

## Experiences and challenges faced by the working population during COVID-19 Lockdown: A qualitative study

### Shana Shirin Najeeb, Leyanna Susan George

Department of Community Medicine and Public Health, Amrita Institute of Medical Sciences, Amrita Vishwa Vidyapeetham, Kochi, Kerala, India

#### ABSTRACT

Background: The largest COVID-19 national lockdown was declared on 25 March 2020 in India with a total shutdown of workplaces and transport sectors. A complete lockdown deemed the entire population of the country to stay wherever they were residing at that point of time with no entry or exit movements being permitted thereafter. This unique situation betwixt a menacing health crisis rolled out a scenario uncustomary to the nation's citizens. The varied responses of the masses to the lockdown need to be captured in order to understand the difficulties and dilemmas faced by them. Hence, this qualitative analysis aimed to capture the immediate challenges and experiences faced by the working population during the first-ever declared nationwide lockdown. Methodology: After obtaining institutional ethical committee clearance, a qualitative study was conducted using grounded theory approach. Using purposive sampling, people representative of the working-class population in Kerala were selected from three districts of the state. Equal representation of males and females were maintained. In-depth interviews were conducted via telephone using an interview guide till data saturation was obtained. The audio recorded data were later transcribed verbatim and translated to English. The transcripts were then manually coded to identify the emerging themes and subthemes and conclusions were drawn after triangulation. **Results:** The age of the study participants ranged from 32 to 71 years, they were occupied in different vocations and belonged to middle-class families across three districts of Kerala. All of them were aware and were mentally prepared for a national lockdown. They also made arrangements such as purchase of food, drinking water, medicines, etc., for home but also for office as well. Even though most of them were initially excited about the lockdown it was then followed by fear of contracting the disease, worries about loss of work and financial security. The study participants identified the advantages of lockdown as having more time for self & for family, use of the online/digital medium for routine activities and many also appreciated the support provided by the government in the form of food kits and loans. The lockdown was found to have increased the workload especially for women who had to manage not only family but also online work from home. Conclusion: The study was able to capture the different experiences and challenges faced by the middle-class working population. Even though they went through a cascade of initial excitement followed by fear of contracting the disease, it eventually turned into concerns of job and financial insecurities. The united frontline work of various sectors like police, health sector, local self-government, Kudumbashree and voluntary groups collectively aided in building community resilience enabling the southern state of Kerala to overcome the devastating effects of the pandemic and lockdown.

**Keywords:** Community resilience, covid-19, lockdown, pandemic

Address of correspondence: Dr. Leyanna Susan George, Department of Community Medicine and Public Health, Amrita Institute of Medical Sciences, Ponekkara, Kochi - 682 041, Kerala, India. E-mail: leyanna.george@gmail.com Received: 23-07-2021 Accepted: 09-12-2021 Published: 16-02-2022

Access this article online	
Quick Response Code:	Website: www.jfmpc.com
	DOI: 10.4103/jfmpc.jfmpc_1483_21

#### Introduction

The noxious COVID-19 disease was first reported by in Wuhan, China, in December 2019.<sup>[1]</sup> Due to globalisation and high transmission rate of the virus, the disease spread swiftly trans

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

For reprints contact: WKHLRPMedknow\_reprints@wolterskluwer.com

**How to cite this article:** Najeeb SS, George LS. Experiences and challenges faced by the working population during COVID-19 Lockdown: A qualitative study. J Family Med Prim Care 2022;11:660-6.

borders<sup>[2]</sup> and India reported its first case in the southern state of Kerala on January 30<sup>th</sup>, 2020.<sup>[3]</sup> Cases started surging manifold globally and on 11 March 2020 the World Health Organization declared the outbreak as a pandemic.<sup>[4]</sup> In the effort to contain the pandemic, countries undertook different strategies for social restrictions and implementing lockdowns was at the forefront of these measures.<sup>[5]</sup>

The largest COVID-19 national lockdown in the world began on March 25<sup>th</sup>, 2020 in India with a total shutdown of workplaces and transport sector.<sup>[6]</sup> A complete lockdown deemed that the entire population of the country had to abide by the rules and stay wherever they were residing at that point of time with no entry or exit movements being permitted thereafter.<sup>[7]</sup> This challenging proclamation of phase I lockdown was initially announced for a period of 21 days, and was later on extended till June 8<sup>th</sup>, 2020 and thereafter restrictions were lifted in a phased manner across India.<sup>[8]</sup>

The unprecedented declaration of the lockdown had a drastic impact on the routine lives of employed people, especially those belonging to lower and middle-income groups. Anxiety, seclusion, increased family & work stress, excessive screen time have been reported to lead to compromised health and general well-being of men and women alike.<sup>[9]</sup> As offices and schools were closed, employed people had to accustom to a new "work-from-home" policy with their family around and in rather less-optimum work settings.

This unique situation betwixt a menacing health crisis rolled out a scenario uncustomary to the nation's citizens. There is a paucity of data to understand the varied responses of the masses to the lockdown amidst the pandemic. Hence, this brings forth a necessity to study in detail the immediate challenges and experiences faced by the working population during the first-ever declared nationwide lockdown.

#### Methodology

After obtaining institutional ethical committee clearance, a qualitative study was conducted using grounded theory approach. Using purposive sampling, people representative of the working-class population in Kerala were selected from 3 districts of the state - namely Ernakulum, Kottayam and Alappuzha. Equal representation of males and females were maintained. Due to the strict travel restrictions amidst the lockdown, the in-depth interviews were conducted via telephone till data saturation was obtained. A total of ten interviews were conducted using an interviewed guide that was developed after extensive formative research. Probing questions were further asked to explore the topic in depth. Informed verbal consent was obtained for participating and audio recording of the interview. The interviews were conducted either in English or in the local language Malayalam, depending on the participants' comfort. The audio recorded data was later transcribed verbatim and translated to English. The transcripts were then manually coded to identify the emerging themes and subthemes.

To augment the validity of the findings, it was subsequently verified by another researcher. The differences that evolved were resolved through discussion till consensus was reached between the two researchers. Eventually, conclusions were deduced by triangulation.

#### Results

The age of the study participants ranged from 32 to 71 years, with a mean age and standard deviation of 43.8 years  $\pm$  10.37 years. In order to get the perspective of the working middle-class population of Kerala, those engaging in different occupations such as teachers, doctors, secretaries, priests, company managers and self-employed people were purposefully selected. Equal representation of both genders was maintained. The immediate challenges and experiences faced by them during the lockdown have been described under the following themes:

#### Lockdown declaration

An initial nationwide Janata curfew was conducted on 22 March 2020. This was followed by the Prime Minister's sudden declaration of a complete lockdown from 25 March. Most of the study participants got a notion that the curfew was a predecessor of a lockdown, as the number of COVID-19 cases was rising multi-fold globally. The extensive media coverage on the topic through various news channels and social media gave a forecast of a stringent action likely to materialize soon. The fact that many countries had declared a lockdown, also suggested that India would be adopting a total closure soon. Hence, most of the participants were mentally prepared for the lockdown. However, an IELTS trainer admitted, in a visibly shocked tone:

"I had an idea it was coming but was busy with work. I thought they were just exploring the possibility. Once they actually locked down the entire country, I was shocked!" -40-year-old male IELTS trainer

The initial feelings varied between the participants. Some were engulfed with anxiety while others felt a sense of uncertainty prevailing over them.

"This was a new experience...I had a mixed feeling of anxiety and excitement!" -41-year-old assistant professor.

However, a 40-year-old teacher stated that he felt the lockdown was unnecessary as every year people were dying more due to other reasons:

"When I looked at the mortality rate (due to COVID), I didn't think it was too high because every year in US alone, flu causes 6 lakhs deaths."

#### Lockdown preparation

Initially, the participants expected the lockdown to be for 2-3 weeks duration and had not anticipated it to be extended

further. Therefore, they had bought things for a few days only, and not for the long run.

#### "Our belief was all will be back to normal in 2 weeks. So, everything was planned only till then." -49-year-old female managing director

When asked about the different preparations that they carried out for the lockdown, most of them affirmed that they had done some form of preparation. Some had gone on a "*panic-buy*" and hoarded a lot of items. Essential food commodities with longer shelf-life and those with farther expiry dates had been purchased.

#### "We get packaged (drinking) water here, so I ordered a 100 litres of water, some instant noodles and biscuits in the beginning." –41-year-old male bank manager

Regularly-used medicines, emergency drugs for the elderly at home and hygiene-related products like sanitizers and masks were stocked by most.

"Didn't know how this would pan out, so I withdrew money from the bank, I didn't think the banks would be operational." -40-year-old teacher. However, others felt it wasn't necessary to keep cash in hand as most of the transactions are conducted online nowadays.

With respect to work-related arrangements, granting leave to subordinates, paper correction and shifting of office work to home were done. However, due to the undetermined duration of the lockdown, people felt a lack of preparation in the measures they took.

#### **Change in the pattern of concerns and fears** *Initial concerns*

The dominant fear of the participants at the onset of the lockdown was the fear of getting inflicted with COVID-19 and its consequences. They were afraid of being exposed to the disease by mingling with other people and hence saw the lockdown as a good preventative measure.

#### "When I used to see the number of cases increasing day by day on T.V, I used to feel scared. (Therefore) I saw the lockdown in a positive light." –40-year-old Priest

He further went on to explain his fear of shortage of food supplies and its likely grave repercussions, which was similarly voiced by others too.

#### "Kerala is a state dependent on its neighboring states for food supplies - from rice to fruits. So there is a chance of a break in the food supply."

Another pressing concern among majority of the participants was the uncertainty brewing over them – about how long

the lockdown would last. People were also worried about the economic crisis that would arise and how it would affect the social balance of the system as many were losing their jobs. Few of the participants shared the plight of those who are separated from their families.

"There are many like me stuck in other districts, states and countries. Our concern is when and whether we will be able to meet our families." -41-year-old male bank manager.

*Change in concerns with the progression of the pandemic* The initial concerns of fear of shortage of basic necessities, COVID-19 illness, other medical emergency conditions and uncertainty regarding the future slowly evolved with advancement of the pandemic. These early concerns were later overtaken by the fear of financial instability and job insecurity.

#### "We have learned to cope up living with limited resources, we have slowly adjusted to it." –40 year male teacher

Multiple reasons were stated for this marked change in concerns, such as people's acclimatisation to the new circumstances, police department's work and the robust state governance for their timely and effective measures in handling the crisis.

# **"The Kerala government and health system has been able to effectively reduce the case fatality rates."** –41-year-old female secretary

Financial instability and job insecurity was the supreme fear in the later phases of the lockdown as all sectors were affected and there was an undeniable drain on the resources. People were also worried about their health as they had been sitting idly at home and their daily routine and sleeping patterns had been disrupted. The fear regarding COVID differed between the participants - some had lost the fear of getting infected while others still feared being exposed to the disease.

"There are different mutations for this virus.so the fear is still there." -41-year-old male assistant professor

#### Positive outcomes of the lockdown

Regarding the benefits of the lockdown, participants stated that it had provided them with ample spare time which they wouldn't have got otherwise. Hence, they could utilize this period for personal development and spending quality time with family.

"We got time as a family and started to exercise and play badminton with our child" -32-year-old female teacher

Majority agreed that unnecessary medicine consumption and visits to the doctor for trivial reasons had reduced. A sudden sharp hike in the number of COVID cases was also prevented by avoiding intermixing of the people due to the restrictions placed. Another common factor among the people were that they resorted to farming and gardening and realized the importance of cultivating their own produce.

"I used to do gardening and growing vegetables as a pastime before, but now I realize we are mutually dependent on each other for our survival and I water them with a renewed mindset now." –40-year-old male

It was observed that the grocery kits provided by the government, local parties and NGOs benefited many in the lower strata of the society. The loan schemes offered by the Kudumbashree also helped them.

"We got 18 kits of commodities needed for our daily lives! We got 15 kg rice free of cost and got to buy 10 kg of rice from the ration shop at a very meagre amount."–41-year-old female.

Furthermore, people started thinking innovatively to the situation and began using the digital platforms to navigate their problems and found new arenas of scope in proceeding with their work. People felt that the crisis had opened new doors for the IT sector as they ventured into the work-at-home pattern:

**"We can work and have meetings from home...its lot easier and cheaper. That's quite a transformation!"** -49 years old MD of an IT company

Some of the participants expressed that the lockdown experience had made them resilient and more empowered than before.

"I was alone, I understood there is no point in worrying. Later all my fears went away. Am ready to live in any circumstance now!" –71 year-old businesswoman who was residing alone in her house during the lockdown.

#### Disadvantages of the lockdown

One of the most prominent problems was the financial constraint which the lockdown brought down on the society. It was observed that migration plans of people had been halted and scores of people had lost their jobs amidst the pandemic.

"I had plans to migrate to Canada in September 2020, but couldn't because of the lockdown. It brought a major change in my life." –40-year-old male

Majority stated that they faced difficulties in repaying loans, as their income had decreased. The lack of freedom and the feeling of others having control over one's personal movements were detested by the people.

"I realized that the government or system is very powerful and felt external forces are controlling my freedom. It was a realization with fear for me as I had never thought it would ever happen." –40–year–old principal Fear-mongering was another issue raised – participants felt that the public was over-reacting to the disease to the point one couldn't cough/sneeze in public without being stigmatized. The monotony of playing a single defined role each day was taxing for the people and although family spending time together was seen as a comfort generally, the participants felt that being stuck in the same environment for long triggered ill temper.

"My irritation and anger lasts longer now, I don't have any other way of giving a vent. I am seeing the same people again and again. Familiarity breeds contempt!" -42-year-old female.

#### Workload and gendered perspective

The participants felt that as there were more people at home round the clock and house-helps were on leave, there was an undeniable increase in workload at homes. When the interviewer enquired about the gendered differences regarding the lockdown, without exception, all the participants agreed that women bore the brunt of the workload at home. However, it was noticed that men who had never ventured into the kitchen before, took advantage of the lockdown phase and started learning new culinary skills and helping out spouses.

#### "My husband cooks and cleans now." -32-year-old teacher

The situation at home, however, was not similar for everyone. It was observed that the continuous and demanding household work, childcare pressures and online office work proved to be laborious for women during the lockdown. Therefore, women were generally perceived to be in a more disadvantaged position due to their challenging and multifaceted nature of roles. Furthermore, as interactions within and beyond the house became indifferent and infrequent, the opportunities for refreshment receded too, leading to their frustration lasting longer.

"In my house, I don't think men lift a finger for anything. For everything I need to do the running about. The irritation is double or triple than when I would go for work." -42-year-old lady stated in exasperation.

#### Purpose of the lockdown

When questioned whether the purpose of the lockdown was fulfilled, majority of the participants felt that the lockdown definitely did serve its purpose in Kerala in reducing the chain of transmission. Even though they felt the government's declaration as one which was imposing and controlling them, they realized it was for the better good of the society.

## "I think it was a good initiative. People would misuse opportunities otherwise." -71-year-old woman

The people stated that the government was able to build awareness among the masses regarding the illness and make them realize the importance of hygienic measures via the lockdown. Also, the transmission rates and case fatality rates decreased due to the measure. Nevertheless, people felt that extending the lockdown further had its negative repercussions.

#### "A couple of weeks of lockdown is fine. Extending it further and further is disastrous." –40-year-old male teacher

#### Anticipations regarding the future

When probed about their thoughts on the future, majority of the participants felt optimistic. Although the participants anticipated an economic recession to prevail, they felt there might not be a dearth of opportunities as they were hopeful that newer initiatives will crop up and presumed that there would be a transformation in many sectors. However, the participants stated the concerns they had regarding the survival of the tourism and hospitality sector as travel restrictions are expected to remain for an extended time period.

## "How the tourism and hospitality sectors will endure – that remains a question." -41-year-old male teacher

With regard to the post-COVID sanitation practices, participants felt that although the masses were currently following hygienic measures, they were likely to forget about it as soon as the pandemic tides over. However, a 41-year-old professor classically stated:"*Is it going to be a life-after-COVID or life-with-COVID - that cannot be said yet*?"

#### Discussion

The key findings of the study were that despite the sudden imposition of the lockdown, majority of the participants had presumed a nationwide closure and were mostly prepared for a short period of restrictions. However, prolonged annexure of the lockdown had not been anticipated, leading to a spectrum of varied emotions among the masses with the progression of the pandemic. A crisp demarcation was identified in the participants' concerns during the different phases of the lockdown. The prime concern of being inflicted with Covid-19 and fear of shortage of basic amenities slowly gave way to apprehensions regarding financial insecurity and job instability over the course of the lockdown.

In the early months of the year 2020, countries across the globe started to impose lockdowns, with China and European countries like Italy taking the lead.<sup>[10]</sup> The vast media coverage of the contagion and the Janatha curfew alerted the people regarding the forthcoming lockdown, a finding similar to that reported by Barkur *et al.*<sup>[11]</sup> However, as the duration and austerity of the lockdown was unforeseen, people were largely overwhelmed with anxiety at the beginning of the lockdown. A study by Rehman *et al.*<sup>[12]</sup> found that there was an increased burden of stress and anxiety during the lockdown in India which was significantly associated with the fear of shortage of daily needs.

It was observed that the looming fear drove people into panic-buying and stockpiling of groceries, hygiene-related products and medicines. This finding is similar to a study in Germany, where the lockdown was associated with a significant surge in purchase of medicines and pharmaceuticals<sup>[13]</sup> Similarly, hoarding of basic materials like toilet paper was rampant in western countries.<sup>[14]</sup> These findings can be substantiated by the well-known Maslow's pyramid of "Hierarchy of needs", which illustrates that the basic physiological and safety needs lower down in the hierarchy must be first satisfied, before individuals can attend to the psychological and self-fulfilment needs higher up.<sup>[15]</sup>

The study highlights the marked transition in the fears and attitude of the people during the course of the lockdown. People had adjusted themselves to the situation and also efforts on the part of the government helped build resilience. The government started COVID treatment centres<sup>[16]</sup> and telemedicine units in each district and ambulances and medicines were arranged for the people at their doorstep.<sup>[17]</sup> The local self-government along with the Kudumbashree mission launched the popular community kitchen initiative and supplied free and subsidised cooked meals three times a day to warrant that no one goes hungry during the lockdown.<sup>[18]</sup>

The positive experiences cherished by the people were the abundant time they had for self-development and pursuing long-lost passions. Gardening was found to be one of the commonest constructive hobbies during the lockdown, akin to a study by Posthumus *et al.*<sup>[19]</sup> Moreover, the lockdown was viewed as a good time by the people to ruminate on their individual and social identity and family cohesion was found to have considerably improved in the population, as was seen in similar studies.<sup>[20]</sup>

The study was also able to shed light on the plight of women due to the persistent patriarchal traditional gendered roles. Women were found to be shouldering a greater burden due to the typical unequal divisions in household chores, a finding similar to a study by Farré *et al.*<sup>[21]</sup> in Spain However, unlike other studies in India, there were no reported instances of women abusive behaviours and domestic violence.<sup>[22,23]</sup> This finding can be justified with the latest NFHS -5 data where Kerala has the low domestic violence rate of 9.9% compared to the rest of the nation.<sup>[24]</sup>

Although the research has made significant contributions, it is admissible that there are a few lacunae and limitations in the study. Firstly, as the study was conducted during the fiery face of the lockdown, face-to-face personal interviews could not be taken. Also, the researchers had difficulty in including more representative people from the population due to arduous circumstances. This was a short term study conducted during the lockdown, long-term experience of the respondents would prove a better understanding of the post-lockdown ramifications.

The lockdown was a novel phenomenon and it disrupted the routine lives of the working class population employed in

the various sectors, across the globe<sup>[25]</sup> The study was able to capture a holistic view of the common people's experiences, perspectives and challenges during this period, which can help primary care providers to better understand the after-effects of the crisis and accordingly cater to the needs of the masses. It can further aid in subsequent research in the development of psychometric measures to address people's mental health and anxiety issues and to palliate their suffering at the time of future crises and calamities.

The united frontline work of various sectors including the police, health sector, state and local self-government, the Kudumbashree and voluntary groups were found to be the flagbearers in curbing the transmission and death rate in Kerala. High levels of education in the civil society especially among females, ensured that the masses were aware of trends and developments of the illness. These factors collectively aided in building community resilience and narrates the story of the populous southern-state overcoming the odds against a devastating pandemic and lockdown.

#### **Declaration of patient consent**

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient (s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

#### Financial support and sponsorship

Nil.

#### **Conflicts of interest**

There are no conflicts of interest.

#### References

- 1. Coronavirus disease 2019 (COVID-19) Situation Report 94. Available from: https://www.who.int/docs/default-source/ coronaviruse/situation-reports/20200423-sitrep-94covid-19.pdf. [Last accessed on 2021 Feb 05].
- Estrada R, Arturo M. Is Globalization Responsible of the Wuhan-COVID-19 Worldwide Crisis?. Rochester, NY: Social Science Research Network; 2020. Report No.: ID 3551944. Available from: https://papers.ssrn.com/ abstract=3551944. [Last accessed on 2021 Feb 05].
- 3. Andrews MA, Areekal B, Rajesh KR, Krishnan J, Suryakala R, Krishnan B, *et al.* First confirmed case of COVID-19 infection in India: A case report. Indian J Med Res 2020;151:490-2.
- 4. Timeline: WHO's COVID-19 response. Available from: https://www.who.int/emergencies/diseases/novelcoronavirus-2019/interactive-timeline. [Last accessed on 2021 Feb 05].
- 5. Atalan A. Is the lockdown important to prevent the COVID-19 pandemic? Effects on psychology, environment and economy-perspective. Ann Med Surg 2020;56:38-42.

- Singh KD, Goel V, Kumar H, Gettleman J. India, Day 1: World's largest coronavirus lockdown begins. The New York Times. Mar 25, 2020. Available from: https://www.nytimes. com/2020/03/25/world/asia/india-lockdown-coronavirus. html. [Last accessed on 2020 Sep 10].
- 7. Grover S, Sahoo S, Mehra A, Avasthi A, Tripathi A, Subramanyan A, *et al.* Psychological impact of COVID-19 lockdown: An online survey from India. Indian J Psychiatry 2020;62:354-62.
- 8. Lockdown 5.0: Mall, restaurants, hotels, religious places can reopen from June 8. Hindustan Times. 2020. Available from: https://www.hindustantimes.com/india-news/lockdown-5-0-mall-restaurants-hotels-religious-places-can-reopenfrom-june-8/story-tizVlpwkXkbVDfgfdyFOpO.html. [Last accessed on 2021 Feb 09].
- 9. Majumdar P, Biswas A, Sahu S. COVID-19 pandemic and lockdown: Cause of sleep disruption, depression, somatic pain, and increased screen exposure of office workers and students of India. Chronobiol Int 2020;37:1191-200.
- 10. Coronavirus: The world in lockdown in maps and charts-BBC News. Available from: https://www.bbc.com/news/ world-52103747. [Last accessed on 2021 May 10].
- 11. Barkur G, Vibha, Kamath GB. Sentiment analysis of nationwide lockdown due to COVID 19 outbreak: Evidence from India. Asian J Psychiatry 2020;51:102089.
- 12. Rehman U, Shahnawaz MG, Khan NH, Kharshiing KD, Khursheed M, Gupta K, *et al.* Depression, anxiety and stress among Indians in times of Covid-19 lockdown. Community Ment Health J 2021;57:42-8.
- 13. Kostev K, Lauterbach S. Panic buying or good adherence? Increased pharmacy purchases of drugs from wholesalers in the last week prior to Covid-19 lockdown. J Psychiatr Res 2020;130:19-21.
- 14. Leung J, Chung JYC, Tisdale C, Chiu V, Lim CCW, Chan G. Anxiety and panic buying behaviour during covid-19 pandemic—A qualitative analysis of toilet paper hoarding contents on twitter. Int J Environ Res Public Health 2021;18:1127.
- Maslow's Hierarchy of Needs Research History. Available from: https://www.researchhistory.org/2012/06/16/ maslows-hierarchy-of-needs/. [Last accessed on 2021 May 11].
- 16. Chathukulam J, Tharamangalam J. The Kerala model in the time of COVID19: Rethinking state, society and democracy. World Dev 2021;137:105207.
- 17. Menon JC, Rakesh PS, John D, Thachathodiyl R, Banerjee A. What was right about Kerala's response to the COVID-19 pandemic? BMJ Glob Health 2020;5:e003212.
- 18. Thomas J, Prakash P. Kudumbashree mission and COVID-19: A success story from the state of Kerala. Int J Res Rev2020;7: 385–91.
- 19. Posthumus C. Lockdown food gardening pandemic panic panacea part 1. SABI Mag-Tydskr 2020;12:30-5.
- 20. Golechha M. COVID-19, India, lockdown and psychosocial challenges: What next? Int J Soc Psychiatry 2020;66:830-2.
- 21. Farré L, Fawaz Y, González L, Graves J. How the COVID-19 Lockdown Affected Gender Inequality in Paid and Unpaid Work in Spain. 2020;40.
- 22. Sharma P, Khokhar A. Domestic violence and coping strategies among married adults during lockdown due to Coronavirus disease (COVID-19) pandemic in India: A cross-sectional study. Disaster Med Public Health Prep 2021;1-8.

doi: 10.1017/dmp.2021.59.

- 23. Understanding Domestic Violence in India During COVID-19: A Routine Activity Approach | SpringerLink. Available from: https://link.springer.com/ article/10.1007/s11417-020-09340-1. [Last accessed 2021 May 11].
- 24. FactSheet\_KL.pdf. Available from: http://rchiips.org/nfhs/ NFHS-5\_FCTS/Kerala.pdf. [Last acessed on 2021 May 11].
- 25. Zhang SX, Wang Y, Rauch A, Wei F. Unprecedented disruption of lives and work: Health, distress and life satisfaction of working adults in China one month into the COVID-19 outbreak. Psychiatry Res 2020;288:112958.