



## Research article

## Investigating stress, anxiety, social support and sex satisfaction on physical education and sports teachers during the COVID-19 pandemic

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## ABSTRACT

Academia was no exception to the widespread impact of Coronavirus Disease (COVID-19). There is only a small amount of research conducted with regard to the consequences of the Pandemic in Fiji. Thus, in order to gather a longitudinal dataset, a cross-sectional survey was conducted from February to August 2020. 300 physical education and sports teachers used Google Forms to complete an online survey. There are questions on the form about age, gender, marital status, and other daily activities. A similar survey was conducted to study the long-term psychological effects (coronavirus fear and fascination with COVID-19). The characteristics of society have been explored. Efforts have been made to use different sets of psychological data, showing the anticipated results. Sex, age, marital status, and family type are significantly affected by stress, anxiety, sexual satisfaction, and social support. There is a substantial difference between marital status, gender, and social support when it comes to the Pandemic. According to research findings, fifty per cent of secondary school physical education and sports teachers in Fiji may have been affected by the Pandemic. Considerations should be taken to keep teachers calm during a pandemic. Because of this, it is necessary to submit some practical recommendations in order to minimize the adverse effects of this problem.

## 1. Introduction

Physical education and sports teachers are critical components of education because they work to improve education in all countries, including Fiji. Physical education teachers assist students in remaining mentally fit, raising the bar for making healthy choices in life, and developing character from childhood to adulthood. These educators provide opportunities for children, adolescents, and young adults to develop skills, build confidence, and understand the value of mental and physical health. In a report based on a Twitter survey of teachers and senior managers, Speck (2020) asserted. 49% of respondents indicated that they were stressed and anxious about the possibility of contracting coronavirus. Additionally, the report compares a study in which 35% of teachers reported increased stress and anxiety as a result of their preparedness for homework.

The global COVID-19 Pandemic has had an unprecedented impact on all facets of human life. It has impacted numerous sectors during the recent social and economic recession and has displaced millions worldwide. Schooling is one of the most affected sectors of the education sector, with over 1.52 billion children at home and approximately 60.2

million teachers absent due to the Pandemic (UNESCO update on the education sector, 2021). The automated classroom has been the critical choice for institutional partners in responding to the crisis, ensuring that students' lessons begin. Since foreign organizations such as the United Nations Educational, Scientific, and Cultural Organization (UNESCO) accepted national institutions such as the Human Resource Development (HRD), millions of schools and universities have moved their physical classrooms online to ensure that students' "learning is never interrupted" during the isolation condition (Sokolovskaya, 2020). The abrupt and forcible shift from face-to-face instruction in the classroom to online instruction directly impacted the teaching pedagogy of all subjects, but mainly on physical education and sports teachers' teaching methods, which are primarily based on a practical lesson.

The global effort to convert the offline school into a digital space with supporting systems has compelled traditional education systems to rethink their model (Gupta et al., 2020). Internet-based education is inclusive and can be accessed regardless of geographical barriers. It builds on traditional classrooms to enable home-based learning opportunities during times of national lockdown. It now plays a critical role in developing essential skills of life and the provision of learning opportunities for

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home-schooled teens. This type of learning presents a more significant challenge for physical education and sports teachers (Dhakal & Pd. Pokhrel, 2020). It casts doubt on the efficacy of this pedagogical approach in the virtual world.

The researchers asserted that several physical education and sports teachers, particularly in Spain, Chile, Colombia, and Brazil, are concerned about the feasibility of interactive classroom learning (Boukrim et al., 2021). Even in the actual classroom, children do not comprehend more than half of the practices when taught face-to-face (Cole, 2008). Physical education instructors instructing practical lessons via computer screen made no sense and lacked credibility in terms of implication and comprehension by the students (Mijaica, 2017). While teachers were willing to conduct daily online lessons, they expressed concern and emphasized that most students come from disadvantaged communities and vulnerable groups that lack internet access (Stephen Christena, 2020). The acquisition of electronic gadgets (laptops, tablets, and smartphones) by rural children in developing countries, particularly in Fiji, is a significant impediment to the development of online education.

Physical education teachers are not unfamiliar with stress, but their daily stress and anxiety have taken on the appearance of an abrupt panic. Distance learning's ongoing Pandemic increases stress in physical education, which is typically based on practical and skill-based understanding; teachers worldwide struggle to cope with new problems while exhausted and drained (Varea and González-Calvo, 2020). Teachers' fatigue is a result of dynamic uncertainty. Teachers work to equip themselves and incorporate new technology into their classrooms. They revise or redesign lessons and experiment with new ways of doing things, such as assigning homework, responding to emails, texts, and phone calls from administrators, parents, and students (Collie and Martin, 2016). They serve as a resource and connection for ongoing learning. Numerous teachers struggle to balance their family obligations and teaching responsibilities in the face of growing coronavirus fears. Stress and anxiety together can alter the brain in ways that make the already stressful teaching job even more tolerable (Oducado et al., 2021). The abrupt transition to new home teaching requirements, compounded by coronavirus fears, creates trauma that can shift the brain from higher-order thinking to survival mode (The COVID-19 Pandemic, 2021). Ironically, physical education teachers are being pushed to convert their classes to the virtual model to maintain social distancing.

Another factor that exacerbates stress and anxiety during COVID-19 is social isolation, which is a critical step toward preventing the Pandemic's further spread. However, psychologists have suggested that a more apt term might be 'physical distance' ("Let's Aim for Physical," 2021). This physical separation from others was a requirement that needed to be met, but not social space. Social support for everyone's well-being is critical now, as it has always been (Waldinger, 2021). It has been observed that teachers who have positive relationships with their students and colleagues report higher job satisfaction and public life satisfaction (Rebecca Collie, 2021). As a result, efforts to establish and maintain strong social ties are critical, even more so when social interaction is scarce.

Additionally, to impede the spread of COVID-19, individuals must maintain physical separation while in public spaces. Preventative measures may include meetings and conversations with fellow students via online channels such as Zoom or Skype or through online learning management systems; telephone calls with their families; or playing online games with friends, such as assisting fellow students and mentors with work-related challenges (Castro et al., 2010). Nonetheless, the degree to which individuals can adapt to changes in stress, anxiety, social support, and sexual satisfaction is contingent on their adaptability, thoughts, behaviours, and emotions to deal with rapidly changing or unpredictable situations (Prasanna et al., 2020). Typically, a teaching career entails various events and activities classified as a novel, changeable, or uncertain. To name a few: teachers must adapt to students' changing needs during a lesson, adjust to unexpected student behavioural situations, and alter their teaching plans in response to schedule changes (Teaching Through a Pandemic, 2021). Not only have teachers'

responses to students' situations changed, but the Pandemic has also harmed teachers' normal sexual relationships with their partners.

Sexual satisfaction is a significant indicator of sexual well-being and strongly correlates with relationship happiness (Higgins et al., 2011). Sexual activity among young men and women has decreased significantly during the COVID-19 Pandemic (Doring, 2020). Sexual health has also had a detrimental effect on public health over the last century, and this is one possible area for specialists in reproductive health to consider and address. Additionally, during the peak of the COVID-19 outbreak, both sexual activity and sexual satisfaction among young men and women decreased. Sexual activity was significantly influenced by low sexual desire and unhappy relationships with partners due to mental stress caused by social distancing for fear of contracting COVID-19 during contact with partners (Yuksel and Ozgor, 2020).

Additionally, most individuals who have a history of unhealthy sexual encounters report a significant decrease in sexual activity (Brady and Halpern-Felsher, 2008). As a result, the effect is on psychological distress, including anxiety, fear, depression, and anger. Additionally, it is clear that physical constraints directly affected the likelihood of new sexual partners and risky sexual activities (Ross et al., 2021). Apart from sexual satisfaction, an increase in anxiety and mutual relationships became suspect.

COVID-19 instils fear and anxiety about illness, and the potential consequences for adults and children can be frightening and elicit strong emotions. Similarly, public health interventions such as social distancing can make people feel isolated and disconnected, increasing their stress and anxiety (Walkenhorst and Crowe, 2009). Regardless, these actions were critical in limiting COVID-19 spread, as the disease is spread through close contact. To minimize the reach of this infectious virus, everyone can limit their contact 'bubble.'

Regardless, people rely on social interaction with their immediate family, acquaintances, employers, and neighbours, as well as individuals they meet through various interests and recreational activities. Social interaction is critical for our physical and psychological well-being. Social contact and support have been shown to help reduce stress, depression, anxiety, and isolation and boost self-esteem, normalcy, well-being, and overall quality of life (Agbaria and Mokh, 2021). In comparison, a deficiency of social support has the inverse effect (Baqtayan, 2011). The beneficial effect of adequate social support is explained by the fact that it directly impacts our health and well-being. Social support acts as a buffer against various sources of stress, improving our quality of life and our ability to cope with them (Jones, 2003).

Social support is critical during a pandemic because it keeps the public informed of the epidemic's devastating effects on jobs, health, social life, and the economy via various news outlets (Mirbabaie et al., 2020). The measures being taken as a result of this predicament are deemed overwhelming. Additionally, the World Health Organization (WHO) advised the public to stay at home and avoid as much social and physical contact as possible in order to prevent the disease from spreading ("Advice COVID-19 – World Health Organization", 2021). This implies that the majority of people were restricted in various ways, that borders were closed, that freedom of travel was limited, and that more people were quarantined or isolated. Due to the Pandemic's unprecedented nature and future uncertainties, movement is restricted and is considered a long-term state of affairs (Rita Amelinda, 2020). The media has played a significant role in these circumstances, with both positive and negative consequences.

As the COVID-19 outbreak spread from Asia to Europe and the United States, all public operations, including social media, became more inventive in their efforts to connect people and manipulate their platforms to keep hundreds of millions of people in the dark about critical information (Kashinsky, 2021). While social media has a positive effect and increased social contact, it has also increased stress and anxiety due to various options. Individuals were advised to spend less time on social media searching for information about COVID-19 (Dryden, 2021).

However, the Pandemic's impact on social media has raised some issues of social-economic crisis that require further investigation.

Furthermore, the global pandemics of COVID-19 did not spare Fijian households or the local economy. The research established that Fiji was in the midst of a developmental and inequality crisis; food accessibility was undoubtedly a problem. Fiji experienced a lockdown and job losses. Schools were closed to prevent the virus's spread (Dean, 2020), which was contained in 2020 through proactive lockdown measures. However, the re-emergence of the virus community outbreak in Fiji in 2021 has increased anxiety among all educational stakeholders. Due to the ambiguities between teachers and students, this research is critical in filling in the gaps regarding psychological effects on Fijians, beginning with teachers.

### 1.1. Research questions

The paper attempts to determine six research questions in the context of analyzing psychological parameters:

1. Determine its effect on various age groups.
2. Scrutinizing its impact on both genders.
3. Ascertain its significance for single and married participants.
4. Analyzing these parameters impact on urban, semi-urban, and rural areas.
5. Examine its influence on lifestyles.
6. Identify its effect on years of experience.

## 2. Method

The descriptive form of the survey was used in this study to describe the situation that physical education and sports teachers were in at the time of the investigation. The research was carried out with the participation of secondary school physical education and sports teachers. In Fiji, all research pertaining to the field of education must be approved by the Ministry of Education before it can be conducted or published. There is a larger research project that includes this research project, and the Ministry of Education, Government of Fiji, has given ethical approval to the larger research project. The study has been carried out in accordance with established ethical guidelines, and participants have given their informed consent to take part in it. In accordance with the ethical guidelines for research confidentiality, the names of the participants will be withheld.

### 2.1. Sample population

The survey gathered voluntary responses from 375 physical education and sports teachers in Fiji. Before beginning the survey, all participants signed consent forms. The sample size for this study was 220 men and 155 women, ranging in age from 20 to 55 years. There were 71 single teachers and 299 married teachers, as well as 20 teachers who lived alone, 101 teachers who lived with their parents, 174 teachers who lived with a spouse, and 75 teachers who lived in a more prominent joint family. Additionally, 63 teachers lived in rural areas, 248 teachers lived in urban areas, and 59 teachers lived in semi-urban areas. The demographic composition reflects this diversity (Figure 1).

### 2.2. The study area

The study was conducted for teachers of physical education and sports in Fiji. Fiji is a tropical island nation in Oceania in the South Pacific. It is made up of an archipelago of over 332 islands, 110 of which are permanently inhabited. Fiji is roughly halfway between Hawaii and New Zealand, and its immediate neighbours include Vanuatu, Tonga, and Samoa. Fiji is a multiracial country with a population of just over 800,000. Fiji has 172 secondary schools and 700 primary schools with a combined total of approximately 13000 teachers (MEHA, 2021). The present study considered the aforementioned number of teachers. The sample for the study was generated using the Krejcie and Morgan Table (Morgan, 1970), which was developed by the National Education Association's research division. The formula was followed by a table that the researchers used (Mocănașu, 2020). Thus, the study sampled 375 Physical Education and sports teachers. Random cluster sampling was used to select participants for the study because it is one of the sampling methods used to represent the population in light of the Fiji Islands' geographical location (Etikan, 2017). Fiji is divided into four divisions that serve as clusters for sample collection. Each cluster has an average of 94 instructors selected at random for the study. The researcher focused exclusively on physical education and sports teachers because that is the researcher's area of interest, and little research has been conducted on the impact of COVID-19 on various factors affecting Fiji's physical education and sports teachers.

### 2.3. Tools

Google forms were used to collect data. Google Forms has been shown to be an effective method for researchers to collect data in quantitative research (Adams, 2008; Denton, 2012; Mallette and Barone, 2013), and

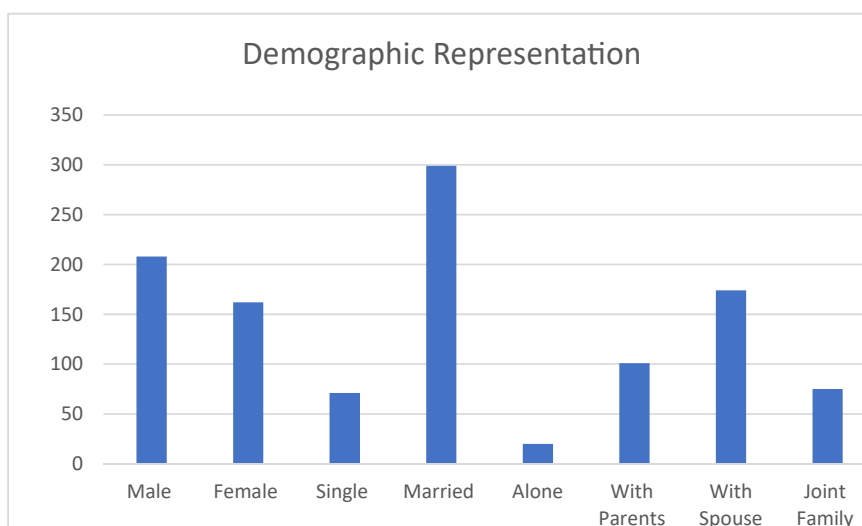


Figure 1. Demographic representation.

its utility in conducting research and collecting data on large populations has been explored (Fransen et al., 2011; Taylor and Doehler, 2014). Online survey tools or web-based survey tools have become standard data collection devices in today's networked world. Academic and marketing researchers collect data via online survey tools (Vasanth Raju and Harinarayana, 2016). The questionnaires that were chosen were uploaded to Google forms. These questionnaires collect data on participants' social and demographic characteristics, gender type, age, marital status, ethnic origin, and lifestyle.

The Coronavirus Anxiety Scale (CAS) is a self-report mental health screening system for corona anxiety that has a Cronbach's alpha reliability score of 0.83. Many people experience severe health concerns and anxiety during an outbreak of an infectious disease; the CAS was developed to assist clinicians and researchers in differentiating cases of people with coronavirus-associated functional impairments (Silva et al., 2020). Each question is assigned a score ranging from 0 (not at all) to 4. (almost every day). A total CAS score of nine indicates the possibility of anxiety as a result of coronavirus dysfunction.

The Stress with COVID-19 Scale (SCS) is a self-reported COVID-19 mental health screener that is ongoing and disturbed (Taylor et al., 2020). The Scale was created in the United States using two large adult samples ( $n = 775$  and  $n = 398$ ). SCS is a reliable instrument ( $\alpha > .83$ ), with exact factory (single factor) and systemic validity (correlated to fear about the coronavirus, moral crisis, dealing with alcohol, intense depression, and ideation of suicide). Each SCS item is graded on a 5-point Likert scale; this format corresponds to the cross-sectional symptom calculation. COVID-19 is likely to be unstable, as indicated by a SCS overall score of  $\geq 7$ . A high rating on a particular item or an overall rating of seven ( $\geq 7$ ) may indicate troubling individual symptoms that require further evaluation and treatment.

The Social Support Survey (SSS) was developed by Sherburne and Stewart as a brief multidimensional measure of perceived social support (1991). The research team modified the social support survey, which consisted of 18 items divided into four subscales: emotional support, tangible support, affectionate support, and positive social interaction (support-as-a-predictor 1990), by selecting only five items from the social support survey subscale that were more relevant to physical education and sports teachers. The four subscales expanded on the concept of social support, which was the researchers' objective. All items chosen were reliable (all Alphas  $> 0.91$ ). The items were rated on a Likert scale of 1–5. The scores were calculated by averaging the responses to the questionnaire's items.

The Sex Satisfaction Scale (SS) (De Amicis et al., 1985) was used to collect data for this study, and it included questions from the Sexual Interaction Inventory (LoPiccolo and Steger, 1974), the Locke-Wallace Marriage Inventory (LW; Locke and Wallace, 1959), the Sexual History Form (SHF), and a Follow-up Questionnaire (FUQ). The questionnaire assessed a variety of sexual behaviours as well as the degree of sexual satisfaction experienced by each partner in the relationship. Additionally, it assesses each couple member's level of marital satisfaction; the questionnaire also includes behaviorally specific questions about the quality, quantity, and nature of sexual functioning. The respondent was instructed to check all applicable responses and rate them on a five-point Likert scale. The results are based on the mean scores.

#### 2.4. Procedure

Questionnaires were uploaded to Google Forms online. Between December 1 2020, and February 28 2021, the Google Form link was distributed to secondary school physical education and sports teachers via social media platforms such as WhatsApp, Viber, Facebook Messenger, and email. They first give their voluntary consent to the study when they open the link. They must complete social and demographic information such as gender, age, marital status, family type, ethnic origin, and experience, followed by the coronavirus anxiety scale, the

Obsession with COVID-19 Scale, the Social Support Scale, and the Sexual Satisfaction Questionnaire.

#### 2.5. Statistical techniques

An IBM SPSS for Windows version-21 program was used to complete the statistical analysis (IBM Corp. USA). The descriptive analysis was carried out for the socio-demographic characteristics of the population. When age, gender, marital status, location, living style, and years of experience were taken into consideration, the variance test analysis was expanded to include differences between the coronavirus anxiety scale and the obsession with COVID-19 Scale, Social Support Scale, and Sexual satisfaction questionnaire for age, gender, marital status, location, living style, and years of experience. The 0.05 level of significance was chosen as the threshold for statistical significance.

#### 2.6. Research findings

The first research question examines the relationship between psychological parameters and age categories. The mean scores of psychological parameters such as CAS, SCS, and SSS-5 appear to be nearly identical for different age categories, with the exception of social support age (18–25) and SS age (36–45), which are represented in Table 1 as the exception.

As shown in Table 2, the second research question investigates the psychological parameters of both males and females. The findings reveal that there were no statistically significant differences between males and females in this study. With the exception of sex satisfaction, the mean scores for all psychological parameters appear to be nearly identical for males and females who participated.

Table 3 shows the significance of psychological parameters among single and married participants in order to answer the third research question. The findings indicate that there is a statistically insignificant difference for CAS. Significant differences exist between SCS and SSS participants, as well as between participants who are single and those who are married. The mean scores of psychological parameters measured by the CAS appear to be nearly identical, whereas the mean scores of SCS, SSS-5 and SS differ between single and married participants.

The fourth research question examines the impact of psychological parameters on urban, semi-urban, and rural areas, as depicted in Table 4. As a result of the findings, there is no statistically significant difference between the groups (CAS, SS, SCS-, SS, respectively). The mean scores of psychological parameters differ in each of the groups in the living area.

In the fifth research question, which is depicted in Table 5, the researchers investigate the influence of psychological parameters on lifestyles. The findings reveal that there is no statistically significant difference between the measures of CAS, SCS, SSS-, and SS. The mean scores of psychological parameters appear differently in each of the living style categories, as shown below.

The final sixth research question looks into the correlation between various psychological factors and the number of years a person has experienced. Sixteen. As can be seen in the table, there was a negligible difference between CAS and SCS. For SSS-5, there were huge differences and for SS, they were minor. Psychological parameters' mean scores vary from year to year, in all categories of experience (see Table 6).

### 3. Discussion

The difference in age results for physical education and sports teachers in secondary schools reveals no statistically significant difference in age when Coronavirus Anxiety (CA), Stress with COVID-19 (SC), Social Supports (SSS), and Sex Satisfaction are considered (SS). However, when young teachers were compared to other groups, they reported lower levels of social support satisfaction. Nonetheless, they experienced more sexual pleasure than young adults; young adults, on average, experienced more sexual pleasure, significant anxiety, and stress (Melin

**Table 1.** The comparison among several age categories for various psychological parameters by ANOVA test.

Psychological Parameters	Age (18–25) Mean ± SD	Age (26–35) Mean ± SD	Age (36–45) Mean ± SD	Age (46–55) Mean ± SD	F	Sig.
CAS	3.20 ± 3.27	2.70 ± 3.22	3.40 ± 4.0	2.48 ± 3.58	1.35	0.258
SCS	3.84 ± 2.85	3.29 ± 2.93	3.70 ± 3.38	3.25 ± 2.67	0.627	0.598
SSS-	59.4 ± 24.87	71.11 ± 26.09	71.0 ± 25.81	70.36 ± 25.55	1.57	0.197
SS	10.76 ± 6.72	10.12 ± 7.19	8.91 ± 6.19	10.25 ± 6.23	1.11	0.346

CAS - Coronavirus Anxiety Scale, SCS Stress with COVID-19 Scale, SSS- Social Support scale, SS - Sex Satisfaction.

**Table 2.** The comparison between males and females for various psychological parameters by ANOVA test.

Psychological Parameters	Males (N = 208) Mean ± SD	Females (N = 162) Mean ± SD	F	Sig.
CAS	2.90 ± 3.72	2.91 ± 3.39	.001	0.979
SCS	3.48 ± 3.19	3.40 ± 2.89	.061	0.804
SSS-	69.88 ± 26.17	70.49 ± 25.54	.051	0.821
SS	10.29 ± 6.96	9.17 ± 6.33	2.604	0.107

CAS - Coronavirus Anxiety Scale, SCS Stress with COVID-19 Scale, SSS- Social Support scale, SS - Sex Satisfaction.

**Table 3.** The comparison between single and married participants for various psychological parameters by ANOVA test.

Psychological Parameters	Single (N = 71) Mean ± SD	Married (N = 299) Mean ± SD	F	Sig.
CAS	2.69 ± 3.2	2.96 ± 3.66	0.326	0.568
SCS	2.61 ± 2.30	3.65 ± 3.18	6.740	0.010
SSS	60.70 ± 28.70	72.39 ± 24.66	12.070	0.001
SS	13.88 ± 8.10	8.83 ± 5.95	32.656	0.000

CAS - Coronavirus Anxiety Scale, SCS Stress with COVID-19 Scale, SSS- Social Support scale, SS - Sex Satisfaction.

**Table 4.** The comparison amongst participants as per their living area for various psychological parameters by ANOVA test.

Psychological Parameters	Rural (N = 63) Mean ± SD	Urban (N = 248) Mean ± SD	Sami-urban (N = 59) Mean ± S	F	Sig.
CAS	3.25 ± 4.24	2.69 ± 3.30	3.44 ± 3.90	1.398	0.248
SCS	2.85 ± 2.44	3.46 ± 3.17	4.00 ± 3.06	2.155	0.117
SSS-	67.70 ± 25.60	70.52 ± 26.37	71.19 ± 24.16	0.355	0.701
SS	10.04 ± 7.07	9.90 ± 6.69	9.14 ± 6.45	0.358	0.699

CAS - Coronavirus Anxiety Scale, SCS Stress with COVID-19 Scale, SSS- Social Support scale, SS - Sex Satisfaction.

**Table 5.** The comparison among participants as per their living style for various psychological parameters by ANOVA test.

Psychological Parameters	Alone (N = 20) Mean ± SD	With Parents (N = 101) Mean ± SD	With Spouse (N = 174) Mean ± SD	Joint Family (N = 75) Mean ± SD	F	Sig.
CAS	2.20 ± 3.12	2.90 ± 3.55	3.31 ± 3.86	2.16 ± 2.89	2.130	0.096
SCS	2.75 ± 3.02	2.68 ± 2.54	4.17 ± 3.41	2.97 ± 2.43	6.600	0.000
SSS-	72.75 ± 25.52	63.61 ± 29.48	73.24 ± 23.07	71.07 ± 25.79	3.135	0.026
SS	13.70 ± 9.08	11.33 ± 7.24	8.30 ± 5.61	10.18 ± 6.77	7.325	0.000

CAS - Coronavirus Anxiety Scale, SCS Stress with COVID-19 Scale, SSS- Social Support scale, SS - Sex Satisfaction.

et al. 2003). Males and females had similar standards, but males had higher means for social satisfaction. COVID-19 affected all teachers, regardless of their age or gender. Additionally, the COVID-19 Pandemic has had a profound impact on the lives of everyone. Numerous people are confronted with difficulties that are stressful, overwhelming, and elicit strong emotions in both adults and children. While public health measures such as social distancing are necessary to halt the spread of COVID-19, they have the potential to make us feel isolated and lonely

and to exacerbate stress and anxiety ("COVID-19 and Your Health", 2021).

By contrast, sexual pleasure is a significant factor in individual and group differences, possibly contributing to a higher level of fulfilment for people in relationships (Lehmann et al., 2015). There is a dearth of information regarding sexual satisfaction, including how individuals' sexual satisfaction is aggregated and whether satisfaction varies by age difference (Flynn et al., 2016). Sexual content was found to be more

**Table 6.** The comparison amongst participants as per their year of experiences for various psychological parameters by ANOVA test.

Psychological Parameters	<5 (N = 51) Mean ± SD	5-10 (N = 106) Mean ± SD	11-15 (N = 71) Mean ± SD	16-20 (N = 38) Mean ± SD	>20 (N = 104) Mean ± SD	F	Sig.
CAS	2.67 ± 3.31	2.69 ± 3.23	2.52 ± 2.81	2.95 ± 3.84	3.50 ± 4.31	1.080	0.366
SCS	3.04 ± .79	3.38 ± 3.07	3.69 ± 3.37	2.92 ± 3.04	3.74 ± 2.96	0.872	0.481
SSS	65.20 ± 28.53	66.08 ± 28.82	76.90 ± 24.56	75.13 ± 18.18	70.29 ± 23.56	2.736	0.029
SS	11.82 ± 7.82	10.90 ± 7.19	8.31 ± 6.41	8.05 ± 5.57	9.35 ± 5.78	3.622	0.007

prevalent in young adults and the elderly. This conclusion is consistent with prior research indicating a lower level of sexual satisfaction among partners (Baumeister et al., 2001). While there were differences between young teachers and adults observed in conjunction with the finding, which was confirmed by previous research, another study suggested the opposite (Lee, 2020). Although there are no comparative studies of these variables across cultures, the results indicate that social and cultural factors have a positive effect (Wadley, 2020).

Additionally, there were significant differences in stress, anxiety, social support, and sexual satisfaction during the COVID-19 lockdown for SCS, SSS-5, and SS ( $F = 6.740, 12.070, 32.656$ . Sig. = .010, .001, and .000) for single and married participants, respectively. The mean scores for psychological parameters such as CAS appear to be nearly identical; however, while married couples scored higher on SCS, SSS, and social support, single teachers scored high. The marital physical education teachers were under a lot of stress, as they have a greater responsibility to the family and are responsible for children (Litzinger and Gordon, 2005). They had a high level of sex satisfaction because they spent more time with their family while on lockdown, as opposed to a single man who would naturally do so (Karataş et al., 2021). Sexual and marital satisfaction is the primary factor that influences stress and anxiety. It establishes the norms for interpersonal relationships between individuals and married couples (Bodenmann et al., 2006). There is marital joy, which increases marital satisfaction and safeguards the family through social interactions with family and extended group members (Bradbury and Karney, 2004). In a study conducted in Turkey on the effects of the global COVID-19 Pandemic on couples' sexual lives, researchers observed an increase in the severity of anxiety, depression, and stress perception, as well as an increase in sexual dysfunctions in male and female volunteers (Karagöz et al., 2020). These findings corroborated those from China regarding the decline in sexual functions and psychological disorders (Lu et al., 2020).

Finally, gender was not found to be a significant predictor of sexual satisfaction, stress, anxiety, social support, and mental health. There were no significant differences in sexual satisfaction, social support anxiety, or mental health between genders in this study. This, however, contradicts the finding that male and female physical education and sports teachers in Fiji had a relationship with their stress levels. Female educators faced greater pressure than male educators (Prasanna et al., 2020). Additionally, the results corroborate findings from Pacific studies, which indicate that there is no correlation between males and females in western Fiji when it comes to stress. According to the survey, all teachers have encountered varying degrees of stress at some point in their careers, whether moderate, mild, or severe (Ahsan 2006). The COVID-19 outbreak instils fear in the populace, particularly in affected countries, and the media play a significant role in escalating mental distress (Dachen 2017). For instance, since the disease's spread, some organizations have used the phrase "end of the world," causing increased concern (Koh, 2020). Although the government identified a small number of cases of border transmission in Fiji, it still instilled fear in many. When a patient's voice is heard, people's anxiety level increases. The anxiety manifested itself in a variety of ways, for example, through panic buying, which resulted in a bizarre shopping spree of hoarding toilet paper (Kundra, 2020). This was observed in community transmission cases that emerged in 2021, resulting in additional lockdowns and panic. The

persistence of the increase in cases and its effect on the factors analyzed can be investigated further.

According to this study, the Coronavirus Anxiety (CA), Stress with COVID-19 (SC), Social Supports (SSS), and Sex Satisfaction (SS) scales indicate that instructor anxiety has increased significantly over the last year. This astounding and abrupt increase in Coronavirus Anxiety, COVID-19 Stress, Social Support, and Sex Satisfaction indicates that the Pandemic has had an effect on teachers. There were, however, differences in the effect on males and females. The findings are also corroborated by research conducted on pre-pandemic physical education teachers in Fiji. The findings indicated that physical education teachers had a lower mean score on anxiety and stress (Prasanna et al., 2020). Thus, the research findings clearly demonstrate an increase in teacher anxiety as a result of COVID-19.

### 3.1. Recommendations

Many people around the world are suffering from mental strain as a result of the Pandemic. And the consequences are severe for those who suffer from anxiety and depression. Living in a stressful situation, such as financial insecurity, family disruption, trauma, or loss, or, of course, the current COVID-19 Pandemic, can undoubtedly trigger the worsening of depression and anxiety symptoms. Self-care is frequently difficult to maintain during times of crisis. Because many of us are preoccupied with containing the fires in our lives, we are frequently too exhausted to engage in mindful eating, exercise, or other refuelling activities ("Policy Recommendations During the COVID-19 Pandemic Internet Society", 2021). During this Pandemic, it is suggested delegating chores to others, limiting oneself to one self-soothing activity per day, such as taking a bath, drinking a cup of tea, napping, or practising 5 min of deep breathing. While many people will be unable to resume their pre-pandemic exercise routines, some form of physical activity at home is necessary to maintain a healthy lifestyle. Regular exercise can still be beneficial for your mental health, even if it is as simple as taking a daily walk or spending five minutes stretching or performing yoga poses. Hobbies such as gardening can also be considered exercise. On the other hand, school leaders can foster a collegial, supportive climate within their schools, thereby increasing teacher engagement and effectiveness. Schools require policies that either support or obstruct the development of a healthy school environment and effective teacher performance. The education department shall provide teachers with opportunities for professional development in order to enhance their own social and emotional competence. Teachers will benefit from stress management programs that help them develop coping and awareness skills, as well as reduce anxiety and depression and improve their health. Schools can implement workplace wellness programs to reduce health risks, health care costs, and teacher absenteeism.

According to the research findings, family ties, whether single or married, age, and location all play a significant role in the anxiety level associated with CAS, SCS, and SSS. This is a result of the increased responsibility that people face as they grow older and marry into a Fijian family. The location also has a significant effect on the stress and anxiety levels as measured by the research tools. However, sharing problems with others has been identified as a valuable coping strategy for teachers in the literature (Kyriacou, 1987; Kyriacou and Pratt, 1985). Additionally, teachers should monitor their own health and well-being and

provide active professional support to one another in order to maintain high-quality teaching and to learn in an ever-changing and challenging world for the teachers, schools, and families they serve.

#### 4. Conclusion

The study discovered significant differences between various population groups. Anxiety and stress people undergo clinical and pharmacological support. During a pandemic, family support, an excellent primary partner, a living environment, maturity, and a healthy lifestyle will reduce stress. During the epidemic, more support from spouses and mutual understanding would reduce sex satisfaction. The other means that by using social media and encouraging one another during the lockdown and social distance, teachers' stress will be reduced. Physical education and sports teachers would benefit from a lower teacher-to-student ratio. It will alleviate stress and anxiety by allowing for adequate social distance during the practical class. According to the findings, the assistance of stakeholders is required to reduce the effects of anxiety and stress on people who follow the recommendations. The current study has a number of limitations, including a small sample size and parameters that could be investigated and researched further.

#### Declarations

##### Author contribution statement

Mohammad Feroz Ali: Conceived and designed the experiments; Performed the experiments; Analyzed and interpreted the data; Contributed reagents, materials, analysis tools or data; Wrote the paper.

Sakul Kundra: Conceived and designed the experiments; Analyzed and interpreted the data; Wrote the paper.

Mohammad Afsar Alam: Conceived and designed the experiments; Contributed reagents, materials, analysis tools or data; Wrote the paper.

Mumtaz Alam: Conceived and designed the experiments; Performed the experiments; Contributed reagents, materials, analysis tools or data; Wrote the paper.

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##### Data availability statement

Data will be made available on request.

##### Declaration of interests statement

The authors declare no conflict of interest.

##### Additional information

No additional information is available for this paper.

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