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Coping Mechanisms in the Countryside to Address Disasters and Pandemic: Input for Policy Formulation and Mitigation Programs

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Abstract
With the extensive impact of the outbreak, a serious health and economic crisis has emerged, necessitating the resolution of emergent difficulties stemming from catastrophic events. Communities identify and implement supporting and coping methods in order to boost the government's development initiatives and mitigation measures. Natural and man-made disasters intensify the socioeconomic circumstances caused by rising human density, even in rural areas. To collect the necessary data, this study used a descriptive quantitative design using random interviews. This investigation was conducted using stratified random sampling. Surigao del Sur, Philippines was chosen as the source of the samples. The people in the countryside are fairly prepared in terms of coping methods in the event of pandemics and calamities, according to this study. Measures of adaptation were likewise found to be moderate. Implementation of the learning management system, anxiety, disruption of usual activities prior to COVID posing a threat to the community, economic deterioration, and domestic violence are among the issues encountered.

Keywords: Coping mechanism, pandemic, policy formulation, mitigation program

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I. INTRODUCTION

Early this year, the World Health Organization proclaimed the unique SARS-CoV2 illness to be a pandemic, and it has since become a major public health threat worldwide. Infection control and physical separation are critical for preventing the virus from spreading further and controlling the pandemic crisis. Many countries, like the Philippines (Quinn B, Field J, Gorter R, et al., 2020), have enacted compulsory physical separation policies, resulting in widespread school and university closures. In accordance with this policy, academic institutions are compelled to make appropriate and timely modification in order to continue to deliver education and to sustain the continuation of student academic progress. The teaching and learning activities were immediately shifted to a full blended-learning.

As a result of the outbreak's widespread impact, a significant health and economic decline has emerged; as a result, there is a need to address the new concerns that occur as a consequence of catastrophic events. Communities' enabling and coping mechanisms must be identified and put in place to strengthen the government's policy formulation and mitigation programs. Natural and man-made disasters intensify the socioeconomic circumstances caused by rising human density, even in rural areas.

The study on coping mechanism during disaster and pandemics is imperative as basis for specific recommendations, policy formulation and mitigation programs to be designed for the country side response brought about by natural and man-made havocs. This study also endeavors to design a relevant extension program that could help address issues which spawned from the advent of the pandemic.

Conceptual Framework of the Study

People panic when they are in danger, according to popular perception, especially when they are among crowds. That is, they act rashly and excessively for self-preservation, putting everyone's survival in jeopardy (Cialdini, R. B. & Goldstein, N. J., 2004). This concept has been used to explain how people are reacting to the current COVID-19 outbreak, most notably in relation to the concept of 'panic buying.' Close examination of what occurs in disasters, on the other hand, offers a different picture. Certainly, some people act selfishly, and other people, particularly those who are very vulnerable, may suffer more.

Cooperation and orderly, norm-governed behavior, on the other hand, are prevalent in a variety of catastrophes and disasters, and there are several instances where people demonstrate extraordinary charity (Drury, 2018). In reaction to Covid-19, there is already evidence that public-sector mutual aid groups have grown in popularity (Booth, 2020).

Indeed, people are less likely to die from over-reaction in fires (Canter, 1990) and other natural hazards than from under-reaction, or failing to respond to indicators of danger until it is too late. In fact, experts have largely abandoned the term of "panic" because it neither characterizes nor explains what people behave in disasters (Tierney, et al.,2001). In reaction to a crisis, the focus has switched to the reasons that explain why people collaborate rather than compete. One of these aspects is the emergence of a common feeling of identity and compassion for others as a result of the shared experience of being in a disaster (Drury, et al., 2009). This sentiment may be tapped into by speaking to the public as a group and pushing 'us' to act for the common good (Carter, 2015).

During pandemics, major behavioral changes are required to slow virus spread. The extent and pace of behavior change is influenced by a variety of social and cultural factors. In this part, we discuss how social context elements including social norms, social inequality, culture, and polarization might aid decision-makers in identifying risk factors and intervening successfully.

Social norms influence people's behavior: what they feel others are doing or what they believe others approve or disapprove of (Cialdini, & Goldstein, 2004). Different motivations for conformity to norms have been identified in a broad literature, including the need to learn from others and to achieve connection or social approval. People are influenced by norms, although their impressions are frequently incorrect. People can, for example, underestimate health-promoting habits (such as hand washing) while overestimating unhealthy behaviors (Dickie et al., 2018). (Berkowitz, 2005).

Public messages reinforcing good (for example, health-promoting) norms might be used to change behaviors by correcting such misperceptions. If the majority of people are doing something desired, providing accurate information about what they are doing is likely to be beneficial (health-promoting). However, if the majority of people are doing something that isn't desirable, providing only descriptive normative information can backfire by reducing positive behaviors among those who already do them, unless it's accompanied by information indicating that the majority of people approve of these actions (prescriptive as opposed to descriptive norms).

When it comes to the dissemination of health behaviors, perceived norms are most influential when they are specific to others with whom common identities are shared (Centola, 2011). As a result, messages that provide in-group norm models (for example, from members of your community) may be the most effective.

II. REVIEW OF LITERATURE

COVID-19 disease has spread considerably more quickly over the world. The coronavirus disease (COVID-19) pandemic is a global catastrophe of unparalleled proportions. Similar to earlier calamities, there is widespread concern about personal safety as a result of disease transmission inside the population. Furthermore, the inability to predict duration and long-term health and economic repercussions offers distinct issues for individuals, communities, and countries, necessitating a real need for individual, societal, and administrative connectedness. During a health calamity of this magnitude, psychological readiness, or the primed cognitive awareness and anticipation of coping with emotional responses in an unpleasant scenario, has assumed a compelling importance. Mental health perspectives in pandemics are scarce, and most focus on the aftermath rather than readiness to deal with the initiating event (Agarwal, 2020). Psychological catastrophe preparedness is reasonable, although it falls short in some areas. Federal agencies may prioritize working on timely but focused interventions as a cost-effective administrative exercise (Malkina, 2013). Agarwal went on to say that replicating the learning, experience, and achievement of local communities in building resilience could be useful in populations all around the world, as well as in future calamities.

According to Cvetkovi'c's (2020) research, over half of municipal health department employees are unlikely to go to work during a pandemic. The perception of danger among public health employees has been linked to a number of factors unrelated to the actual hazard of this event. These shifts in risk perception and knowledge gaps observed serve as roadblocks to a pandemic response and must be addressed particularly to enable a successful local public health response to this huge danger. Barr et al. (2020) looked into how a community views the threat of an influenza pandemic and how prepared they are to follow certain public health behaviors in the event of a pandemic.

Despite efforts to slow the spread of COVID-19, the world faces disaster management challenges, according to Ishiwatari et al. (2020). In order to deal with the COVID-19 pandemic, new disaster management approaches must be developed. Even in the midst of COVID-19 pandemics, other calamities occur in countries

and cities. Inadequate reaction to a specific disaster would spread COVID-19 and exacerbate disaster damage, resulting in more human deaths and economic losses.

According to Esterwood and Saeed (2020), the coronavirus disease 19 (COVID-19) pandemic has had a global impact, bringing unique challenges in all aspects of life and medicine. With the epidemic affecting our lives in so many ways, psychological endurance will be a problem for many in the months ahead. Physical and social isolation, disturbance of daily routines, financial stress, food insecurity, and a slew of other possible stressors have all been amplified as a result of the pandemic, putting people's mental health and stability at jeopardy. The unpredictability of the environment is expected to increase the frequency and/or severity of mental health issues around the world. Professional groups have also expressed concern that there will be an increase in mental health and substance use disorder patients both during and after the epidemic (Pancha, 2020).

According to Kar et al. (2020), while the healthcare sector and government authorities around the world are focusing on pandemic control through various preventive techniques, little attention is paid to the mental health of the isolated, scared, and house-arrested population. Their emotional well-being will be impacted by a lack of regular social activities and sitting at home for prolonged periods of time. Those with pre-existing mental illnesses may have worsening mental health symptoms as a result of the abrupt epidemic (Ho et al. 2020). Individuals should not be overly exposed to media coverage, maintain a good relationship, communicate with friends and family members on a regular basis via social media, and begin thinking positively to avoid a worrisome situation (CDC 2020). If you have coronavirus anxiety, attempt to express your fear with people to help you feel better. You can also try to develop self-awareness by getting enough sleep, exercising regularly, and using various relaxation techniques (Kecmanovic, 2020). It is suggested that, in this technological age, healthcare providers provide online psychological support services for those who have lost close family as a result of COVID-19. Healthcare organizations should implement shorter work durations, regular breaks, and rotating shifts to promote the morale and mental health of frontline healthcare staff (Ho et al., 2020).

III. METHODOLOGY/MATERIALS AND METHODS

To collect the necessary data, this study used a descriptive quantitative design using random interviews. This investigation was conducted using stratified random sampling. Surigao del Sur, specifically, the 21 barangays of Tandag City were chosen as the source of the samples. The study's data was collected using a validated questionnaire.

As part of the admission protocol to the 21 barangays included in this study, a letter was addressed to the City Mayor of Tandag City Surigao del Sur before the study began. The barangay authorities received the same letter, which was followed by an orientation on the purpose of the study's conduct. Descriptive and inferential statistics were employed to interpret the data. A five-point scale was utilized as part of the scoring mechanism.

IV. RESULTS AND DISCUSSION

1. The respondents' level of preparedness to address disasters and pandemic as to:

Awareness and Information	WEIGHTED MEAN	VERBAL INTERPRETATION
1. Information Dissemination about of COVID-19 Pandemic before the outbreak through Local News Channel, Online Mediums from City Government FB page, and Government's Public Address through Live	3.81	Moderately Prepared
2. LGU's efforts in regulating the Health Protocols through the efforts of Barangay Officials, Policemen, and other Armed Personnel	4.06	Moderately Prepared
3. Response to the affected individuals and the displaced by providing foods, groceries, and basic essentials for the family	3.98	Moderately Prepared
4. Compliance of the Public to Executive Orders	4.01	Moderately Prepared
5. Orders and Protocols by wearing facemasks and face shield, observe social distancing whenever outside	4.29	Very Prepared
OVERALL WEIGHTED MEAN	4.03	Moderately Prepared

4.21-5.00 Very Prepared
3.41-4.20 Moderately Prepared

2.61-3.40 Prepared
1.81-2.60 Slightly Prepared
1.00-1.80 Not all Prepared

The results of the respondents' preparedness to deal with disasters and pandemics are summarized in Table 1. The outbreak of COVID 19 has wreaked devastation on the neighborhood. Because human health crosses across multiple contexts, community reaction is extremely important to the well-being of human security. With a weighted mean of 4.29 for their awareness and information responses, the respondents were able to follow the IATF and LGU procedures on wearing facemasks, face shields, and imposing social separation after gaining a very prepared verbal interpretation. With a weighted mean of 4.06, the respondents also believe that LGUs are somewhat prepared in their attempts to regulate the Health Protocols through Barangay Officials, Policemen, and other Armed Personnel. This suggests that local governments have used a strategic approach by leveraging sectors that may speed up the movement of government initiatives to help the community and its most vulnerable citizens cope with the pandemic's hazards. Respondents are also reasonably equipped to carry out Executive Orders related to the health protocol mandates with the help of these sectors. With the pandemic's consequences on the community and the escalating number of cases linked to COVID 19, the LGU response to those afflicted and displaced has been judged to be modestly prepared. This is demonstrated through the provision of food, groceries, and other basic necessities to families who have been quarantined or identified as COVID 19 positive. A weighted mean of 3.81 was obtained for the information campaign. Before the outbreak, information on the COVID-19 pandemic was disseminated through local news channels, online mediums such as the City Government's Facebook page, and live streaming of the government's public address.

2. The respondent's level of adaptation measures/ strategies being implemented to minimize the impact of the pandemic as to:

Indicators	WEIGHTED MEAN	VERBAL INTERPRETATION
A. Economic Response to Crisis		
1. Innovation and Emerging of businesses to address the downturn of events during the Crisis	3.48	Moderately Adapted
2. LGU's response into workplaces (promote Skeletal Workforce and Work from Home)	3.65	Moderately Adapted
3. LGU's support to self-employed, i.e. drivers, carpenters, and other low-wage earners	3.79	Moderately Adapted
4. LGU's funding to help the affected families during the Strict Perimeter Control to Identified Critical Zones	4.06	Moderately Adapted
5. Providing Operational Guidelines on Application of Zoning Containment Strategy	3.83	Moderately Adapted
OVERALL WEIGHTED MEAN	*3.76*	*Moderately Adapted*
B. Personal Response to Crisis		
1. Avoidance of Non-Essential activities outside of your Home	3.38	Adapted
2. Practice Stay at Home, Social Distancing, and Wearing Face Mask, Hand Washing with water or disinfectants more often than usual	3.81	Moderately Adapted
3. Engaging to Physical Activities (Jogging, Workout, Exercise)	3.18	Adapted
4. Taking Immune System Boosters and Vitamins	3.72	Moderately Adapted
5. Reduction of possible psychological distress through positive thinking	3.70	Moderately Adapted
OVERALL WEIGHTED MEAN	*3.56*	*Moderately Adapted*
C. Household Measures Being Taken		

1. Obligatory Sanitation and Shower whenever someone comes home	3.63	Moderately Adapted
2. Rapid Testing when a certain family is included in Restricted Perimeter Areas/Zones	3.61	Moderately Adapted
3. Imposition of Home Quarantine even after someone has undergone quarantine for 14 days in the LGU's quarantine facility.	4.03	Moderately Adapted
4. Avoidance of visitors in the house.	3.61	Moderately Adapted
5. Religious way of coping through remaining in Faith and strengthen their beliefs as their way of overcoming the crisis.	3.97	Moderately Adapted
OVERALL WEIGHTED MEAN	3.77	Moderately Adapted

4.21-5.00 Highly Adapted
3.41-4.20 Moderately Adapted
2.61-3.40 Adapted
1.81-2.60 Slightly Adapted
1.00-1.80 Not all Adapted

As to the respondent's level of adaptation measures/ strategies being implemented to minimize the impact of the pandemic; the study looked into three aspects which included economic response to crisis, personal response to crisis, and household measures being undertaken during the time of COVID 19 threat. For the first indicator, it can be noted that all items have been interpreted to be moderately adapted. However, from among the benchmark statements, it can be noted that LGU's funding to help the affected families during the Strict Perimeter Control to Identified Critical Zones gained a slightly increased weighted mean of 4.06. The LGUs have imposed more stringent enforcements of both facility and home quarantines to areas identified as critical zones. Executive Orders were released by LGUs with CZs to ensure that infection is immediately contained. Part of the social response of the LGU is also to support the basic needs of the affected families which includes but not limited to food and supplement supplies most especially those who have been cordoned under the strict perimeter control. Given the crucial role of the LGUs in ensuring that public health is not jeopardized amidst public health threat, perimeter containments have been viewed as a significant response that would delay if not totally prevent the spread of the disease.

For the personal response to crisis, the data shows that most benchmark statements were moderately adapted, but a slightly highest mean with a 3.81 result is to follow the practices such as stay home, social distancing, wearing of mask, hand washing and using of disinfectants. This is followed with the taking of the system boosters and vitamins gaining a mean score of 3.72; reduction of possible psychological distress through positive thinking with a mean score of 3.70. However, two statements gained a marginally lesser mean which include avoidance of non-essential activities outside of the home with a mean gain of 3.38 and engaging to physical activities such as jogging, workout, exercise. The respondents' personal response has become a paramount concern to everyone including the LGUs reminding the communities to adopt stringent measures to safeguard everybody's health. According to Gillespie et al. (2016) Experience with public health emergencies of international concern highlight the need for contextually appropriate community engagement strategies. In relation to COVID-19, community engagement can be critical for creating local and context-specific solutions to prevention and control responses. Moreover, the WHO's recommended measures to prevent and control COVID-19, such as physical–social distancing, case identification and contact tracing require understanding of the different social dynamics in communities and how these can better be leveraged to minimize the impact of the epidemic (Marston et al., 2020).

As to house hold measures being undertaken, Imposition of Home Quarantine even after someone has undergone quarantine for 14 days in the LGU's quarantine facility gained a slightly higher mean of 4.03, this implies that respondents are aware of the existing regulations on doing home quarantine should there be encounters with positive cases to prevent further spread of the virus. Other households opt to rely more on their faith having gained a mean of 3.97 to help them overcome the crises. The isolation experienced these days because of the pandemic has led people to cling more on their religious practices as these helped create resilience amidst the outbreak. Other ways to leverage the impact of the health crises include Obligatory Sanitation and Shower whenever someone comes home with 3.63 mean, rapid Testing when a certain family is included in Restricted Perimeter Areas/Zones with 3.61 and Avoidance of visitors in the house with 3.61 mean. These response measures are adopted in order to reduce potential and additional sufferings.

3. The possible problems met while coping up the disaster and pandemic?

INDICATORS	WEIGHTED MEAN	VERBAL INTERPRETATION
1. Scarcity of the protective gears, face masks and face shields in the market while in high demands.	2.94	A Problem
2. Respondents displayed anxiety during the entire period of lockdown due to lack of food and financial resources.	3.26	A Problem
3. Limiting media exposure that will only create panic and unreliable sources of breaking news related to Covid-19 are prevalent everywhere.	2.98	A Problem
4. Individuals lack of basic hand washing facilities, over half of whom are women are at immediate high risk	2.91	A Problem
5. Individuals not practicing in public are at high-risk chance of getting infected	3.33	A Problem
6. Skeletal work force enforced at the same time the prolonging of time frame for works to be done	2.93	A Problem
7. Unemployment due to cancellation of flights going abroad.	3.44	Moderately
8. Closure of some establishments and retrenchment of some workers	3.48	Moderately
9. Resulting to lay-off or termination	3.40	A Problem
10. Feeling of anxiety whether you contracted the virus or not and the fear of becoming a carrier of the virus which will affect your loved ones	3.52	Moderately
11. Noncompliance of LGUs order and not following protocols like wearing mask, social distancing disinfectant will just worsen the situation.	3.22	A Problem
12.In case of death, the pandemic disrupts the normal bereavement processes of families i.e. grief and mourning of lost family members, especially in cases where contact with the infected member is restricted or refused.	3.53	Moderately
13. Disruption of the academic year during the covid-19 Pandemic	3.57	Moderately
14. Extension of the opening of classes for the school year	3.55	Moderately
15. Recommendation of the conduct of the Online- Blended Learning Approach during the community quarantine expressed negative impressions due to slow internet connection.	3.58	Moderately
16. Significant increase of domestic violence and child maltreatment due to recession and quarantine.	3.26	A Problem
17. Income loss and unmanageable debts can lead into stress and consequent marital conflict.	3.46	Moderately
18. Quarantine-related mental health problems include, depression, low mood, irritability, insomnia, anger and emotional exhaustion.	3.44	Moderately

4.21-5.00 Serious Problem
3.41-4.20 Moderately
2.61-3.40 A Problem
1.81-2.60 Slightly a Problem
1.00-1.80 Not a Problem

On the problems met, from among the benchmark statements identified, the five indicators with slightly higher mean include problems on conduct of online blended learning approach of 3.58, disruption of the academic year during the covid-19 Pandemic with 3. 57, Extension of the opening of classes for the school year, 3.55, In case of death, the pandemic disrupts the normal bereavement processes of families i.e. grief and mourning of lost family members, especially in cases where contact with the infected member is restricted or refused, 3.53, Feeling of anxiety whether you contracted the virus or not and the fear of becoming a carrier of

the virus which will affect your loved ones with 3.52. Other problematic issues needing response is unemployment and domestic violence which also pose as threat during the time of pandemic.

The COVID-19 pandemic has become a global health issue and has had a major impact on education. The infection control and physical distancing measures are crucial to prevent the virus from further spreading and to help control the pandemic situation, the policy of compulsory physical distancing has been implemented in many countries including the Philippines, resulting in nationwide school and university closures. In accordance with this policy, academic institutions are compelled to make appropriate and timely modification in order to continue to deliver education and to sustain the continuation of student academic progress. The teaching and learning activities were immediately shifted to E-learning, which has of course posted some challenges to school administration, teachers, and students alike.

Problems include wifi connection and knowledge on the implementation of the learning management system. Blended learning is mainly defined as the integration of classroom and distance learning to facilitate an independent, interactive and collaborative learning among students. However, to understand it in a more general perspective, blended learning approach redesign courses that are developed, scheduled and implemented through a combination of physical and virtual learning activities. It was previously reported that blended learning provides better student's satisfaction, motivation, student engagement and performance (Soltanimehr E, Bahrampour E, Imani MM, et al, 2019). However, with the limited access to technology and training on how to go about with the implementation, teachers and students have both tremendously experienced some hindrances as they adapt to the new normal.

On the other hand, the emergence of COVID-19, with its rapid spread, has exacerbated anxiety in populations globally, leading to mental health disorders in individuals. Recent studies have similarly shown that COVID-19 affects mental health outcomes such as anxiety, depression, and post-traumatic stress symptoms. COVID-19 is novel and unexplored, and its rapid transmission, its high mortality rate, and concerns about the future can be the causes of anxiety (Banerjee, 2020) . Anxiety, when above normal, weakens body's immune system and consequently increases the risk of contracting the virus (WHO, 2020).

The pandemic has had a harmful effect on the public mental health which can even lead to psychological crises. Early identification of individuals in the early stages of a psychological disorder makes the intervention strategies more effective. Health crises such the COVID-19 pandemic lead to psychological changes, not only in the medical workers, but also in the citizens, and such psychological changes are instigated by fear, anxiety, depression, or insecurity (Zhang J, Lu H, Zeng H, Zhang S, Du Q, Jiang T, et al., 2020). Nervousness and anxiety in a society affect everyone to a large extent. Recent evidence suggests that people who are kept in isolation and quarantine experience significant levels of anxiety, anger, confusion, and stress(Brooks SK, Webster RK, Smith LE, Woodland L, Wessely S, Greenberg N, et al., 2020).

4. The significant relationship between the level of preparedness to address disasters and pandemic and the level of adaptation measures to minimize the impact of the pandemic?

Hypothesis:

H_0: There is no significant relationship between the level of preparedness to address disasters and pandemic and the level of adaptation measures to minimize the impact of the pandemic.

H_1: There is a significant relationship between the level of preparedness to address disasters and pandemic and the level of adaptation measures to minimize the impact of the pandemic.

		p-value	Decision	Conclusion
Awareness and Information	Economic Response to Crisis	0.427	Failed to Reject Ho	There is no significant relationship
	Personal Response to Crisis	0.358	Failed to Reject Ho	There is no significant relationship
	Household Measures Being Taken	0.418	Failed to Reject Ho	There is no significant relationship
Personal Response to Crisis	Household Measures Being Taken	0.037	Reject Ho	There is a significant relationship

**Pearson Correlation Test*

** if p-value < 0.05, reject null hypothesis, otherwise accept.*

As to the significant relationship between the level of preparedness to address disasters and pandemic and the level of adaptation measures to minimize the impact of the pandemic, the two variables have no significant relationship with respect to their identified indicators to include awareness and information with economic response to crisis has a p-value of 0.427, awareness and information with personal response to crises has a p-value of 0.358, and awareness and information with household measures are being undertaken has a p-value of 0.418 . This means that the sample respondents' knowledge and information levels may have differed, resulting in varied responses, which explains the lack of significance of the study's variables and indicators. Personal response to crises and the measures being attempted, on the other hand, have a p-value of 0.037, indicating that they have a significant link interpretation. This indicates that the respondents' personal responses to crises have an impact on the household measures they adopt.

When a crisis of this size arises, we must create a personal framework that will help us get through this difficult period. Individuals are required to engage in personal interventions such as avoiding non-essential activities, remaining at home and social isolation, frequent hand washing and sanitation practices, engaging in physical activities, taking immune system boosters, and working out toward positive thinking. Furthermore, households are attempting to prevent any type of huddle at home, resulting in a scarcity of personal and interpersonal relationships these days. According to some study, a bigger proportion of interventions can be attributed to indirect effects on those who copy the behavior rather than direct effects on the people who receive the intervention (Bond, R. M. et al., 2012). By focusing on well-connected individuals and making their behavior change apparent and salient to others, we may maximize the impact of any behavior change initiative.

5. The significant relationship between the level of preparedness to address disasters and pandemic and the possible problems met while coping with the pandemic?

Hypothesis:

H_0: There is no significant relationship between the level of preparedness to address disasters and pandemic and the possible problems met while coping with the pandemic.

Level of Preparedness		p-value	Decision	Conclusion
Awareness and Information	Possible problems met	0.873	Failed to Reject Ho	There is no significant relationship

**Pearson Correlation Test*
** if p-value < 0.05, reject null hypothesis, otherwise accept.*

The findings demonstrate that there is no significant association between the amount of preparedness to address disasters and pandemic between the likely challenges when coping with the pandemic, with a p-value of 0.873. This suggests that the problems faced by respondents who obtained their information in various methods in relation to COVID may face different challenges. A perception of self as independent vs interdependent with others is a cultural factor, which explains why there is no substantial association. Tight social distancing regulations are essential, but laxity within these limitations may help to foster the development of innovative technology solutions to contain the pandemic, as well as the development of unique technologies to help people feel connected. The research suggests that in the fight against COVID-19, quite different measures may be required in different cultural situations.

V. CONCLUSIONS

This research focused into rural coping mechanisms in the face of pandemics and calamities. COVID 19 has posed a threat to all facets of life, putting everyone at risk. The pandemic period is, without a doubt, a period of uncertainty. Furthermore, the study found that, in addition to health, education, socio-economic, and psychological factors are also heavily influenced. Incorporating innovations and other support services into information campaigns, as well as efforts from all government and non-government agencies, as well as family cooperation, can go a long way toward ensuring everyone's survival and well-being.

Individual functioning has an impact on the community's ability to withstand pandemics and calamities. As a result, it is necessary to devise a plan for making oneself resilient, as this can operate as a protective factor that mitigates the impact of distressing situations. Academic institutions must also develop response plans with the help of local government entities in order to establish regulations and activities in the face of the pandemic's problems.

This research can be used as a benchmark for the University to develop an Extension Program that can be used as a preventative strategy in the event of pandemics or calamities. The identified issues will also serve as a baseline for the areas that will be addressed for precise extension service delivery

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