine the intersections of gender, social hierarchy, and community relations within educational programmes or policy decisions, with a particular focus on the crisis- or conflict-affected contexts where teachers are often at the forefront of facilitating both learning and psycho-social stability among learners and their families.

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Appendix A:

ANOVA Results

Table 1: Two-Way ANOVA. Effects of Sex and Time Interval on Personal Prevention and Protection Construct

Source	Sum of Squares	df	Mean Square	F	p
(Intercept)	65068.77	1	65068.77	135021.39	0.000
Sex	49.44	1	49.44	102.60	0.000
Time Interval	5.98	2	2.99	6.20	0.002
Interaction	4.62	2	2.31	4.79	0.008
Error	942.62	1956	0.48		
Total	69697.25	1962			

Table 2: Two-Way ANOVA. Effects of Sex and Time Interval on Access to Personal Needs and Services Construct

Source	Sum of Squares	df	Mean Square	F	p
(Intercept)	18112.50	1	18112.50	25891.62	0.000
Sex	17.40	1	17.40	24.87	0.000
Time Interval	5.45	2	2.73	3.90	0.021
Interaction	0.49	2	0.24	0.35	0.707
Error	887.03	1268	0.70		
Total	21189.00	1274			

Table 3: Two-Way ANOVA. Effects of Sex and Time Interval on Access to Concerns about Health Construct

Source	Sum of Squares	df	Mean Square	F	p
(Intercept)	14792.45	1	14792.45	68611.22	0.000
Sex	0.16	1	0.16	0.74	0.391
Time Interval	6.42	2	3.21	14.89	0.000
Interaction	0.48	2	0.24	1.12	0.327
Error	434.00	2013	0.22		
Total	16156.50	2019			

Table 4: Two-Way ANOVA. Effects of Sex and Time Interval on Livelihood Construct

Source	Sum of Squares	df	Mean Square	F	p
(Intercept)	5630.27	1	5630.27	16552.40	0.000
Sex	1.46	1	1.46	4.29	0.039
Time Interval	15.82	2	7.91	23.25	0.000
Interaction	1.63	2	0.81	2.39	0.092
Error	644.58	1895	0.34		
Total	6468.25	1901			

Table 5: Two-Way ANOVA. Effects of Sex and Time Interval on Resilience Construct

Source	Sum of Squares	df	Mean Square	F	p
(Intercept)	18394.46	1	18394.46	9459.13	0.000
Sex	46.27	1	46.27	23.79	0.000
Time Interval	52.07	2	26.04	13.39	0.000
Interaction	6.17	2	3.08	1.59	0.205
Error	3860.08	1985	1.94		
Total	22734.75	1991			