

# **The Relationship Between Perceived Social Support And Coping Strategies With Psychological Distress Of Depression, Anxiety And Stress Among The Students Of Universiti Malaysia Sabah During The Covid-19 Pandemic.**

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## **Abstract:**

This study examines the relationship between perceived social support and coping strategies with the psychological distress of depression, anxiety, and stress among the students of Universiti Malaysia Sabah during the Covid-19 pandemic. It also assessed the overall levels of depression, anxiety, and stress among the students of Universiti Malaysia Sabah. The total respondents were 185 students that ranged from 20 to 27 years of age and were collected from all the faculties available at the main campus of Universiti Malaysia Sabah, Kota Kinabalu. The research method applied was using the quantitative method, which collects the data through an online questionnaire platform. The result of the descriptive analysis indicated that both the levels of depression and anxiety of the Universiti Malaysia Sabah students were mild. In contrast, the stress level was moderate during the pandemic. The results of the inferential analysis indicated the relationship between perceived social support and psychological distress, which focused on depression, anxiety and stress among the university students, to overall had a significantly negative correlation between its subscales. Next, the relationship between coping strategies and psychological distress, which focused on depression, anxiety, and stress, overall had a significant correlation that can be either negative or positive based on the university students' specific type of coping strategies. Based on the findings, it is translucent how important mental health is for university students, especially during a challenging time such as the Covid-19 pandemic. Psychological well-being or good mental health is crucial and can be achieved through social support and suitable types of coping strategies.

**Keywords: Social Support; Coping Strategies; Psychological Distress and Depression, Anxiety and Stress; COVID-19 Pandemic****INTRODUCTION**

Psychological distress is an issue that should not be taken lightly by any individual, party, or even agency. According to Marchand et al. (2012), psychological distress can be linked to mental health problems. Plus, Vierito et al. (2021) describe psychological distress to encompass a wide range of stress, anxiety, and depression symptoms, which can vary from mild to severe psychiatric illness (Goldberg & Blackwell, 1970, as cited in McLachlan & Gale, 2018).

One of the most significant factors contributing to psychological distress is life events that can trigger stress, anxiety and depression within a person (Hassanzadeh et al., 2017; Miloyan et al. 2018; Salleh, 2008, Shapero et al., 2014). Therefore, with the emergence and spread of the Covid-19 have intensified the already significant impact of psychological distress on many individuals' lives. Multiple media and online platforms focus on the rising concern over psychological distress issues during the pandemic. An online article by Savage (2020) has reported that anxiety levels are elevating caused by this pandemic while local sources such as Berita RTM highlighted the time period required for behavioural and mental health issues to fully resolve from the impact of Covid-19 pandemic.

Older mindset tends to correlate psychological distress and other mental health issues with those considered adults due to the overbearing lifestyle, such as working, taking care of their family, or taking care of old parents. Hence, it is a concern about how psychological distress

can affect daily routines and their overall health. Nonetheless, the Covid-19 pandemic and psychological distress impact is not confined to adults. It affects individuals across various life stages, including university students who may face challenges during this period. University students are typically in the phase of emerging adulthood—a developmental stage from late adolescence to the early twenties (Arnett, 2000, as cited in Arnett, 2011).

According to both Miller (2017) and Schechter et al. (2018), emerging adulthood is a developmental stage that occurs between adolescence and adulthood, characterized by several transitions and demanding activities, such as achieving financial independence, making career and intimate relationships decisions, and laying the groundwork for adult lives. When relating this group in the context of university students, many can be classified as emerging adults as this phase coincides with their years of higher education. Thus, it implies additional responsibilities such as performance demands, changes in living situations, and dealing with new social and educational circumstances (Settersten & Ray, 2010; Schulenberg & Schoon, 2012). University students should not be overlooked regarding psychological distress as entering higher education can be a critical shift in mental health for some individuals (Haris, 2019; Auerbach et al., 2016). Research indicates that students frequently report higher levels of distress compared to the general population (Tariku et al., 2017; James et al., 2017; Mboya et al., 2020). Common psychological distress among university students undergoes include

depression, anxiety, stress and, in worse cases is even suicide risk (Larcomble et al., 2014; Gulec Oyekcin et al., 2017; Villate et al., 2017; Tang et al., 2018).

The Covid-19 pandemic has taken a toll on the world, and Malaysian university students are not exempt from being victimised by psychological distress. Tons of studies and articles circulate this topic. For example, an article from Universiti Putra Malaysia focusing on how higher education students' mental health is high during the Control Movement Order (MCO) (Sidik, 2020). Additionally, various studies have addressed the impact of the pandemic, lockdown implementation, and "home-quarantine" could lead to an increased level of depression, anxiety, and stress among university students (Hamaideh et al., 2021; Sundarasen et al., 2020).

Given the profound and quickly increasing evidence of psychological distress among university students in Malaysia, it should bring forth procedures in dealing with it to help the students. Such concern should not be ignored or belittled just because university students do not face the same work-life demands as adults. The whole concept of "it's just all in your head" should not be addressed to the students dealing with psychological distress. For example, the study of Kain et al. (2019) highlights that some students face challenges where lecturers or teachers would minimise the legitimacy of psychological distress by saying, "it's all in your head". This action will only worsen the situation for students dealing with psychological distress, especially during this challenging time. It can lead to negative self-perception and create barriers that prevent them from seeking the essential help they need.

## **Research Objective**

The primary purpose of this research is to analyze the relationship between perceived social support and coping strategies with psychological distress among university students in Malaysia during the Covid-19 pandemic. The objectives of the research are as follows: (1) to measure the levels of depression, anxiety, and stress as psychological distress among the university students of Universiti Malaysia Sabah during the Covid-19 pandemic; (2) to determine the relationship between perceived social support and psychological distress, specifically depression, anxiety, and stress, among the university students; and (3) to examine the relationship between coping strategies and psychological distress among the university students during the pandemic.

## **METHODOLOGY**

### **Research Design**

The design of this research was survey research using a quantitative method. The choice of this research design was chosen after the consideration of the research objectives framed in this research. Furthermore, this was a cross-sectional study because the data of the analysed variables were collected at one given point in time across a sample population. The data was gathered using a questionnaire survey.

### **Research Respondents**

The respondent's selection for this study, the researcher used simple random sampling to ensure every student at Universiti Malaysia Sabah (UMS) had an equal chance of being chosen. This approach aimed to provide an unbiased representation of the student population, considering diversity in faculty, race, age, and gender. The researcher decided to

select students from Universiti Malaysia Sabah (UMS) as participants for the study. According to the 2020 Higher Education Statistics provided by Malaysia's Ministry of Higher Education, UMS has an overall student population of 17,498, with 5,220 new intakes reported in the same year. A total of 185 students were randomly selected, despite an initial target of 384, due to challenges like limited network coverage in rural areas.

**Research Location**

This research was conducted at Universiti Malaysia Sabah (UMS), the ninth public university in Malaysia, established on November 24th, 1994. The study focused on the Kota Kinabalu branch due to the researcher's accessibility to participants and connections with peers, which facilitated the distribution of questionnaires. Additionally, UMS's diverse student population, including students from Sabah, Peninsular Malaysia, Sarawak, and international backgrounds, provided a broad representation for the study.

**Research Instruments**

This research used a structured questionnaire distributed to respondents via Google Forms, shared through the WhatsApp application. The questionnaire was divided into several sections for clarity and organization.

**Depression, Anxiety, and Stress Scale (DASS-21)**

The DASS-21, developed by Lovibond and Lovibond (1995), is a shortened version of the DASS-42, offering a clearer factor structure and slightly better psychometric characteristics. It consists of 21 items, divided into three subscales: depression, anxiety, and stress, with 7 items in each subscale. According to Beaufort et al. (2017), this self-report questionnaire is designed to assess depression, anxiety, and stress simultaneously, covering a broad range of symptoms.

Respondents rate each item on a 4-point Likert scale. The overall scores for depression, anxiety, and stress are then calculated, and the severity levels are categorized into five levels of cut-off points, as shown in the table below.

Table 1: Cut-Off Points for the Level of Depression, Anxiety, and Stress

	<b>Depression</b>	<b>Anxiety</b>	<b>Stress</b>
<b>Normal</b>	0-9	0-7	0-14
<b>Mild</b>	10-13	8-9	15-18
<b>Moderate</b>	14-20	10-14	19-25
<b>Severe</b>	21-27	15-19	26-33
<b>Extremely Severe</b>	28+	20+	37+

Source: Brumby, S., Chandrasekara, A., McCoombe, S., Torres, S., Kremer, P., & Lewandowski, P. (2011). *BMC public health*, 11, 362.

**Brief COPE Scale (Brief COPE)**

The **Brief COPE Scale**, developed by Carver (1997) is used to assess coping

strategies through 14 subscales. These are grouped into three types: problem-focused coping (e.g., active coping, planning), emotion-focused coping (e.g., emotional support, humor), and avoidant coping (e.g., denial, self-blame). Each subscale contains two items, and respondents rate how often they use each strategy on a 4-point Likert scale: 0 = "Not at all," 1 = "A little," 2 = "A medium amount," and 3 = "A lot." Higher scores indicate more frequent use of a specific coping strategy.

### **Multidimensional Scale of Perceived Social Support (MSPSS)**

The scale was developed by Zimet, Dahlem, Zimet, and Farley, 1988). It evaluated the respondents' perceived support from three significant sources: family, friends, and significant others. Respondents were asked to rate all items that are on a 7-point Likert scale (1= Very Strongly Disagree, 2= Strongly Disagree, 3= Mildly Disagree, 4= Neutral, 5= Mildly

Agree, 6= Strongly Agree, 7= Very Strongly Agree).

### **Research Procedure**

The researcher conducted the study with a procedure. First, the researcher did the process of identifying problems and areas of research. Next, they determined the population and the sampling technique suitable to achieve respondents for this research. The questionnaire was designed to correspond to the objectives and referred to the instruments used in this research. Then, the researcher collected the data from the respondent. Data was cleaned to avoid any error and then was analysed using the SPSS system. After analysing the data, the results of the research were deducted and achieved. Lastly, the researcher did a summary and suggestion based on the outcome and the whole research.

## **RESULTS**

### **Respondents' Demographic Profile Characteristics**

Table 2: Respondents' Demographic Profile Characteristic

Variable	Frequency (n)	Percentage (%)
<b>Sex</b>		
Male	45	24.3
Female	140	75.7
<b>Age</b>		
20	4	2.2
21	40	21.6
22	83	44.9
23	48	25.9
24	5	2.7
25	2	1.1
26	2	1.1
27	1	.5
<b>Race</b>		
Malay	23	12.4
Chinese	7	3.8
Indian	2	1.1
Native Sabah	139	75.1
Native Sarawak	11	5.9
Others	3	1.6
<b>Religion</b>		
Muslim	87	47.0
Christian	92	49.7
Buddhist	4	2.2
Others	2	1.1
<b>Faculty</b>		
Faculty of Psychology and Education	49	26.5
Faculty of Business, Economics and Accountancy	37	20.0
Faculty of Computing and Informatics	7	3.8
Faculty of Engineering	13	7.0
Faculty of Food Science and Nutrition	8	4.3
Faculty of Social Sciences and Humanities	28	15.1
Faculty of Science and Natural Resources	36	19.5
Faculty of Medicine and Health Sciences	7	3.8
<b>Year of Study</b>		
Year 1	30	16.2
Year 2	45	24.3
Year 3	108	58.4
Year 4	1	.5
Year 5	1	.5

The demographic profile of the respondents is summarized in Table 2. The majority of the participants were female (75.7%), with males comprising 24.3%. Most respondents were aged 21 (21.6%) and 22 (44.9%). In terms of ethnicity, the

largest group was Native Sabah (75.1%), followed by Malay (12.4%) and others. The sample was primarily Muslim (47.0%) and Christian (49.7%). Regarding academic faculty, 26.5% were from the Faculty of Psychology and Education, and 20.0% were from the Faculty of Business, Economics, and Accountancy. The

majority of respondents (58.4%) were in their third year of study.

**Stress Level Among the University Students of Universiti Malaysia Sabah**

Table 3 presents the respondents' stress levels. The data reveals that the overall mean stress level was 1.36 (SD = 0.695), indicating a moderate level of stress among the participants. Among the items,

S8 ("I felt that I was using a lot of nervous energy") had the highest mean score of 1.53 (SD = 1.05), suggesting that many respondents felt they were expending a lot of nervous energy. On the other hand, S6 ("I tended to over-react to situations") had a relatively lower mean score of 1.11 (SD = 0.965), indicating that overreacting to situations was less commonly experienced.

**Table 3: The Stress Level Among the University Students of Universiti Malaysia Sabah.**

No. Item (S=Stress)	0	1	2	3	Mean	Std. Deviation
S1. I found it hard to wind down.	39 (21.1)	81 (43.8)	48 (25.9)	17 (9.2)	1.23	.888
S6. I tended to over-react to situations.	56 (30.3)	71 (38.4)	38 (20.5)	20 (10.8)	1.11	.965
S8. I felt that I was using a lot of nervous energy.	39 (21.1)	48 (25.9)	59 (31.9)	39 (21.1)	1.53	1.05
S11. I found myself getting agitated.	51 (27.6)	55 (29.7)	56 (30.3)	23 (12.4)	1.28	1.00
S12. I found it difficult to relax	42 (22.7)	77 (41.6)	45 (24.3)	21 (11.4)	1.24	.933
S14. I was intolerant of anything that kept me from getting on with what I was doing.	47 (25.4)	61 (33.0)	57 (30.8)	20 (10.8)	1.27	.963
S18. I felt that I was rather touchy.	22 (11.9)	42 (22.7)	57 (30.8)	64 (34.6)	1.88	1.02
Overall					1.36	.695

**The Anxiety Level Among the University Students of Universiti Malaysia Sabah**

The anxiety levels of the respondents are displayed in Table 4. The mean anxiety score was 1.18 (SD = 0.748). The highest mean score was for A2 ("I was aware of dryness of my mouth") with a mean of 1.51

(SD = 1.08), while A4 ("I experienced breathing difficulty") had the lowest mean score of 0.746 (SD = 0.876), suggesting that anxiety related to breathing difficulties was less common. Overall, the data shows that respondents experienced mild to moderate levels of anxiety.

**Table 4: The Anxiety Level Among the University Students of Universiti Malaysia Sabah**



No. Item (A=Anxiety)	0	1	2	3	Mean	Std. Deviation
A2. I was aware of the dryness of my mouth.	43 (23.2)	46 (24.9)	54 (29.2)	42 (22.7)	1.51	1.08
A4. I experienced breathing difficulty (e.g., excessively rapid breathing, breathlessness in the absence of physical exertion).	94 (50.8)	50 (27.0)	35 (18.9)	6 (3.2)	.746	.876
A7. I experienced trembling (e.g., in the hands).	78 (42.2)	51 (27.6)	35 (18.9)	21 (11.4)	.994	1.03
A9. I was worried about situations in which I might panic and make a fool of myself.	39 (21.1)	45 (24.3)	60 (32.4)	41 (22.2)	1.56	1.06
A15. I felt I was close to panic.	60 (32.4)	58 (31.4)	47 (25.4)	20 (10.8)	1.15	.997
A19. I was aware of the action of my heart in the absence of physical exertion (e.g., sense of heart rate increase, heart missing a beat).	55 (29.7)	72 (38.9)	35 (18.9)	23 (12.4)	1.14	.985
A20. I felt scared without any good reason.	64 (34.6)	69 (37.3)	26 (14.1)	26 (14.1)	1.08	1.02
Overall					1.18	.748

**The Depression Level Among the University Students of Universiti Malaysia Sabah.**

Table 5 provides the depression levels among the respondents, with an overall mean score of 1.18 (SD = 0.748). The item D5 ("I found it difficult to work up the initiative to do things") had the highest mean score of 1.56 (SD = 1.04), indicating

that many respondents struggled with motivation. Conversely, D10 ("I felt that I had nothing to look forward to") had a mean score of 1.14 (SD = 1.03), suggesting that feelings of hopelessness were less pronounced. The data reveals that depression levels were relatively low to moderate across the sample.

Table 5: The Depression Level Among the University Students of Universiti Malaysia Sabah

No. Item (D=Depression)	0	1	2	3	Mean	Std. Deviation
D3. I couldn't seem to experience any positive feeling at all.	61 (33.0)	85 (45.9)	31 (16.8)	8 (4.3)	.924	.817

D5. I found it difficult to work up the initiative to do things.	36 (19.5)	51 (27.6)	57 (30.8)	41 (22.2)	1.56	1.04
D10. I felt that I had nothing to look forward to.	62 (33.5)	60 (32.4)	38 (20.5)	25 (13.5)	1.14	1.03
D13. I felt down-hearted and blue.	56 (30.3)	70 (37.8)	39 (21.1)	20 (10.8)	1.12	.967
D16. I was unable to become enthusiastic about anything.	57 (30.8)	59 (31.9)	46 (24.9)	23 (12.4)	1.19	1.01
D17. I felt I wasn't worth much as a person.	77 (41.6)	55 (29.7)	27 (14.6)	26 (14.1)	1.01	1.06
D21. I felt that life was meaningless.	99 (53.5)	51 (27.6)	21 (11.4)	14 (7.6)	.730	.940
Overall					1.10	.766

**Pearson Correlation of Relationship Between Perceived Social Support and Psychological Distress**

The analysis of Pearson correlation revealed that perceived social support from significant others, family, and friends had weak but significant negative correlations with depression ( $r = -.312, -.359, \text{ and } -.340, p < .05$ , respectively) and stress ( $r = -.209, -.174, \text{ and } -.154, p < .05$ , respectively). For anxiety, perceived social

support from significant others ( $r = -.224, p < .05$ ) and friends ( $r = -.148, p < .05$ ) also showed weak negative correlations, while support from family demonstrated a weak negative but non-significant correlation ( $r = -.143, p = .053$ ). Overall, the findings indicate that perceived social support is weakly and negatively correlated with depression, anxiety, and stress, although one correlation was not significant, leading to the rejection of the hypothesis.

Depression		Anxiety		Stress	
Pearson Correlation	Significant value (2-tailed)	Pearson Correlation	Significant value (2-tailed)	Pearson Correlation	Significant values (2-tailed)

Social support-Significant others	-.312**	.000	-.224**	.002	-.209**	.004
Social support-Family	-.359**	.000	-.143	.053	-.174*	.018
Social Support-Friends	-.340**	.000	-.148*	.044	-.154*	.036

**Table 6: Pearson Correlation between Perceived Social Support from Significant Others, Family, and Friends with Depression, Anxiety, and Stress**

\*\* . Correlation is significant at the 0.01 level (2-tailed)

\* . Correlation is significant at the 0.05 level (2-tailed)

**Pearson Correlation of Relationship Between Problem-Focused Coping, Emotion-Focused Coping, and Avoidant Coping with Psychological Distress**

The analysis of Pearson correlation revealed varied relationships between coping strategies and psychological distress. Problem-focused coping demonstrated a weak and negatively significant correlation with depression ( $r = -.274, p < .05$ ) but showed weak, negative, and non-significant correlations with both stress ( $r = .053, p = .476$ ) and anxiety ( $r = .069, p = .348$ ). Emotion-focused coping was positively and significantly correlated with stress ( $r = .295, p < .05$ ) and anxiety

( $r = .265, p < .05$ ), though the strength of these correlations was weak. Its correlation with depression was very weak, positive, and not significant ( $r = .086, p = .245$ ). Interestingly, avoidant coping showed positive and significant correlations with all three psychological distress scales. The correlation with depression was moderate ( $r = .448, p < .05$ ), while its correlations with stress ( $r = .398, p < .05$ ) and anxiety ( $r = .404, p < .05$ ) were close to moderate and moderate, respectively. Despite some non-significant findings, the majority of the correlations were significant, either positively or negatively. Consequently, the hypothesis was rejected.

**Table 7: Pearson Correlation between Problem-Focused Coping, Emotion-Focused Coping, and Avoidant Coping with Psychological Distress**

	Depression	Anxiety	Stress
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	Pearson Correlation	Significant value (2-tailed)	Pearson Correlation,	Significant value (2-tailed)	Pearson Correlation,	Significant values (2-tailed)
Problem-focused Coping	-.274**	.000	.069	.348	.053	.476
Emotion-Focused Coping	.086	.245	.265**	.000	.295**	.000
Avoidant Coping	-.448**	.000	.404**	.000	.398**	.000

\*\* Correlation is significant at the 0.01 level (2-tailed)

\* Correlation is significant at the 0.05 level (2-tailed)

**DISCUSSION**

**Levels of Depression, Anxiety, and Stress as Psychological Distress Among University Students of Universiti Malaysia Sabah**

The findings of this study indicated that the levels of depression, anxiety, and stress among Universiti Malaysia Sabah (UMS) students during the COVID-19 pandemic ranged from mild to moderate. These findings align with global and regional studies, which report similar trends in psychological distress among university students during the COVID-19 pandemic.

The mean scores for depression and anxiety were 1.10 and 1.18, respectively, categorized as mild, while the stress mean score was 1.36, categorized as moderate. This suggests that while psychological distress was present among UMS students, the levels were not severe but still above normal thresholds.

**Relationship Between Perceived Social Support and Psychological Distress of Depression, Anxiety and Stress Among University Students from Universiti Malaysia Sabah During the Pandemic**

This study found a generally negative and significant, though weak, correlation

between perceived social support (from family, friends, and significant others) and psychological distress (depression, anxiety, and stress) among Universiti Malaysia Sabah students. Higher perceived social support was associated with lower levels of distress, aligning with previous studies (e.g., Siddiqui et al., 2019; Bukhari & Afzal, 2017; Alsubaie et al., 2019) that reported similar relationships.

Each subscale of social support (family, friends, and significant others) was negatively and significantly correlated with depression, anxiety, and stress. These findings highlight the critical role of social support in mitigating psychological distress, supporting the notion that students with stronger social networks tend to build self-esteem, enhance coping abilities, and minimize stress impacts (Lee et al., 2014; Wang et al., 2014). During the pandemic, social support provided emotional reassurance and practical assistance, helping students manage psychological challenges more effectively. It underscores the value of fostering supportive relationships to promote mental well-being among university students.

## **Coping Strategies and Psychological Distress of Depression, Anxiety, and Stress Among University Students from Universiti Malaysia Sabah During the Pandemic**

This study examined the relationship between coping strategies—problem-focused, emotion-focused, and avoidant—and psychological distress, including depression, anxiety, and stress, among Universiti Malaysia Sabah students during the COVID-19 pandemic. Problem-focused coping strategies, such as planning and active coping, showed a negative correlation with depression, indicating their effectiveness in reducing depressive symptoms, though their impact on anxiety and stress was less significant.

This finding aligns with previous research suggesting that problem-focused strategies are beneficial for addressing challenges, particularly in the long term. Emotion-focused coping, including venting and seeking emotional support, was positively correlated with anxiety and stress, reflecting its ability to provide short-term relief but often failing to resolve underlying issues, which can lead to persistent distress. Similarly, avoidant coping strategies, such as denial and self-distraction, were positively correlated with all forms of psychological distress, showing that avoidance tends to exacerbate depression, anxiety, and stress as unresolved problems persist and intensify.

### **Implications**

This study highlights the importance of raising awareness about psychological distress, particularly depression, anxiety, and stress, among university students, especially during crises like the COVID-19 pandemic. It emphasizes the need for mental health support from stakeholders such as universities, educators, and

governments to foster resilience. Additionally, the study underscores the value of social support from family, friends, and significant others in helping students manage psychological challenges. It also encourages the adoption of effective coping strategies, such as problem-focused coping, while cautioning against the overuse of emotion-focused and avoidant coping methods, which may worsen distress. Finally, the findings provide valuable insights for counsellors and psychologists to guide students in managing their mental health effectively.

### **Recommendations**

This study faced several limitations. Due to the COVID-19 pandemic, the researcher had difficulty collecting respondents, as questionnaires were distributed online. The university sent most students home, only allowing those with essential responsibilities or poor network coverage to return, limiting access to participants. As a result, the researcher could not gather a large number of respondents. Additionally, the study was limited to students from Universiti Malaysia Sabah in Sabah, excluding its branches in Labuan and Sandakan. Lastly, the gender distribution was unbalanced, with more female respondents than male.

### **CONCLUSION**

This study aimed to explore the relationship between perceived social support, coping strategies, and psychological distress (depression, anxiety, and stress) among Universiti Malaysia Sabah students during the Covid-19 pandemic. Questionnaires were distributed online to 185 students to assess their levels of distress and the impact of

social support and coping strategies.

The results showed that while students experienced mild levels of depression and anxiety, their stress levels were moderate. Overall, perceived social support from family, friends, and significant others had a negative and significant correlation with depression, anxiety, and stress. Coping strategies also showed varying correlations with these psychological distress factors.

The study contributes theoretically by enhancing the understanding of how depression, anxiety, and stress manifest during the Covid-19 pandemic, particularly among students adjusting to new norms. Practically, the findings offer valuable insights for students, communities, and relevant agencies in managing psychological distress through social support and coping strategies.

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