



A QUALITATIVE RESEARCH ON HOMEMAKERS FOR IMPACT ANALYSIS OF COVID 19 ON THE PSYCHOLOGICAL STATE THROUGHOUT LOCKDOWN IN JABALPUR CITY

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ABSTRACT

Women are the integral entity of every country of the world. Just like her overall development and growth decides the future of that country similarly her living conditions, health and social status reflects the mentality and health of that society. With a view to find out what is the present mental health status of women in this current pandemic of COVID-19, this study was undertaken mainly with respect to home makers as majority of the Indian women today are playing a central role in COVID-19 Lockdowns. Present paper tries to put forth a small study on the mental status of women, homemakers especially in the age group 24 to 54 years, living in one of the areas of Jabalpur city. "Home makers" who are the backbone of the family, yet remain unnoticed and are mistreated by our societies. Even though the number seems to be small, yet it reveals magnificent results about the conditions of housewives. The present study primarily aims to describe the qualitative description of the behavior and events observed. The investigators collected data in the form of some narrative description for understanding and deriving necessary interpretation about the quality of the behavior and characteristics of things observed. From further analysis, it can be interpreted that mood disturbances seem to be a chief mental problem in the case of women. Despite being healthy, normal and not suffering from the disease, nor having any affective, these housewives showed Psychological waves which should be considered alarming from the point of view of mental health. This research paper emphasizes the life uncertainties psychological distress and economic worries that prevail genuinely the mental status of housewives.

Keywords : COVID-19, HOUSEWIVES, LOCKDOWN, PSYCHOLOGY

INTRODUCTION

Corona virus as stated by WHO is a novel strain of corona virus. Named COVID-19 this mainly is an upper respiratory disease. People experiencing mild fever, shortness of breath, dry cough and chills are most likely to be infected this virus. The incubation period being longer than a week it spreads at a rate which needs to be highly monitored in order to stop a mass infection. This is a new and experiential exposure for the whole world altogether. With millions of people asked to lock themselves in houses and normal life being shut behind doors, it's a time of real crisis. After being first identified in Wuhan it has taken its roots all over the world now. The social, economic, psychological and cultural life being hampered all together it has paved paths to many things to worry about.

When we specifically talk about lockdowns and isolation times, people are working from home, children are studying from home and other members are coping with the time in some way or the other. Women especially home- makers are the ones who have the most burden when it comes to light the responsibility part. From household chores to keeping the members entertained with different dishes and demands, they are the ones who are at a whole peculiar stage right now. We aim to show through this paper how they are handling their psychological balance and what impact do this lockdown caused on their mental well being. A woman is the central to any family, and India as a patriarchal society is showing us a different situation when it comes to impacts of corona virus lockdown. We aimed to keep our study limited to home makers to have a broader descriptive study on this cohort specifically as a major proportion of Indian households are run by homemakers. This time is unique, this situation is unique and so is the study we aimed at. We wanted to explore if there are any chances of noticing mental health worries for future or cases where a comprehensive energy is to be utilized or not. With the discussions we had through the usual conversations and relating them with long term impacts we found some interesting facts to stress upon. The backbone of the family if firm and tight, the entire family is held high. With this intention in mind, we hope this research would help the authorities and the society to pose a deeper understanding for any implications and changes we as health professionals need to make to run a smoother and a safer society.

MATERIAL AND METHODS

The present study primarily aims to describe the qualitative description of the behavior and events observed. The investigators collected data in the form of some narrative description for understanding and deriving necessary interpretation about the quality of the behavior and characteristics of things observed.

Discussion questions were developed for the focus groups and individual telephonic interviews with women homemakers were conducted.

The interviews and focus group discussions drew upon semi-structured, open-ended questions and took anywhere from thirty minutes to over one hour. They took place between 10th April 2020 and 25th April 2020. The interviewer relied on the women to guide the pace of the discussion and the information they felt comfortable and able to share.

Through the interviews, women's mental health during lockdown around with their children, husbands, and other family members surfaced.

The 30 women who were individually interviewed ranged in age from 24 to 54 years old. The median age was 33.

The women came from a range of academic backgrounds, some having completed high school, college, or university degrees and a few having more limited educational attainment.

In the present study the participants were hand-picked by close contacts as most are undergoing this lockdown globally. The nature of the study was explained properly to the participants and at the same time it was also mentioned that the information would be kept confidential. Some positive and negative aspects of psychological crisis had been picked that the participants might show throughout this lockdown state. The responses of the chosen participants were recorded over the phone or send via emails regarding the psychological crisis throughout the lockdown caused due to Covid-19 pandemic. As the present study emphasized on qualitative analysis, content analysis method had been used to collect the data information and interpreting the texts or content received or recorded from the participants.

RESULTS AND DISCUSSIONS

The results of our study once analyzed showed numerous streaks of impactful results. These are when looked upon on the outside seems less worthy but with deeper understanding leads to understand why and the way these simple gesture may persuade to be a source of constant worry.

No or less interest in sticking out to rules of lockdown the home conditions exhibit emotional turmoil within the minds of home makers. Stress, insomnia, restricted movement outside created frustration and monotony even within the presence of members of the family.

The earning members with 30-20% pay cuts are working from home that results in additional demands of variation in meals and snacks showed an extra burden on these women. The worries of these members are indirectly poignant the emotional standing of women with conflicts between couples over petty issues. People who don't seem to be having stable jobs or are from lower financial gain households showed additional scaling in these matters.

Schools and colleges closed, children keeps the homemakers more engaged in activities and mothers with children below 5 years are extra pathetic.

There is not simply the negative side of this story; however a major proportion of individuals conjointly showed some positive outcomes. With all members along, now they talks more shares more and conjointly incorporates a joyous atmosphere within the house. In such households also, the women of the house with less or minimum participation of male members are found perpetually distressed to stay the strain of the kids and husbands. These women are found on their toes, from morning to evening.

A fraction of women had additional serving to hands within the family currently round her, which helped her deal with household chores more on time, with a lot of time left which she directed towards reading, writing or adopting any hobby.

With all upcoming life events delayed, time has become unsure. Resources restricted and no social gathering, a way of worry, stress, helplessness and monotony was one amongst the foremost common outcomes we observed.

CONCLUSION

Undoubtedly the the planet could be a shuddery place for youngsters and elderly at the instant, and mothers/homemakers across the world beyond any doubt ought to perform the "third shift" – making certain the emotional wellbeing of not solely her children however conjointly parents and other family members. In alternative words, they're the answerable of the mental load of worrying regarding the complete family.

This triple load might exacerbate the high levels of stress that homemakers are already in danger of – along with other mental health issues. We know it might not feel like the right time but it's important – and studies show that father's/ husband's involvement in childcare and an equal division of housework results in sensible outcomes for children, their overall relationship, as well as enhance improvements in the entire atmosphere the house. It conjointly will increase the prosperity and may plant the seeds of a more equal society for the long run. Ultimately, an equal partnership in the childcare, family upbringing and looking after the elders is the need of the hour nowadays. So to homemakers we say this: you're wonderful for making an attempt to try to do everything however you wish to grasp that you just are attempting to try to do three people's job in a time of crisis. Your mental state and capability can have conjointly suffered. Offer yourselves a break. This is also a time for couples to have an honest conversation about who is doing what – and the way things can be created fairer.

REFERENCES:

1. Aarons G.A. The organizational social context of mental health services and clinician attitudes toward evidence-based practice: a United States national study. *Implement. Sci.* 2012; 7:56.
2. Allsopp K. Responding to mental health needs after terror attacks. *BMJ.* 2019;366
3. Bai Y. Presumed asymptomatic carrier transmission of COVID-19. *JAMA.* 2020
4. Ball G.H. A clustering technique for summarizing multivariate data. *Behav. Sci.* 1967
5. Bauer D.J., Preacher K.J., Gil K.M. Conceptualizing and testing random indirect effects and moderated mediation in multilevel models: New procedures and recommendations. *Psychol. Methods.* 2006; 11:142–163.
6. Chan J.F.-W. A familial cluster of pneumonia associated with the 2019 novel coronavirus indicating person-to-person transmission: a study of a family cluster. *Lancet.* 2020; 395:514–523.
7. Chong M.Y. Psychological impact of severe acute respiratory syndrome on health workers in a tertiary hospital. *Br. J. Psychiat. J. Mental Sci.* 2004;185:127–133.
8. Chowell G. Transmission characteristics of MERS and SARS in the healthcare setting: a comparative study. *BMC Med.* 2015;13:210.
9. Daniel S., Weiss, Ph.D., 2007. *The Impact of Event Scale: Revised* Guilford Press, New York, pp. 399–411.
10. Distefano C., Morgan G.B. A comparison of diagonal weighted least squares robust estimation techniques for ordinal data. *Struct. Equ. Model. A Multidisc. J.* 2014; 21:425–438.
11. Hawryluck L. SARS control and psychological effects of quarantine, Toronto, Canada. *Emerg. Infect. Diseases.* 2004; 10:1206–1212.
12. Hu L.T., Bentler P.M. Fit indices in covariance structure modeling: sensitivity to underparameterized model misspecification. *Psychol. Methods.* 1998; 3:424–453.
13. Kang L. The mental health of medical workers in Wuhan, China dealing with the 2019 novel coronavirus. *Lancet Psychiat.* 2020;7
14. Khalid I. Healthcare workers emotions, perceived stressors and coping strategies during a MERS-CoV outbreak. *Clin. Med. Res.* 2016;14:7–14.
15. Kocalevent R.D. Standardization of the depression screener patient health questionnaire (PHQ-9) in the general population *Gen. Hospital Psychiat.* 2013; 35:551–555.
16. Löwe B. Validation and standardization of the generalized anxiety disorder screener (GAD-7) in the general population. *Med. Care.* 2008; 46:266–274.
17. Maunder R. The immediate psychological and occupational impact of the 2003 SARS outbreak in a teaching hospital. *Can. Med. Assoc. J.* 2003; 168:1245–1251.

