

A Changing in Social Lifestyle for Men During the COVID-19 Lockdown and Its Relationship to Mental Health: Kuwaiti *Diwaniyyah* as an Example

American Journal of Men's Health
March-April 1–9
© The Author(s) 2022
Article reuse guidelines:
sagepub.com/journals-permissions
DOI: 10.1177/15579883221089486
journals.sagepub.com/home/jmh
SAGE

Maha Meshari Al-Sejari¹  and Yagoub Yousif Al-Kandari¹ 

Abstract

During the COVID-19 pandemic, there is to detect negative impact of lifestyle disruption on individuals mental and emotional health during an enforced lockdown. The main aim of this study is to investigate the impact of the COVID-19 pandemic and complete lockdown on Kuwaiti men's lifestyle behavior. It investigated the major mental health as a result of not attending *Diwaniyyah* during this time. *Diwaniyyah* is defined as a place of men social and entertainment gathering. A non-random sample of 1,461 Kuwaiti men aged from 17 to 68 years was selected. An electronic questionnaire was the major investigative tool used in this study. Demographic variables and five scales were used, including the Mental Health Scale (MHS), Missing *Diwaniyyah* Scale (MDS), Importance of *Diwaniyyah* Scale (IDS), Losing Political Information Scale (LPIS), and Social Media Information Knowledge Scale (SMIKS). IBM SPSS software (Version 24) was used for data analysis. Significant differences between the respondents mental health and the types of *Diwaniyyah* ($p < .001$), age categories ($p < .001$), and *Diwaniyyah* ownership or lack of ownership ($p < .001$) were reported. There were significant relationships between the respondents mental health symptoms and all examined social and *Diwaniyyah* visiting behavior variables ($p < .01$). It can be concluded that the inability to attend *Diwaniyyahs* has a major effect on the mental health of Kuwaiti men. A change in lifestyle affects mental health in general, and the COVID-19 lockdown is a major event affecting mental health among men.

Keywords

Diwaniyyah, mental health, lockdown, COVID-19, men's health

Received November 21, 2021; revised March 5, 2022; accepted March 7, 2022

Introduction

The *Diwaniyyah* is a major part of Kuwaiti culture. The term "*diwaniyyah*" originates from the Persian word "*di:wa:n*" (Al-Maghames, 1986). It is a welcoming place where men meet to discuss various topics to express their thoughts and opinions about daily life, as well as local and global political, economic, educational, social, or sports issues (Al-Kandari, 2002). There are many types of *Diwaniyyahs*. They are categorized according to the age of the attendees (youth, adult, elderly), their purpose (intellectual, entertainment, or both), and gender (men, or both men and women; Al-Kandari, 2011). Most Kuwaiti houses have a *Diwaniyyah* with a separate entrance from the main house in which only men can gather. Usually, *Diwaniyyahs* open daily or weekly,

depending on the owner's resources and schedule. Visitors are offered drinks and food, and there are separate areas where men can play traditional card games (Al-Kandari, 2008). As well as their entertainment and intellectual functions, *Diwaniyyahs* are considered as one of the main sources of informal information and media in Kuwaiti society where men can interact and exchange social, economic, and political information (Al-Ansari & Al-Kandari, 2012).

¹College of Social Sciences, Kuwait University, Kuwait

Corresponding Author:

Maha Meshari Al-Sejari, professor, College of Social Sciences, Kuwait University, Kuwait 71962, Kuwait.
Email: huna1973@hotmail.com



Since the World Health Organization (WHO) declared the novel coronavirus disease as a global pandemic on March 11, 2020, a great amount of health precautions to control the outbreak of the pandemic have been imposed. Technology has become a necessary factor throughout the pandemic by ensuring the successful implementation of e-learning systems, online shopping, and teleworking worldwide (World Health Organization [WHO], 2020). The health regulations imposed by the WHO resulted in days/weeks of quarantine, partial and complete lockdown, and isolation to ensure that social and physical distancing between individuals took place to flatten the curve of reported COVID-19 cases (Han et al., 2021; Hoffart et al., 2021; Rehman et al., 2021).

Since the introduction of social restrictions during the COVID-19 pandemic, many cross-cultural studies detected numerous mental health problems, such as suicidal ideation, depression, anxiety, and stress as a result of major changes in individuals' lifestyles (Andersen et al., 2021; Bérard et al., 2021; Khubchandani et al., 2021; Sommerlad et al., 2021). These studies illustrate the significant connection between present social and physical isolation, loneliness, and psychological distress; and in previously occurring contagious respiratory diseases, such as Ebola (Caleo et al., 2018; Pellecchia et al., 2015), Middle East respiratory syndrome (Jeong et al., 2016), severe acute respiratory system (SARS; Reynolds et al., 2008), equine influenza (Taylor et al., 2008), and H1N1 (Wang et al., 2011). These studies detected that an individual's mental health and psychosocial wellbeing is strongly associated with their daily activities and routines, such as social networking, physical activity, traveling, shopping, and working in governmental or private facilities.

When the first case of COVID-19 was reported in Kuwait on February 23, 2020, Kuwaitis, like other global populations, had their daily life activities transformed by public health authority regulations. Since then, to ensure social and physical distancing, the Kuwait Ministry of Health imposed various health regulations, including a 3-month partial and complete lockdown from March 2020 to May 2020. Most of the society's facilities and resources were closed—work, schools, stores, parks, transportation systems, mosques, events, and *Diwaniyyahs*—with only the essential services related to health care, telecommunications, security, water, food, and energy, continuing to operate.

During this critical period, numerous studies were conducted in Kuwait to examine the effect of a lockdown on Kuwaitis' mental wellbeing (AlMughamis et al., 2020; Alsairafi et al., 2021; Aon et al., 2020; Burhamah et al., 2020; Salman et al., 2021). One study conducted by Alsharji (2020) seeks to measure the relationship between engaging in physical activity and the emergence

of psychological disorders among Kuwaiti individuals during the COVID-19 pandemic. The study's outcome shows that more than half (59.6%) of the participants experience depression, and nearly as many (53.7%) report high levels of anxiety due to the disruption in their daily lifestyle schedules. The study determines that low levels of physical activity during lockdown results in high levels of individuals experiencing depression symptoms.

Husain and Ashkanani (2020) conducted a study in Kuwait to examine the impact of the COVID-19 pandemic and lockdown restrictions on Kuwaitis' lifestyle behaviors and dietary habits. The findings of this study reveal that during COVID-19, individuals mealtimes have changed, and they are more likely to indulge in late-night snacks, compared to before the pandemic. The quality of food intake has changed during the pandemic. The majority of participants report a reduction in their fast food intake since the pandemic began, preferring to eat freshly prepared meals instead. The study reveals that during the COVID-19 pandemic, individuals' lifestyle behaviors have undergone changes, such as disruptions in their sleeping patterns, reductions in their physical activity, and their prolonged use of technology. A study by AlMughamis et al. (2020) examines the effect of the lockdown on individuals eating habits, mental health, and weight gain in Kuwait. The findings of the study demonstrate that during lockdown, the consumption of unhealthy diets increased by up to four and a half times more than before the pandemic, which consequently led participants to gain weight. In addition, the study shows that there is a positive association between the consumption of snacks, anxiety levels, and weight gain.

Men's mental health is affected by various factors across the societies. The study's objective is to investigate the effects of the COVID-19 pandemic and its subsequent complete lockdown on the lifestyle behavior, mental health, and social relationships of those Kuwaiti men who attend *Diwaniyyah*. The study aims to answer the following research questions: What are the major mental health observations as a result of not attending *Diwaniyyah* during the pandemic period? Are there any significant differences between the respondents mental health, the type of *Diwaniyyahs*, age categories, and whether or not they own their own *Diwaniyyah*? And finally, is there a significant relationship between the respondents' mental health symptoms and the social and *Diwaniyyah* visiting behavior variables?

Study Significance

Various studies have been conducted during the COVID-19 pandemic. Ammar et al. (2021) aims to identify the negative impact that lifestyle disruption has on

individuals mental and emotional health during the enforcement of a lockdown following the COVID-19 outbreak. The study outcome reveals that participants reported high rates of sleeping problems, unemployment, physical and social isolation, consumption of unhealthy diets, sedentary behavior, and excessive use of technology due to changes in their regular daily schedules. This study is a pioneering research conducted among Kuwaiti men who attend *Diwaniyyahs*, and which aims to detect the effect of the COVID-19 pandemic and the complete lockdown on their mental health. A study by Al-Sejari (2018) confirms the significance of *Diwaniyyahs* among male Kuwaiti attendees in which the majority of the participants considered it an essential part of their daily social life and said that they would visit the *Diwaniyyah* whatever the circumstances were. Furthermore, his findings demonstrate a significant association between Kuwaiti men's social interaction, lifestyle behavior, physical health status, and the duration, frequency and types of *Diwaniyyah* visits. This study will highlight the impact of the COVID-19 pandemic on *Diwaniyyah* visiting behavior variables, and on the mental health of Kuwaiti men after *Diwaniyyahs* were closed for the first time in Kuwaiti history.

Methods

Sample: The study sample was composed of Kuwaiti men who visited *Diwaniyyahs* as part of their regular daily life and whose visits to the social organization had been affected by the COVID-19 lockdown. A non-random sample of 1,461 Kuwaiti men was selected. Participants' ages ranged from 17 to 68 years ($M=34.85$; $SD=12.83$). Most of the men in the sample visited *Diwaniyyahs* that are common to every residential area in Kuwait. The participants were from different areas in Kuwait, and all six governorates were included. They participated voluntarily in the study after reading and consenting to the information. The respondents attended different types of Kuwaiti *Diwaniyyah*: entertainment, discussion, and both entertainment and discussion. The study was part of a large project concerning attendance at *Diwaniyyahs* during lockdown and was conducted in Kuwait during the COVID-19 period.

Ethical Statement

The data collection procedures followed the rules and regulations of Kuwait University for research methodology. It is followed by the procedures of The Scientific Research Support Committee in the College of Social Sciences at Kuwait University. The online questionnaire covered the following: a statement outlining the respondent's freedom of choice to participate in the study, and a

statement outlining the respondent's rights to withdraw from the study at any time with no obligation. An Electronic written informed consent was provided for participants. Respondents were assured that their data would be anonymous and known only by a numerical series. Moreover, respondents were guaranteed that the survey did not contain any embarrassing questions or therapeutic intervention, and it did not involve the drawing of blood.

Variables: A questionnaire was the major investigative tool used in this study. It was distributed electronically during the COVID-19 period. Demographic variables such as age, educational level, and economic status were included. Five age categories and eight educational levels were used, along with a single item rating scale to measure the respondents economic status. Some of the questions concerned the daily life habit of visiting *Diwaniyyahs* and how regularly the respondents attended them. They were intended to measure the number of *Diwaniyyah* visitors in a day, the number of days the respondents visited *Diwaniyyahs* each week, the average time they spent at *Diwaniyyahs* on the weekdays and on weekends, and whether they had their own *Diwaniyyahs* or not.

Scales developed by the researchers were used for the purpose of this study. The major scale was MHS. It included 11 symptoms. Respondents were asked to specify the level of symptoms as a result of not visiting *Diwaniyyahs* during the lockdown period. The symptoms were as follows: "general distress," "boredom," "spare time," "isolation," "depression," "anxiety," "family problems," "anger," "nervousness," "indolence," and "gained or lost weight." MDS was also used, and included 12 items. It indicated to what extent the respondents had missed attending *Diwaniyyah* during the lockdown period. Examples that men reported as lacking during the lockdown were "meeting friends," "the social life in *Diwaniyyah*," "checking on the general social and health status of friends," "general life information," "entertainment activities," "political discussion," "food," and "scientific knowledge." IDS was used to measure how important *Diwaniyyah* is to the respondents, and it comprised six items such as "I cannot give up *Diwaniyyah*," "*Diwaniyyah* is a principal part of my life," "I go to *Diwaniyyah* whatever the health situation in the country," and "COVID-19 made me consider not going to *Diwaniyyah* in the future." LPIS was used to determine what important political information the respondent's had missed most during the lockdown. These political information items were as follows: "general political news," "parliamentary news," "parliament members' news," "the Deputy District member performance," "contact with the Deputy District member," and "governmental news." Finally, there was SMIKS. Respondents were asked the following question: "During the COVID-19

Table 1. Percentages, Mean (M), Standard Deviation (SD), and Ranking of the Mental Health Items Shown by Respondents.

	Symptoms	No effect	Little	Middle	Much	M	SD	Rank
1	General distress	26.6	36.0	21.9	15.6	3.17	1.71	4
2	Boredom	21.1	27.3	25.2	26.4	3.50	1.22	3
3	Spare time	17.9	23.1	28.3	30.8	3.66	1.20	1
4	Isolation	21.7	22.8	28.4	27.2	3.51	1.28	2
5	Depression	55.3	22.9	10.6	11.4	2.43	1.36	8
6	Anxiety	55.8	22.9	9.6	11.7	2.43	1.35	8
7	Family problems	66.4	20.5	6.8	6.4	2.09	1.22	11
8	Anger	53.9	23.9	11.6	10.7	2.47	1.33	7
9	Nervousness	59.9	22.2	8.2	9.8	2.31	1.30	10
10	Indolence	34.4	26.0	19.7	19.9	3.08	1.36	5
11	Gained or lost weight	34.0	27.8	18.1	20.0	3.06	1.36	6

period, did you feel that social media replaced the *Diwaniyyah*?" The question was asked in relation to these 10 items: "general knowledge," "political knowledge," "economic knowledge," "health knowledge," "religious knowledge," "athlete knowledge," "educational knowledge," "communication with friends," "general social discussion," and "entertainment knowledge."

A Likert-type-scale with five choices, starting from very much=(5) to no effect=(1), was used for all variables to measure the respondents agreement with the indicated statements. Validity and reliability checks were performed for all the scales. Six faculty members from the Kuwait University reviewed them, and Cronbach's alpha reliability tests were used to ensure their consistency. All the scales showed a high consistency start from .80 to .91.

Statistical Procedures: Descriptive and inferential statistical calculations were performed using IBM SPSS software (Version 24). Percentages, mean, standard deviation, and rankings were calculated. One-way ANOVA was used to examine the differences among the *Diwaniyyah* types and the age categories on the MHS. The *t*-test was used on the MHS to examine the differences between a respondent having or not their own *Diwaniyyah*. A Pearson correlation was used to examine the relationship between the MHS and some of the social variables. Regression coefficients were used to predict most of the social factors on the MHS.

Results

Table 1 presents the percentages and the level of major mental health effects resulting from not attending a *Diwaniyyah* during the pandemic period.

Table 1 demonstrates that 30.8% ($n=423$) of the study sample felt that not attending a *Diwaniyyah* during the pandemic period meant that they had too much spare time on their hands ($M=3.66$). It ranked first. The second-ranked item was isolation; 27.2% ($n=373$) of

respondents felt too isolated ($M=3.51$). Boredom came third ($M=3.50$) and general distress came fourth ($M=3.50$). Indolence was fifth ($M=3.8$) and gained or lost weight was sixth ($M=3.06$). The lowest-ranked items were the incidence of family problems ($M=2.09$), nervousness ($M=2.31$), and depression ($M=2.43$) and anxiety ($M=2.43$).

Table 2 presents the relationship between the different *Diwaniyyah* types, age categories, and whether respondents had their own *Diwaniyyahs* or not using the MHS.

The results in Table 2 demonstrate that there is a significant difference between the types of *Diwaniyyah* attended (entertainment, discussion, and both) and the results on the MHS. Data show that respondents who usually attended an entertainment *Diwaniyyah* had higher mean scores ($M=33.32$; $SD=11.92$) on the MHS, which means that they suffered more than respondents who attended a discussion *Diwaniyyah* ($M=29.55$; $SD=9.92$), or *Diwaniyyahs* with both discussion and entertainment ($M=32.80$; $SD=10.00$). *Diwaniyyahs* with both discussion and entertainment showed a higher mean than the discussion *Diwaniyyahs* alone. The significance level was ($p < .001$). In the difference in age categories, data showed that there was a significant difference between the age categories on the MHS. The 20 years and younger category, which was the youngest age group, showed a higher mean ($M=33.90$; $SD=9.76$) compared with the 21–30 years ($M=33.28$; $SD=10.91$), the 30–40 years ($M=33.02$; $SD=10.51$), the 41–50 years ($M=30.09$; $SD=8.87$), and the 51 years or older age groups ($M=25.55$; $SD=9.2$). The highest means were in the lower age groups. The significance level was ($p < .001$). Furthermore, a significant difference in the MHS rankings was reported between those respondents who had their own *Diwaniyyahs* and those who did not. Respondents who had their own *Diwaniyyahs* showed a higher mean score ($M=33.05$; $SD=10.45$) than those who did not ($M=29.88$; $SD=9.74$). Respondents who had their own *Diwaniyyahs* missed them more, and their

Table 2. Relationships Among Type of Diwaniyyahs, Age Categories, and Whether Respondents Had Their Own Diwaniyyahs or Not With the Mental Health Scale, Using F and t-Values.

Type of <i>Diwaniyyah</i>	M	SD	F ratio	p value
Entertainment <i>Diwaniyyah</i>	33.32	11.92	13.015	.000
Discussion <i>Diwaniyyah</i>	29.55	9.92		
Both	32.80	10.00		
Age			25.643	.000
20 years or younger	33.90	9.76		
21–30 years	33.28	10.91		
31–40 years	33.02	10.51		
41–50 years	30.09	8.87		
51 years or older	25.87	9.25		
Have own <i>Diwaniyyah</i>	M	SD	t value	
Have own <i>Diwaniyyah</i>	33.05	10.45	5.76**	
Have no <i>Diwaniyyah</i>	29.88	9.74		

** $p < .01$.

lives were more affected by the lockdown compared with those who did not have their own *Diwaniyyahs*. The significance level in this case was also $p < .001$.

The relationship between the MHS and some social and *Diwaniyyah* visiting behavior variables was examined. These variables were age, educational level, economic status, number of visitors to a *Diwaniyyah* per day, number of days visiting a *Diwaniyyah*, the degree of missing a *Diwaniyyah*, the average time spent at a *Diwaniyyah* on weekdays and on the weekend, the degree of importance of a *Diwaniyyah*, the degree of MDS scale, the degree of LPIS scale, and the degree of SMIKS scale. Table 3 presents these relationships.

Significant correlations were reported between the MHS and all the social and *Diwaniyyah* visiting behavior variables. Negative correlations were reported between the MHS and age ($r = -.26$), educational level ($r = -.15$), and economic status ($r = -.13$). Younger respondents who visited *Diwaniyyahs* more often had lower educational levels, lower economic status, and more mental health issues. However, positive correlations were reported between the MHS and the number of visitors to a *Diwaniyyah* per day ($r = .14$), the number of days visiting a *Diwaniyyah* ($r = .15$), the degree of missing the *Diwaniyyah* ($r = .26$), the average time spent at the *Diwaniyyah* in the weekdays ($r = .16$) and on the weekend ($r = .19$), the degree of importance of the *Diwaniyyah* ($r = .30$), the MDS ($r = .41$), the LPIS ($r = .24$), and the SMIKS ($r = .29$). The more positive social behaviors linked to *Diwaniyyahs* created more mental health issues. The significance level for all of these variables was $p < .01$.

A multivariate regression was used to predict the effect of mental health issues as a result of not attending *Diwaniyyahs* on all other social and *Diwaniyyah* visiting behavior variables. Table 4 illustrates these results.

Table 3. Correlation Coefficient Between Mental Health Scale and Social Variables.

Variables	
Age	-.26**
Educational level	-.15**
Economic status	-.13**
No. visitors Diwan a day	.14**
No. days visit Diwan	.15**
Degree of miss Diwan	.26**
Average time at Diwan weekdays	.16**
Average time at Diwan weekend	.19**
Importance of Diwaniyyah	.30**
Missing Diwaniyyah	.41**
Losing political information	.24**
SM information knowledge	.29**

SM=social media.** $p < .01$.

Results in Table 4 indicate that age (Beta = $-.177$; $p < .001$), educational level (Beta = $-.087$; $p < .01$), economic status (Beta = $-.141$; $p < .001$), the number of visitors to a *Diwaniyyah* per day (Beta = $.057$; $p < .05$), the number of days visiting the *Diwaniyyah* (Beta = $.107$; $p < .01$), the degree of missing the *Diwaniyyah* (Beta = $.130$; $p < .01$), the degree of importance of the *Diwaniyyah* (Beta = $.148$; $p < .01$), the LPIS (Beta = $.103$; $p < .01$), and the SMIKS (Beta = $.077$; $p < .01$) were significantly associated with and predicted by the MHS.

Discussion

The study presents the significant impact on Kuwaiti men's psychosocial status after the enforcement of a lockdown during the COVID-19 pandemic. One third of the study participants reported that they had long periods

Table 4. Regression Coefficient of Some Social Factors on Mantel Health Scale.

Variables	Mental health		
	B	Beta	t value
Social Factors			
Age	-0.151	-.177	-5.05***
Edu level	-0.597	-.087	-2.70**
Economic status	-1.56	-.141	-4.50***
No. visitors a day	0.068	.057	1.80*
No. days visiting Diwan	0.440	.107	3.01**
Degree of missing Diwan	1.49	.130	3.42**
Importance of Diwan	1.69	.148	3.02**
Losing political information	0.172	.103	3.15**
SM information knowledge	0.092	.077	2.36**
Adjusted R square		.301	
Multiple R		.313	F = 24.888***

SM: social media.

* $p < .05$. ** $p < .01$. *** $p < .001$.

of free time during the lockdown due to not attending a *Diwaniyyah*, resulting in them feeling socially isolated and bored. These findings are comparable with those of Al-Sejari's (2018) study, which demonstrated how attending *Diwaniyyah* is considered an essential part of a Kuwaiti man's social life and daily schedules.

This study revealed that there is a significant association between men's mental wellbeing and the types of *Diwaniyyahs* they attended before the pandemic. Not attending an entertainment *Diwaniyyah* had more effect on men's mental health status than not attending a discussion *Diwaniyyah* or not attending both types of *Diwaniyyah*. Results demonstrate the importance of *Diwaniyyahs* as entertainment and as a main source of stress alleviation for the men who attend them since they are places where they interact socially and exchange formal and informal information. With the implementation of a lockdown in Kuwait, the social role of *Diwaniyyahs* came to an end. Consequently, the men who used to attend them felt lonely and bored and the resulting social and physical isolation caused them to experience psychological problems. The outcome of this study is similar to previous cross-cultural studies (Ahorsu et al., 2020; Brooks et al., 2020; Goyal et al., 2020; Rajkumar, 2020; Shigemura et al., 2020) in which they established a significant association between men's mental health illness and social isolation due to radical changes in their daily life schedule due to lockdown. These changes included border shutdowns, the closure of workplaces, restaurants and gyms, and attractions such as movie theaters and live performance venues, all of which contributed to the escalation of individuals mental distress symptoms.

This study detected that not attending *Diwaniyyah* had a greater impact on the mental health of men from the youngest age group—those aged 20 years and below.

This finding highlights the significant impact that the pandemic-era health procedures and regulations had on the young populations daily lifestyle behaviors and their subsequent mental health wellbeing. The outcome of this study is comparable to Giuntella et al.'s (2021) longitudinal dataset study conducted among college students to reveal the significant impact of the COVID-19 pandemic on their daily lifestyle behaviors and mental health. The study describes how the disruption caused by the COVID-19 pandemic had an impact on individuals' physical activity patterns (average steps and duration), sleeping habits (average hours per night), and hours of screen use per day, thus significantly affecting their mental health and causing many of them to report high rates of depression.

In addition, this study illustrates that during the COVID-19 lockdown period, higher levels of mental disorders were reported in individuals who own *Diwaniyyahs* than in individuals who do not own a *Diwaniyyah*. This outcome can be attributed to the important social role and function of the *Diwaniyyah* as a main source of informal local and global information, social gathering, and entertainment where men interact with each other daily and for many hours (Al-Kandari, 2008; Al-Sejari, 2018). It is identified that individuals who are at a high risk of developing mental health illness and who did not visit *Diwaniyyahs* during the COVID-19 pandemic were primarily younger men with lower educational qualifications and lower economic status. This finding is similar to other cross-cultural studies that demonstrated how most individuals who suffered from psychological problems felt distress associated with their educational level, economic condition and stability, and age (Al Sulais et al., 2020; Duncan et al., 2020; Stanton et al., 2020; Wolf et al., 2020). These previous studies reported that changes

in individuals' daily lifestyle schedules, social networking activities, and physical contact with others during the COVID-19 pandemic affected their mental wellbeing, causing many of them to experience depression, frustration, and boredom.

Conclusion

In conclusion, this study highlights the significant effect to Kuwaiti men's mental health of not attending *Diwaniyyahs* during the COVID-19 lockdown. The closure of *Diwaniyyahs* during Kuwait's first ever lockdown in history emphasizes the important social role associated with attending *Diwaniyyah* and the resulting effect on Kuwaiti men's general mental health. The findings of this study demonstrate the important role of *Diwaniyyahs* as an entertainment function and main source of stress alleviation for men. Men visit *Diwaniyyahs* as part of their daily schedule for social interaction and to exchange formal and informal information with others. It is a place where they spend their free time relaxing and releasing their stress and anxiety. Therefore, it is essential to design and create community-based policies according to each country's situation, cultural customs, and tradition to support psychologically vulnerable people, and to help them overcome the harmful impacts of the COVID-19 pandemic. In addition, due to the radical changes in individuals' lifestyle behaviors, strategies, and programs operated by social workers and mental health professionals are needed to help reduce the high rates of mental health illness among high-risk individuals, and to support and help them to readjust and adapt to the modified activities. Furthermore, men should be encouraged to use alternative sources of social interaction, such as creating virtual groups. The various social media tools put in place to help individuals who cannot attend a *Diwaniyyah* under abnormal conditions, such as COVID-19, can help to alleviate their feelings of social isolation, loneliness, and boredom.

The study is considered the first conducted research that measures the impact on men's mental health from not attending *Diwaniyyahs* during lockdown; however, there are a few limitations in this study that need to be addressed. Since this study is a cross-sectional survey, it was conducted at a single point in time during the COVID-19 lockdown and only measured the levels of mental health at that present time. The study used a non-random sample; therefore, the generalization of the findings should be observed with caution. In addition, due to the abnormal constraints of total lockdown, the only measure used in this study to collect data was an online tool, which limited the sample size to individuals with access to the WhatsApp application.

Acknowledgments

The authors would like to thank the participants for taking time to complete the questionnaire.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

ORCID iDs

Maha Meshari Al-Sejari  <https://orcid.org/0000-0002-8053-0196>

Yagoub Yousif Al-Kandari  <https://orcid.org/0000-0002-9235-7642>

References

- Ahorsu, D. K., Lin, C. Y., Imani, V., Saffari, M., Griffiths, M. D., & Pakpour, A. H. (2020). The fear of COVID-19 scale: Development and initial validation. *International Journal of Mental Health and Addiction*. Advance online publication. <https://doi.org/10.1007/s11469-020-00270-8>
- Al-Ansari, H., & Al-Kandari, Y. Y. (2012). Information role of Kuwaiti *Diwaniyyah* as a model of unofficial information sources. *Journal of the Social Sciences*, 40(2), 15–50.
- Al-Kandari, Y. Y. (2002). *Kuwaiti Diwaniyyah: Its social and political roles*. Dar Al-Balak.
- Al-Kandari, Y. Y. (2008). *Customs and traditions that related to death stage in Kuwait society*. Kuwait University, Academic Publication Council.
- Al-Kandari, Y. Y. (2011). *The differences between youth and adults in the nature of information circulated inside the Kuwaiti Diwaniyyah by virtue of being one of the unofficial sources of information in Kuwaiti society*. Research submitted to the conference: The seventeenth conference of the Association of Libraries and Specialized Information, branch Persian Gulf 8-01 March 1100 Muscat, Sultanate of Oman.
- Al-Maghames, K. M. (1986). *Kuwaiti Diwaniya and their impact in the parliamentary life*. Kuwait.
- AlMughamis, N., AlAsfour, S., & Mehmood, S. (2020). Poor eating habits and predictors of weight gain during the COVID-19 quarantine measures in Kuwait: A cross-sectional study. *F1000Research*, 9(914), Article 914.
- Alsairafi, Z., Naser, A., Alsaleh, F. M., Awad, A., & Jalal, Z. (2021). Mental health status of healthcare professionals and students of health sciences faculties in Kuwait during the COVID-19 pandemic. *International Journal of Environmental Research and Public Health*, 18(4), Article 2203.
- Al-Sejari, M. (2018). Impact of attending the *Diwaniyyah* on Kuwaiti men's health. *American Journal of Men's Health*, 12(2), 380–387.

- Alsharji, K. E. (2020). Anxiety and depression during the COVID-19 pandemic in Kuwait: The importance of physical activity. *Middle East Current Psychiatry, 27*(1), 1–8.
- Al Sulais, E., Mosli, M., & AlAmeel, T. (2020). The psychological impact of COVID-19 pandemic on physicians in Saudi Arabia: A cross-sectional study. *Saudi Journal of Gastroenterology, 26*(5), 249–255. https://doi.org/10.4103/sjg.SJG_174_20
- Ammar, A., Trabelsi, K., Brach, M., Chtourou, H., Boukhris, O., Masmoudi, L., Bouaziz, B., Bentlage, E., How, D., Ahmed, M., Mueller, P., Mueller, N., Hammouda, O., Paineiras-Domingos, L., Braakman-Jansen, A., Wrede, C., Bastoni, S., Pernambuco, C., Mataruna, L., . . . Batatia, H. (2021). Effects of home confinement on mental health and lifestyle behaviours during the COVID-19 outbreak: Insights from the ECLB-COVID-19 multicentre study. *Biology of Sport, 38*(1), 9–21.
- Andersen, A. J., Mary-Krause, M., Bustamante, J. J. H., Héron, M., El Aarbaoui, T., & Melchior, M. (2021). Symptoms of anxiety/depression during the COVID-19 pandemic and associated lockdown in the community: Longitudinal data from the TEMPO cohort in France. *BMC Psychiatry, 21*(1), 1–9.
- Aon, M. H., Al-Shammari, O. Z., Aljenfawi, M. K., & Aoun, A. H. (2020). Psychological impact of the covid-19 pandemic on healthcare workers in Kuwait. *American Journal of Research in Medical Sciences, 5*(1), 1–7.
- Bérard, E., Kai, S. H. Y., Coley, N., Bongard, V., & Ferrières, J. (2021). Lockdown-related factors associated with the worsening of cardiovascular risk and anxiety or depression during the COVID-19 pandemic. *Preventive Medicine Reports, 21*, Article 101300.
- Brooks, S. K., Webster, R. K., Smith, L. E., Woodland, L., Wessely, S., Greenberg, N., & Rubin, G. J. (2020). The psychological impact of quarantine and how to reduce it: Rapid review of the evidence. *The Lancet, 395*(10227), 912–920. [https://doi.org/10.1016/S0140-6736\(20\)30460-8](https://doi.org/10.1016/S0140-6736(20)30460-8)
- Burhamah, W., AlKhayyat, A., Oroszlányová, M., AlKenane, A., Almansouri, A., Behbehani, M., Karimi, N., Jafar, H., & AlSuwaidan, M. (2020). The psychological burden of the COVID-19 pandemic and associated lockdown measures: Experience from 4000 participants. *Journal of Affective Disorders, 277*, 977–985.
- Caleo, G., Duncombe, J., Jephcott, F., Lokuge, K., Mills, C., Looijen, E., Theoharaki, F., Kremer, R., Kleijer, K., Squire, J., Lamin, M., Stringer, B., Weiss, H., Culli, D., Di Tanna, G., & Greig, J. (2018). The factors affecting household transmission dynamics and community compliance with Ebola control measures: A mixed methods study in a rural village in Sierra Leone. *BMC Public Health, 18*, Article 248. <https://doi.org/10.1186/s12889-018-5158-6>
- Duncan, G. E., Avery, A. R., Seto, E., & Tsang, S. (2020). Perceived change in physical activity levels and mental health during COVID-19: Findings among adult twin pairs. *PLOS ONE, 15*, Article e0237695.
- Giuntella, O., Hyde, K., Saccardo, S., & Sadoff, S. (2021). Lifestyle and mental health disruptions during COVID-19. *Proceedings of the National Academy of Sciences, 118*(9), Article e2016632118.
- Goyal, K., Chauhan, P., Chhikara, K., Gupta, P., & Singh, M. P. (2020). Fear of COVID 2019: First suicidal case in India! *Asia Journal of Psychiatry, 49*, Article 101989. <https://doi.org/10.1016/j.ajp.2020.101989>
- Han, X., Chen, S., Bi, K., Yang, Z., & Sun, P. (2021). Depression following COVID-19 lockdown in severely, moderately, and mildly impacted areas in China. *Frontiers in Psychiatry, 12*, Article 154.
- Hoffart, A., Johnson, S. U., & Ebrahimi, O. V. (2021). The network of stress-related states and depression and anxiety symptoms during the COVID-19 lockdown. *Journal of Affective Disorders, 294*, 671–678.
- Husain, W., & Ashkanani, F. (2020). Does COVID-19 change dietary habits and lifestyle behaviours in Kuwait: A community-based cross-sectional study. *Environmental Health and Preventive Medicine, 25*(1), 1–13.
- Jeong, H., Yim, H. W., Song, Y. J., Ki, M., Min, J., Cho, J., & Chae, J. (2016). Mental health status of people isolated due to Middle East respiratory syndrome. *Epidemiology and Health, 38*, Article e2016048.
- Khubchandani, J., Sharma, S., Webb, F. J., Wiblehauser, M. J., & Bowman, S. L. (2021). Post-lockdown depression and anxiety in the USA during the COVID-19 pandemic. *Journal of Public Health, 43*(2), 246–253.
- Pellecchia, U., Crestani, R., Decroo, T., Van den Bergh, R., & Al Kourdi, Y. (2015). Social consequences of Ebola containment measures in Liberia. *PLOS ONE, 10*, Article e0143036.
- Rajkumar, R. P. (2020). COVID-19 and mental health: A review of the existing literature. *Asian Journal of Psychiatry, 52*, Article 102066.
- Rehman, U., Shahnawaz, M. G., Khan, N. H., Kharshiing, K. D., Khursheed, M., Gupta, K., Kashyap, D., & Uniyal, R. (2021). Depression, anxiety and stress among Indians in times of Covid-19 lockdown. *Community Mental Health Journal, 57*(1), 42–48.
- Reynolds, D. L., Garay, J. R., Deamond, S. L., Moran, M. K., Gold, W., & Styra, R. (2008). Understanding, compliance and psychological impact of the SARS quarantine experience. *Epidemiology and Infection, 136*, 997–1007.
- Salman, A., Al-Ghadban, F., Sigodo, K. O., Taher, A. K., & Chun, S. (2021). The psychological and social impacts of curfew during the COVID-19 outbreak in Kuwait: A cross-sectional study. *Sustainability, 13*(15), Article 8464.
- Shigemura, J., Ursano, R. J., Morganstein, J. C., Kurosawa, M., & Benedek, D. M. (2020). Public responses to the novel 2019 coronavirus (2019-nCoV) in Japan: Mental health consequences and target populations. *Psychiatry and Clinical Neurosciences, 74*(4), 281–282.
- Sommerlad, A., Marston, L., Huntley, J., Livingston, G., Lewis, G., Steptoe, A., & Fancourt, D. (2021). Social relationships and depression during the COVID-19 lockdown: Longitudinal analysis of the COVID-19 social study. *Psychological Medicine*. Advance online publication. <https://doi.org/10.1017/S0033291721000039>

- Stanton, R., To, Q. G., Khalesi, S., Williams, S. L., Alley, S. J., Thwaite, T. L., Fenning, A. S., & Vandelanotte, C. (2020). Depression, anxiety and stress during COVID-19: Associations with changes in physical activity, sleep, tobacco and alcohol use in Australian adults. *International Journal of Environmental Research and Public Health*, *17*, Article 4065.
- Taylor, M. R., Agho, K. E., Stevens, G. J., & Raphael, B. (2008). Factors influencing psychological distress during a disease epidemic: Data from Australia's first outbreak of equine influenza. *BMC Public Health*, *8*, Article 347.
- Wang, Y., Xu, B., Zhao, G., Cao, R., He, X., & Fu, S. (2011). Is quarantine related to immediate negative psychological consequences during the 2009 H1N1 epidemic? *General Hospital Psychiatry*, *33*, 75–77.
- Wolf, M. S., Serper, M., Opsasnick, L., O'Connor, R. M., Curtis, L. M., Benavente, J. Y., Wismer, G., Batio, S., Eifler, M., & Zheng, P. (2020). Awareness, attitudes, and actions related to COVID-19 among adults with chronic conditions at the onset of the U.S. outbreak: A cross-sectional survey. *Annals Internal Medicine*, *173*, 100–109. <https://doi.org/10.7326/M20-1239>
- World Health Organization. (2020). *Mental health and COVID-19*. <http://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/technical-guidance/mental-health-and-covid-19>
- World Health Organization. (2020, April 29). *Coronavirus disease (COVID-19) advice for the public*. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>