Original Research Article

WOMEN'S HEALTH

Women's Health
Volume 17: 1–13

DOI: 10.1177/17455065211063291
journals.sagepub.com/home/whe
SAGE

Explaining the problems faced by Iranian housewives during the COVID-19 quarantine period, and their adaption strategies: A qualitative study

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Abstract

Background: Housewives have several problems during the quarantine phase; so, the current study was designed to describe the challenges faced by Iranian housewives during the quarantine period in relation to COVID-19 and compatibility measures for it.

Methods: The current research employed a qualitative methodology and a traditional content analysis method on 34 quarantined women in Tehran. Purposive sampling and snowballing were used to find participants, and semi-structured interviews were used to gather data. The Guba and Lincoln criteria were also employed to assess the quality of the study findings.

Results: After analyzing the data, 4 main categories and 18 subcategories were extracted, including (1) individual problems (personal health problems, life with fear and anxiety, low mental health, lifestyle imbalance, Internet addiction); (2) family problems (violence and conflict in the family, tension in managing family members, disruption of the educational and economic situation of family members, intensification of domestic tasks and roles); (3) social problems (social isolation, disregard for social customs, restricted access to cyberspace); and (4) compatibility strategies (spirituality, strengthening family relationships, division of tasks between family members, optimal use of leisure, positive use of cyberspace, development of individual skills).

Conclusion: Their problems can be ameliorated by providing contraception to housewives, improving their mental health and reducing their worries and fears, modeling a healthy lifestyle during quarantine, offering solutions that reduce violent behavior and manage family conflict, and expanding their access to virtual communications.

Keywords

challenges, coronavirus, COVID-19, housewives, qualitative study, quarantine

Date received: 20 June 2021; revised: 1 November 2021; accepted: 11 November 2021

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Introduction

The COVID-19 outbreak originated in Wuhan, China, and has swiftly spread worldwide within a short period.[1,2] The COVID-19 outbreak is one of the most serious health threats, and it is likely to be the worst pandemic since 1918.[3,4] Up to 1 November 2021, the total number of persons infected with COVID-19 has surpassed 247,562,959, with 5,017,039 fatalities. The greatest rates are in the United States, India, and Brazil. The United States has the highest mortality rate, with 766,299 fatalities. Iran has 5,924,638 cases and 126,303 fatalities as well.[5]

The high infection rates, mortality, and quick dissemination of COVID-19 have had an impact on the global financial system, governments, and societies,[6,7] and it has become a global catastrophe as well as the most serious health issue.[7,8] The new virus has a range of impacts on numerous aspects of life; for instance, low mental health,[7,9] suicide,[10] lifestyle changes,[11] and sleep disorders[12] have been documented as some of the consequences of the COVID-19 crisis.

Most countries have adopted quarantine as a means of preventing the disease's transmission,[11] which has previously been successful in preventing the spread of SARS.[13] However, in earlier pandemics, quarantine had unintended repercussions such as isolation from loved ones, loss of liberty, suicide, rage, and domestic violence.[14] Williams et al.[3] investigated British individuals' opinions and experiences of the COVID-19 isolation and social distancing program and discovered that it had a substantial detrimental impact on people's mental health and overall well-being, particularly among low-income people. Furthermore, the reduced social relationships, earnings, and motivation, as well as alterations in the customary framework of life, have resulted in psychological and emotional difficulties in people.[3]

Previous research has shown that when society is in turmoil due to natural calamities or social crises, women, as one of the most vulnerable groups, are more adversely affected due to limited access to resources, social and cultural limitations, and the exacerbation of pre-existing inequalities in society, and they have more troubles than men.[15–17]

The extensive effects of COVID-19 on people's lives do not appear to be the same for everyone.[18,19] During the COVID-19 outbreak and quarantine, women face gender inequity, have increased responsibilities at work and in their families, and play an important role as caregivers in their families.[18] Various studies have found a rise in domestic violence,[20–23] family conflict, fear,[23] stress,[24,25] depression, and anxiety.[25] For instance, Bradbur-Jones and Isham[20] stated that nearly two women were slain each week in England during the COVID-19 pandemic, while domestic violence surged by 20% in Cyprus during the first few days of quarantine. Nevertheless, women's experiences in quarantine are not always negative; in a study on COVID-19 quarantine in China conducted by Zhang et al.,[24] some women reported spending more time watching TV and computers, sleeping more normally, interacting with other family members and doing housework, and experiencing significantly less stress 24 hours a day.[24]

Women have a unique position at home, and by quarantining and requiring other family members to stay at home, their responsibilities and functions may change, exposing them to new obstacles. As previously stated, COVID-19 has a higher psychological, economic, familial, and societal impact on women than on any other member of the family. In this regard, tasks such as caring for the patient, disinfecting the patient's surroundings and equipment, paying enough attention to nutrition, maintaining family relationships, caring for children's education, and maintaining emotional and marital relationships impose an additional physical and psychological burden on housewives during quarantine. To combat this challenging scenario, women require understanding and assistance in order to execute their obligations and preserve the health of the family and community. As a result, it appears essential to investigate their experiences throughout the quarantine phase. Furthermore, the majority of studies in this sector have been quantitative and experimental, and their difficulties have received less attention via qualitative research and from their perspective. High-quality research may penetrate the deep layers of human life experiences, interpretations, and perceptions. As a result, the goal of this qualitative study was to clarify the challenges of Iranian housewives during the COVID-19 quarantine period and solutions for adapting to it.

Methods

Design

This study adopted a qualitative approach and a conventional convent analysis method. Participants in the research were housewives in Tehran, Iran's capital, who were quarantined due to COVID-19. Staying at home during quarantine days, being a housewife, adhering to health standards during the interview, being married, and being able and willing to engage in the study were all inclusion criteria in this study.

Participants

Purposive sampling and snowballing were used to select participants. To choose the first sample, the researcher chose a relative who satisfied the inclusion requirements, and following the interview, he was asked to recommend another individual with comparable conditions to himself. Given that the study's target population was housewives in quarantine at home, no reference was made to health facilities or hospitals for sample selection, and all samples were chosen using snowball and deliberate sampling procedures. As a result, 20 participants were chosen using purposeful sampling and 14 using snowball sampling.

Table 1. Interview Question Guide.

No.	Questions
1	What problems do you experience the most during quarantine?
2	Is there a difference in your physical and emotional health? Explain.
3	Have you been worried about this condition? If so, what is your primary concern? Explain.
4	How do your other family members behave at home? Are you pleased with their actions? Explain.
5	Has your relationship with your spouse altered since the last time you spoke? Explain.
6	Do other family members assist you with housework? Explain.
7	What impact has the quarantine had on your personal and family life? Explain.
8	Have your social ties changed as a result of this time? Explain.
9	What are your thoughts on this situation? How do you unwind?
10	Describe how you deal with stress.

Semi-structured, face-to-face, and individual interviews were used to collect data. The participants' preferences and consent were used to determine whether they would have in-person or virtual interviews. As a result, 27 in-person interviews and 7 virtual interviews were carried out over WhatsApp. COVID-19 standards, including mask use, appropriate physical distance, and air conditioning in the interview room, were strictly followed during in-person interviews, as much as feasible in open spaces. All interviews were videotaped with the participants' agreement and, if required, with their permission.

Data collection

The interview questions were developed in a single session by the researchers. Following the drafting of the questions, it was agreed to conduct four pilot interviews to assess whether the aims could be met with these questions. After the pilot interviews, all of the research contributors examined and updated the interview questions in another session, and the interview questions guide was eventually prepared (Table 1).

The interviews were performed by the article's first author, and in circumstances where participants requested a female interviewer, a trained interviewer acquainted with qualitative research was employed. The researcher initially introduced himself to the participants and discussed the aims of the research and how it would be conducted, and the interviews began once they provided written consent. First, demographic questions like age, education, and so on were asked, followed by the core questions (Table 1). The order of the interview questions was not the same for all participants since the following question was elevated in proportion to the response they gave, but in general, the interview guide's questions were asked of all participants. The length of the interviews varied from 30 to 68 min, based on the information supplied by the participants. All of the interviews were conducted in the participants' homes, without the presence of other family members, and in the evening. From 9 March to 13 April 2020, after the end of the COVID-19 quarantine in Iran, sampling and interviews were conducted.

The data gathering process was repeated until saturation was reached. For instance, when interviews no longer bring anything new to the research and the same information and codes are used, 26. The codes were repeated in interview 28, but the researchers continued to interview up to 34 participants to increase confidence and prevent false saturation.

Data analysis

The data were analyzed using the 5-step Graneheim and Lundman technique[26] using the MAXQDA-2018 software. In the first phase, after completing the interview, the researcher wrote the interviews on the same day with the assistance of another colleague. The transcript of the interviews typed by two members of the research team was checked numerous times in the second phase to gain a broad understanding. The text of the interviews was meticulously scrutinized line by line and word by word in the third phase to generate the first codes. In the fourth phase, the researcher classified codes with comparable meanings and concepts into one category and explained how they were connected. The previous stage's categories were arranged in more extensive and abstract groupings in the last step, and the themes were acquired. Two members of the study team (including the first and second authors) worked together on the data analysis. Following the final analysis, the whole stages were detailed in one session for all authors of the article, and the names of the categories and subcategories were changed in some cases.

Trustworthiness

The four Guba and Lincoln criteria were followed in order to improve the reliability and quality of the results.[26] In addition, the Tong et al.[27] 32-item checklist for reporting qualitative research was observed.

To increase the research's credibility, the findings were made accessible to participants, who validated how the categories and subcategories were constructed. Moreover, the researchers chose people who differed the greatest in terms of demographic traits. The coding, classification, and reporting of the data were validated by three qualitative

research professionals in order to establish confirmability. To boost reliability, all authors observed the study process, and online meetings were held once every 2 weeks to share their thoughts on the findings and how they were coded. To enhance transferability, the following issues were addressed: offering a comprehensive explanation of all research processes, quoting a large number of direct quotations from participants, and verifying the research findings by those who had similar conditions to the participants but did not participate in the study.

Ethical considerations

The project received ethical approval from the Iran University of Medical Sciences (IR.IUMS.REC.1399.926). To adhere to ethical norms in the research, all participants provided written consent and were informed that their information would be released only in accordance with the research aims and that their names would be kept anonymous. They were also informed that participation in the research was entirely voluntary and that they might exit the interview session at any time. Furthermore, due to the prevalence of COVID-19, first and foremost, two specialized physicians who worked in the field of COVID-19 were aided; the research conditions were described and advice on how researchers conduct interviews that do not endanger their health or the health of other participants was sought. The following observations were made as a result of their advice: every day, only one interview was carried out. During the interviews, the researcher wore appropriate protective gear, and a number of gloves and masks were supplied to the company. The appropriate distance was maintained, and each interviewer would immediately return home and wash the clothes he or she had worn, and the next day he or she would return home with other clothing and shoes.

Results

The study concluded with interviews with 34 housewives, and the demographic characteristics of whom are listed in Table 2. In addition, 345 codes, 18 subcategories, and 4 categories were derived by evaluating the data (Table 3), which are presented below with explanations and quotations.

Table 2. Demographic characteristics of the housewives who took part in the study.

Variable	Category	Frequency
Age	<20	5
	20–40	14
	>40	15
Education	Undergraduate education	16
	Diploma to Bachelor's	14
	Higher than a BA	4
Husband's occupation	Employee	15
	Self-employed	19
Number of children	Without children	5
	1–3	8
	4–6	8
	>6	3

BA: Bachelor of Arts.

Individual problems

Mandatory stay home has caused numerous personal problems for women, such as personal health issues, a life full of dread and worry, poor mental health, and a disruption in balance and routines of life.

Personal health problems

Staying at home may lead to a variety of health issues for housewives, including limited access to sanitary pads and contraception, unintended pregnancies, inability to see the hairdresser, difficulty continuing past treatment, and experiencing discomfort but not visiting a doctor:

> Only my son has gone out shopping since we've been home, so it's difficult for me to persuade him to acquire a sanitary pad. I'm going to have to use a cloth. (Participant 13)

> I haven't had birth control pills in a long time. I'm terrified to go out on my own. My spouse is too bashful to go fetch it. (Participant 18)

> I've been having pregnancy symptoms for a while now. I didn't want to get pregnant in this situation. (Participant 11)

> I used to go to the hairdresser at least once a month, but I haven't been able to go in over a month; I feel extremely awful. (Participant 10)

> I used to go to the dermatologist every week before COVID-19, but now I can't. It's a shame for me. (Participant 2)

> I've had a lot of discomfort in my abdomen for a while now, but I haven't gone to the doctor because I'm afraid of COVID-19. I have to put up with these aches and pains. (Participant 30)

Staying at home has disrupted many women's personal life, and because of sex taboos, they do not want other family members to buy sex products such as contraception and sanitary pads. Furthermore, owing to traffic constraints, many of them have been unable to continue past therapy, and these concerns may harm their health.

A life full of fear and anxiety

The housewives were concerned about the future and what may happen to themselves and other family members, which distressed them:

Table 3. Categories, subcategories, and codes obtained from interviews with housewives.

Categories	Subcategories	Codes
Individual problems	Personal health problems	Inadequate access to sanitary pads and contraception, unwanted pregnancies, inability to visit the hairdresser, inability to continue previous treatment, and experiencing pain but not seeing a doctor
	A life full of fear and anxiety	Fear of contracting COVID-19 for themselves and their families, fear of death, fear of famine and hunger, and fear of burial
	Low mental health	Depression, obsessive-compulsive disorder, aggression, extreme negativism, disappointment
	Imbalance in lifestyle	Loss of sleep balance (sleep hours), loss of nutritional balance, obesity, cessation of exercise, lack of access to desired foods such as fruits and vegetables, lack of food required for cooking, cessation of personal interests and entertainment outside the home, such as music classes, swimming pool, and so on
	Addiction to the Internet	Checking COVID-19 news, following up on news related to the outbreak, deaths, and treatment of COVID-19, checking celebrities' personal pages, useless web surfing
Family problems	Violence and conflict in the family	Increases in husband violence, as well as violence and conflict among family members
	Tension in managing family members	Controlling children not to go out, controlling the husband, managing family members to observe health issues
	Disruption of the educational and economic situation of family members	Closure of schools and universities, cessation of education, unemployment of the household's head, increased financial strain on the family
	Intensification of domestic tasks and roles	Increased household chores, intensification in observing health issues, frequent washing, constant cleaning and sweeping, cooking, washing other members' clothes, etc.
Social problems	Social isolation	Cutting off relationships with the family, cutting off relationships with friends and relatives, isolation at home, severe reduced attendance in society
	Disregard for social customs	Not attending New Year's Eve celebrations, funerals, visiting sick people, or birthday parties
	Restricted access to cyberspace	Poor Internet speeds, difficult access to the Internet, Telegram filtering, lack of access to smartphones, and inability to use smartphones
Adaptation strategies	Spirituality	Praying, reciting the Qur'an, sacrificing, making vows and material help for the poor people
	Strengthening family relationships	Talking and debating, playing games, holding family competitions, and going through photo albums and memories are all activities that take place
	Division of duties between family members	Assigning some of the housework to other family members, creating new roles for family members
	Optimal use of leisure	Reading books, watching movies, changing their home decor, and finishing their unfinished projects
	Positive use of cyberspace	Creating friendly groups and activities in them, creating family groups and sharing family photos and videos, making video calls with acquaintances, and joining telegram groups to thank the medical staff or support the affected groups from COVID-19
	Development of individual skills	Sewing, cooking, carpet weaving, working with computers, hairdressing, music

> I'm worried about getting COVID-19 infection. This is my constant concern throughout the day and night. (Participant 8)

> I'm not frightened of death, but I'm terrified of dying with COVID-19. This type of dying, in my opinion, is dreadful since no one can properly weep for you. (Participant 34)

> I am terrified that this sickness will spread and bring hunger. I'm constantly worried about what will happen if it continues. (Participant 15)

The women were pessimistic about their safety and frightened about what would happen to them and their family. This life of worry and anxiety impacts many facets of women's lives and generates further issues.

Low mental health

The emergence of COVID-19 has put a lot of psychological strain on women, resulting in despair, obsessive-compulsive disorder, anger, acute negativism, and disillusionment:

> I was depressed since I sat at home for so long thinking about COVID-19. (Participant 16) My husband tells me "you've gotten obsessive-compulsive disorder." What am I supposed to do? Because I'm afraid, I wash everything I pick up ten times. I yelled at my spouse and kids so much that they became irritated. (Participant 1)

> This dreaded condition has placed a lot of strain on me. I've recently been really violent. I constantly shout at my children. I had a couple victories over them. (Participant 2)

> I constantly believe that if I take COVID-19, I will die; I believe that I have been dangerously near to death. I even wrote a will for my spouse, detailing what I wanted him to do in the event of my death. (Participant 17)

The stress and strain that COVID-19 has placed on society has resulted in numerous mental problems among housewives, which can make life miserable for them.

An imbalance in lifestyle

The majority of participants indicated that COVID-19 had altered their lives and habits in areas such as nutrition, sleep, exercise, and hobbies:

> I used to go to bed by 12 a.m., but now that the kids aren't in school and my husband isn't working, we stay up late. My sleep has been completely disrupted. (Participant 32)

> We used to eat veggies virtually every day, but we haven't had any in a month. (Participant 18)

> Because of COVID-19, our diet has drastically altered. We are required to prepare and dine at home all of the time. (Participant 30)

> I've gained a lot of weight as a result of being at home, and it's not fun for me. I used to exercise twice a week, but I don't now because I'm at home all the time. (Participant 5)

> I went to music class, but I no longer go after COVID-19. I have a nasty feeling about this. (Participant 7)

The impacts of COVID-19 on housewives' lives have been so severe that it has forced them to adjust their lifestyles in every way, and this forced transformation has led them to be dissatisfied.

Internet addiction

Housewives stated that they were attracted to cyberspace more than normal during the quarantine and that they were addicted to the Internet as a result of following the news of COVID-19:

> I check different telegram channels a hundred times a day to see whether a COVID-19 cure has been discovered. (Participant Number 8)

> Always try to figure out how many people COVID-19 kills. I know that's awful, but it's almost as if I'm used to it. (Participant 31)

> I used to spend three hours a day on the Internet, but these days I'm always on the phone. The majority of my time is squandered. It's almost as though I'm hooked to it. (Participant 10)

Housewives were addicted to COVID-19 after spending the most of their time at home scouring the Internet and reading news about it on numerous sites and channels.

Family problems

COVID-19 and the home quarantine have generated family difficulties in addition to individual problems, such as family violence and conflict, difficulty in managing family members, disturbance of family members' educational and economic situations, and escalation of domestic responsibilities and roles.

Violence and conflict in the family

During the quarantine, the majority of women reported being subjected to different types of violence by their spouses. There has also been a lot of friction between other family members:

> We've been arguing the entire time since my spouse has been home. We used to fight maybe once or twice a year, but at this time we fought more than 10 times. (Participant No. 18)

> My spouse is furious because his job has been canceled. He vents his rage on me and the children. (Participant 4)

> My hubby is bored since he is always at home. He isn't used to remaining at home. He is quite irritating. He says hurtful things to me and provokes fights. (Participant 2)

> We've had a lot more sex since my wife has been home. I don't always want to do it, but my spouse makes me. (Participant 17)

> My children are incredibly bothersome when they beat each other. They are bored, therefore they constantly quarrel with each other. (Participant 31)

The continuation of males remaining at home and being unaccustomed to such a scenario put a lot of strain on them, which eventually led to violent conduct toward their wives and children. Other family members had hostile interactions with one another as well.

Tension in managing family members

Many housewives expressed dissatisfaction with continually monitoring their children and spouses in order to avoid

going out and seeing health risks. This has frequently been a subject of contention between the mother and other family members:

> I'm sick of telling my kids about health problems. (Participant 29)

> When my husband leaves the house, I have to advise him to be cautious since he is irresponsible and carefree. Instead, I worry excessively. (Participant No. 7)

> When I see my children not paying attention, it irritates me. I was appointed as their guardian. (Participant 30)

Therefore, women had to spend a lot of time monitoring the behavior of other family members so that they would notice health issues.

Disruption of the educational and economic situation of family members

During the quarantine, universities and colleges were shuttered, as were many jobs, and many families experienced serious financial difficulties. Furthermore, the children's scholastic future was fraught with difficulties because the conditions for their schooling in the future were similarly hazy:

> Schools have been closed for a long time. My son's well-being is a source of concern for me. This year, he will take the university admission exam. I'm afraid the admission exam will not be held. (Participant 17)

> My husband lost his job, and we now have no money. We're in a financial bind and don't know what to do. (Participant 5)

> This month, we don't have enough money to pay our rent. My spouse was unable to go to work at all. (Participant 3)

With the closure of schools and institutions, as well as the loss of many employment, economic strain and concerns about their children's educational future have become key concerns for women.

Intensification of domestic tasks and roles

The majority of the women stated that since the quarantine began, their duties and work at home have risen, and they have less time to rest:

> I've had to clean things all the time since this sickness struck. I used to clean the house once a week, but now I clean it every two days. (Participant 8)

> When my husband or children come from outside, I wash all of their clothes and clean everything they touch out of dread of COVID-19. I become quite fatigued at times. Previously, I didn't do anything for lunch since I was alone, my daughter was at university, and my husband was at work, but now I had to cook at noon. (Participant 15)

For fear of COVID-19, housewives were driven to spend extra time cleaning and disinfecting. The presence of all family members at home also enhanced women's duties in cooking and other areas.

Social problems

The prevalence of COVID-19 has disrupted many social interactions, leading to social isolation and contempt for social conventions in many situations. Women were also subjected to several constraints when it came to establishing a relationship in cyberspace.

Social isolation

Many participants indicated that their contact with their paternal relatives and other friends had been severed and that they had been locked up at home owing to the outbreak of COVID-19 and had suffered some form of isolation:

> I haven't seen my folks in over a month. I really miss them. (Participant 24)

> During my stay at home, I haven't seen any of my friends or family in person. We simply communicate online on occasion. (Participant 25)

Many women have broken relations with others, particularly their parents, as a result of home quarantine, which has distressed them.

Disregard for social customs

Due to the quarantine, the ladies who took part reported they were unable to attend New Year's Eve celebrations, burials, or public prayers:

> Every year, we spent New Year's Eve at my father-in-place. Law's we used to have a lot of fun there, but we had to stay home this year. (Participant 17)

> Because of the COVID-19 outbreak, I couldn't even go to my aunt's funeral. This has made me quite angry. (Participant 12)

> My brother had an accident, but I couldn't go to see him. I just phoned him. I know he understands the issue, but I'm still irritated. (Participant 21)

Many social practices and conventions were prone to change as a result of the conditions created in Iran following the outbreak of COVID-19, and women were unable to participate in these festivities as previously.

Restricted access to cyberspace

Some women reported issues with virtual communication, such as slow Internet connections, difficult Internet access, Telegram blocking, a lack of access to cellphones, and an inability to utilize smartphones:

> When I tried to make a video call, it was frequently cut off. The picture was hazy at best. (Participant 4)

> I always had to get an internet package which finished soon. We didn't have Wi-Fi, so we couldn't use the government's Internet. (Participant 11)

> I have no idea how to use these new phones at all, therefore I was more irritated than the rest of the family. (Participant 16)

As a result, some women had restricted access to cyberspace, which caused them to be more isolated than others.

Strategies to deal with restrictions during the quarantine phase

Housewives employed tactics such as spirituality, building family ties, task distribution among family members, making the best use of leisure time, constructively using the Internet, and developing personal skills to adapt to and deal with quarantine situations.

Spirituality

Many women have turned to religious and spiritual practices to tackle COVID-19 and relieve stress and psychological strain. This spirituality is comprised of the rules of praying, reciting the Qur'an, sacrificing, making vows, and providing material assistance to the destitute:

> I pray to God to get rid of this ailment as quickly as possible to calm myself down. (Participant 2)

> I read the Qur'an more than I used to; it calms me down. (Participant 15)

> If my family and I survived the pandemic, I swore to aid underprivileged families as much as I could. (Participant 27)

> I feel better when I assist the needy. My assistance has risen. My hubby is unconcerned. He claims that philanthropy is for the sake of preserving our children. (Participant 4)

Thus, housewives attempted to draw closer to God by calling Him via prayer and the Qur'an, as well as by performing good actions, in the hope of finding serenity.

Strengthening family relationships

Some women say that during the quarantine time, they may enhance family relationships by engaging in activities such as conversation and discussion, playing games and family contests, and going through picture albums and recollections:

> I've attempted to establish an atmosphere where we can communicate more since we all came together at home. (Participant 16)

> Every now and then, I bring old photo albums and go over them with my kids and spouse. Sometimes we all play together at home and arrange tournaments. (Participant 33)

As a result, by strengthening family relationships, women strove to turn quarantine conditions into an opportunity for themselves.

Division of tasks between family members

Some women claimed that they distributed housework among family members to alleviate stress:

> Early on, I was under a lot of stress. I was always in the kitchen, cooking and washing dishes. I couldn't take it any longer, so I split the home among the kids. Everyone had a role to play. (Participant 34)

> I assigned a task for each of the children to put less pressure on me. The chores have gotten out of hand. I'd get ill from working too hard if I didn't do it. (Participant 25)

One of the women's home methods was to share chores among family members in order to lessen their obligations.

Optimal use of leisure

Some ladies stated they had discovered new interests to help them cope with the confinement, such as reading books, watching movies, altering their home design, and finishing unfinished projects:

> I haven't read a book in a long time, but I've read numerous wonderful books recently. (Participant 9)

> We watched the movies on my son's laptop. It was excellent. We had a lot of fun. (Participant 10)

> For enjoyment, I used to arrange my hair every day and occasionally I planted flowers. (Participant 22)

> I accomplished most of my unfinished works, and somehow this quarantine was beneficial to me. (Participant 14)

As a result, housewives attempted to make the quarantine circumstances more comfortable by developing new hobbies.

Positive use of cyberspace

The housewives stated that they turned to virtual worlds for entertainment and that they were able to deal with COVID-19 more easily through activities such as creating

friendly groups and activities in it, generating family groups and sharing family pictures and videos, making video calls with friends and colleagues, and joining telegram groups to thank the medical staff or support the COVID-19-affected groups:

> When the disease became severe, I formed a Telegram group and invited all of my pals. They were open to my concept, and we discussed it as a group. (Participant 6)

> I instructed my kid to form a Telegram family group so that everyone could attend. It's excellent. We uploaded images, movies, and other items there, which made us miss each other less. (Participant 9)

> Every day, I have a video call with my mother, so I miss her less. She also enjoys it a lot. (Participant 34)

> I was active in groups that appreciated and thanked doctors and nurses. I was also a member of an organization that supported the impoverished, and I occasionally posted there. (Participant 33)

Hence, to cope with the circumstances, ladies may make excellent use of cyberspace to contact friends and acquaintances while also having more fun.

Development of individual skills

Some women said that throughout the quarantine time, they learned and improved talents like sewing, cooking, carpet weaving, computer work, and hairdressing by reading books and downloading instructional videos from the Internet:

> I learnt to prepare a number of different things from the cookbook at this period. (Participant 25)

> I cooked a variety of cakes and pastries for my children that I had never made before. (Participant 19)

> I used to sew very rarely, but at that period I did more sewing and stitched a few clothes for my boys. (Participant 20)

> I didn't know how to use a computer previously, so I asked my son to teach me. He carefully taught me. I am capable of a wide range of tasks. (Participant 17)

> I hadn't weaved a fancy wall carpet in a few years. I was bored after being at home for a few days, so I brought it and began to weave. I learnt a couple new patterns. (Participant 11)

Thus, many women in similar quarantine conditions attempted to make life simpler for themselves and their children by acquiring and honing various talents.

Discussion

The purpose of this study was to apply a qualitative method to understand the challenges faced by housewives during the COVID-19 quarantine period, as well as the techniques adopted in Iran to deal with it. The findings of our study of women's quarantine experiences during the COVID-19 crisis are consistent with the findings of numerous studies investigating the impact of natural disasters (floods, earthquakes, hurricanes, etc.) as well as pandemic infectious diseases such as Ebola and SARS on people's lives and health. According to the evidence from this research, women are among the most vulnerable populations during crises, and they face unique challenges.[28–30]

Personal health problems were one of the issues that women encountered throughout the quarantine period. Women's stay at home and taboos on sexual problems in Iran make it difficult for them to get supplies such as sanitary pads and contraception, and this might damage their health and impose unwanted pregnancies on them if this continues. Previous studies have demonstrated that societal norms and gender stereotypes might limit women's access to health care. During the COVID-19 pandemic, 18 million women lost regular access to contraception, according to available evidence.[31]

In a survey done in Canada by Blendon et al.,[32] the absence of ongoing medical treatment during quarantine was cited as a problem by many participants. Other participants' personal concerns in the current study included ongoing fears and anxiety about having COVID-19 in themselves and their family, which were consistent with prior studies on SARS and Ebola.[33–37] Other studies conducted by Wu et al.[38] and Zheng et al.[39] found that most participants were concerned about the spread of COVID-19, which impacted their quality of life.

According to the findings of this study, housewives have psychological issues such as depression, obsessive-compulsive disorder, anger, excessive negativism, and frustration, which is consistent with prior research.[9,38] According to research conducted by Hagerty and Williams,[40] a lack of human connection leads to a reduction in the quality of the mental health of individuals as well as repercussions like sadness, anxiety, and even suicide. The rate of sadness and anxiety among women during quarantine days is substantially greater than that of males.[41–44] The primary causes of this stress and psychological issues for women include uncertainty about the status and persistence of the COVID-19 and its repercussions, as well as being in quarantine.

Another finding of the current study showed a disparity in women's lifestyles, which was consistent with prior studies.[11,45] Staying at home and having limited access to the outside world has an impact on housewives' lives in every way. On one hand, most of them had to give up their outside-the-house interests, hobbies, and sports, while on the other hand, the presence of all family members at home affected their sleeping hours. They also experienced nutrition issues since they had limited access to good and fresh food. In Williams et al.,[3] participants complained about the imbalance between housekeeping and outside activities, as well as at-home training, and indicated that

the daily routine framework of their life in quarantine was entirely disrupted.[3] Other research has found that during crises and outbreaks, as well as quarantine days,[41,42,44–46] women experience higher sleep difficulties and post-traumatic stress disorder than males. According to research conducted in Italy by Casagrande et al.,[45] the occurrence of sleep disturbances among women and young people during the spread of COVID-19 has been observed to be greater than in other categories. As a result of quarantine, Mattioli and Ballerini Puviani's[11] investigation in 2020 observed a drop in nutrition quality and limited access to adequate food.

Another issue highlighted by research participants is an increase in household difficulties, including domestic violence, during the quarantine time. Natural catastrophes such as floods, earthquakes, fires, hurricanes, and other catastrophic occurrences throughout the world appear to have resulted in a huge increase in domestic violence against women.[47,48] Evidence from the 2014–2015 Ebola outbreak in West Africa suggests that women and girls were subjected to increased violence and sexual abuse during the outbreak than before the outbreak.[19] With the proliferation of COVID-19, violence against women and girls has grown;[20–23,49] other research claims that violence has more than doubled. Due to a lack of private space, women encounter challenges and constraints in making calls or obtaining Internet support during the quarantine period.[31] The major cause of this issue is men and women's long-term and 24-h presence at home, as well as the novelty of this experience for them. In this new situation, new and varied expectations and desires emerge that cannot be met, potentially leading to violence and conflict between spouses.

One of the most intriguing outcomes in this study, which has received less attention in prior studies, was the tension in managing family members. Housewives considered themselves as accountable for the health of other family members and attempted to coerce them to pay attention to health concerns. This kept them in continual conflict with family members, which required a lot of energy and time and made it difficult for them to accept the quarantine.

Other research has identified quarantine as one of the causes of financial loss and job loss in families, leading to socioeconomic and psychological difficulties such as anxiety and anger during quarantine and later months, which is consistent with our findings.[36,50,51] Economic and financial strains on families have grown dramatically as a result of the breakout of COVID-19 and the collapse of industry, and the necessity for government and other organizations' assistance is becoming apparent. Because for many individuals, remaining at home equates to not having an income, and this contributes to increasing their other problems.

A further element that has affected the living conditions of women under study throughout the quarantine period is the expansion of women's home tasks and obligations. Although the mortality toll from COVID-19 pandemics is higher in males than in women, medical research suggests that the impacts of this pandemic are more severe in women. The widespread closure of schools and kindergartens has resulted in an increase in the time needed for childcare and education by women, which, in addition to the long hours of family members' stay-at-home and the necessity of cooking and cleaning the house, puts additional pressure on women, a condition referred to by Williams et al.[3] as "feeling overwhelmed." This increase in responsibilities and associated hurdles exacerbates their psychological issues and confrontations with other family members.

Another significant conclusion of this study was the social difficulties produced by quarantine. In keeping with our findings, investigations of persons who have been quarantined during outbreaks such as SARS and Ebola have found that isolation diminishes people's social contacts and eventually isolates them.[11,32,52–54] The premise and purpose of quarantine is to decrease people's interaction with each other in order to prevent the spread and transmission of COVID-19. While this can be beneficial in terms of health, it reduces social interactions, which can cause a lot of problems, especially in countries like Iran, where people have stable social relations.

Another intriguing conclusion of the current study that women have encountered is a disregard for social conventions. The onset and spread of COVID-19 in Iran coincided with New Year's celebrations, and people in Iran generally see each other during this time, but COVID-19 prevented them from doing so. Furthermore, the deprivation of funeral rites and birthday celebrations, which are generally regarded as a form of norm and social value in Iran, has caused much grief and distress among women.

In our study, restricted access to cyberspace was one of the concerns that made it difficult for women to accept quarantine. According to studies, the inability to participate in social network activities on smartphones or computers exacerbates disillusionment induced by social isolation as a result of quarantine.[36] Because social media is widely used by people to engage with one another, limits on access to this area during the quarantine period exacerbated housewives' communication and interaction issues.

Another intriguing aspect of the study is the housewives' techniques for dealing with quarantine constraints. Spirituality was one of the women's coping mechanisms. In reality, women attempted to alleviate the dread and tension generated by COVID-19 by praying to God. Various studies have indicated that in times of societal crises and natural calamities, having a deeper relationship with God can help individuals cope.[6,55,56] This is especially relevant

considering the religious views of the Iranian people, who feel reassured by depending on God, as stressed in religious teachings.

Another strategy for women to manage COVID-19 concerns was to strengthen familial bonds. The housewives attempted to bring the other members of the family together more than previously, and by participating in various activities and entertainments, they produced a nice atmosphere so that the home space did not become intolerable for the family members and the urge to go out was minimized. In research done by Williams et al.,[3] several respondents regarded quarantine as a pleasant chance for family members to spend more time together, particularly with their children. This endeavor to establish social interactions can help to alleviate family conflicts, personal concerns, and even the demands of less social activity.

With the increase in housekeeping, some housewives minimize their obligations by sharing chores among other family members, resulting in less work pressure and more time to rest and undertake personal work. Other suggestions for housewives included making the best use of spare time and developing individual abilities. In reality, housewives, on one hand, acquired beneficial hobbies such as reading books and watching movies, and, on the other hand, developed their talents during their spare time. Many participants have stated that while quarantined, they gained new abilities or became more skilled in their prior skills. Another intriguing technique for women to cope with quarantine circumstances was to use the Internet. In reality, by cutting up real-world connections, women moved to virtual interactions, and by forming friendship and family groups, they were able to overcome social isolation to some extent.

Strengths and limitations

For the first time in Iran, and possibly in the world, these researchers analyzed the experiences and problems of housewives, as well as the difficulties of their compatibility, during the COVID-19 quarantine period from the perspective of women themselves, which can provide valuable information for policymakers and health planners to be effective in reducing the problems of housewives during home confinement with proper knowledge and understanding.

A further strength of this research was the involvement of researchers from various disciplines and fields of science, such as sociology, psychology, and health education, which allowed them to have a more holistic overview of women's problems and examine the subject of the study in analyzing and coding data from various perspectives. This study, however, has certain drawbacks. One of the major constraints was the participants' apprehension about having face-to-face interviews with the researchers, which the researchers addressed throughout the interview by observing health conditions. Furthermore, some participants did not trust the researchers enough; the researchers gained their trust by providing a student identification, a letter from the university, and a code of ethics, and obtaining their permission to enter the residence and conduct interviews. Another disadvantage of the study was the absence of confidentiality for interviewees. Because the majority of family members were present at home, some family members were so close to the researcher and the participant throughout the interview that the researcher gently and respectfully asked them to leave. Another drawback of this study was that several participants said that they would only be interviewed by a female researcher. However, the researchers overcame this issue by employing a qualified female researcher who was knowledgeable in qualitative research. Given that this study was only performed among housewives, it is proposed that more studies be conducted on working women so that policymakers and planners in this sector may expand their knowledge and plan more effectively. It is also advised that qualitative research be conducted on diverse women's groups, such as female heads of families, women with impairments, and so on. In addition, because the study's findings cannot be applied to other nations with various cultures, it is proposed that comparable research be conducted in different countries and the results be compared.

Conclusion

According to the findings of the study, women encounter several challenges throughout the quarantine period. They employ techniques to deal with these situations. As a result, interventions and policies in this field should be multilayered and diversified. Individually, unwanted pregnancies can be avoided by supplying contraception. Furthermore, using social media, training may be offered to promote mental health and lessen their anxieties and fears, as well as teach them a proper model of a healthy lifestyle in quarantine conditions. Training can be offered at the family level to decrease violence and manage stress among family members. On a social level, women's access to virtual communication may be improved to help them overcome social isolation. Finally, reinforcing and replicating women's quarantine tactics, as well as teaching them new skills to cope with confinement, can make it simpler for women to accept quarantine.

Acknowledgements

All participants in this study are appreciated.

Author contributions

J.Y.L. was engaged in the article's conceptualization, formal analysis, and writing—review and editing. S.F.I. was involved in

the article's conceptualization, methodology, formal analysis, and writing—review and editing. T.X. was engaged in the data collection as well as the writing of the first draft of the essay. S.A. was involved in the article's conceptualization, methodology, and writing—review and editing. A.Z. was involved in the data collection as well as the writing of the first draft of the essay. G.S. was involved in the investigation, methodology, data collection, and writing of the article's initial draft. N.S.A. was engaged in the data collection as well as the writing of the initial draft of the article.

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) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: This research was supported by Iran University of Medical Sciences under Grant: (Grant No. 99-2-90-18672). The funders, however, played no role in designing the study, collecting and analyzing data, manuscript preparation, and the decision to publish the manuscript.

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Supplemental material

Supplemental material for this article is available online.

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