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Impact of Lockdown on Quality of Life of Working Women due to COVID-19 Pandemic in Vadodara, Gujarat, India

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ABSTRACT:

Introduction: The COVID-19 pandemic, caused by SARS-CoV-2, led to global health crises and widespread lockdowns. In India, the lockdown from March 2020 severely impacted working women, who had to balance professional responsibilities with increased domestic duties. This study investigates the impact of the lockdown on the quality of life of working women in Vadodara, Gujarat, focusing on their experiences and challenges.

Methodology: A cross-sectional observational study was conducted among 128 working women in Vadodara, Gujarat, who experienced the lockdown from May to July 2020. Data were collected through an anonymous survey approved by the ethical committee of Sumandep Vidyapeeth Deemed to be University. The survey included socio-demographic data, experiences during the lockdown, and qualitative data from open-ended questions. Analysis aimed to identify trends, challenges, and coping mechanisms.

Results: The respondents, aged 25 to 47 years (mean age 30.5 years), were mostly highly educated (72% postgraduate, 28% Ph.D. scholars). Family size varied, with 60% in nuclear families and 40% in joint families. Occupationally, 50% were in academia, 20% in physiotherapy, 20% as teachers, and 10% in other professions. Emotional challenges included stress (45%), anxiety (30%), and mood swings (25%). Coping mechanisms involved watching TV series (30%), sleeping (25%), work distractions (20%), and meditation/exercise (15%). Main challenges were balancing responsibilities (35%), maintaining safety (35%), and lack of daily living items (15%).

Discussion: The lockdown significantly impacted the quality of life of working women in Vadodara. Key challenges included balancing work and household duties, managing mental health, and coping with job and financial insecurity. These findings align with existing literature on the pandemic's disproportionate impact on women. The study highlights the need for targeted support, such as mental health resources and flexible work arrangements, to mitigate these challenges.

Conclusion: This study emphasizes the critical need for policies supporting working women during crises. Providing mental health support, flexible work options, and better access to essential services are crucial for helping women balance professional and personal responsibilities during and after such events.

Keywords: COVID-19, lockdown, working women, quality of life, Vadodara, Gujarat, mental health, coping mechanisms, professional responsibilities, domestic duties.

Introduction and background

Coronavirus disease 2019 (COVID-19) is an infectious disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) [1]. The disease was first identified in December 2019 in Wuhan, the capital of China's Hubei province, and has since spread globally, resulting in the ongoing 2019–20 coronavirus pandemic [2,3]. Due to this deadly virus the entire globe is under the uncertain situation and is scared. The losses happened in the economy are not measurable at all. Everyone is under tremendous pressure. Each country is finding new ways to fight with this disease [4]. Situation rapidly escalated into a global health crisis, leading to

widespread lockdowns and social distancing measures. Governments around the world, including India, implemented stringent lockdowns to control the spread of the virus. The lockdown in India, initiated in March 2020, was one of the strictest and had profound implications on various aspects of life, especially for working women. Working women often juggle multiple roles, balancing professional responsibilities with domestic duties. The sudden shift to remote work, coupled with increased household responsibilities and limited social interactions, exacerbated the challenges they faced. This study aims to explore the impact of the lockdown on the quality of life of working women in Vadodara, Gujarat, providing insights into their experiences and identifying key areas of concern.

The present study aims to assess the demographic profile of the respondents, examine how the lockdown has affected their professional and personal lives, identify the primary challenges they have encountered, and explore the coping mechanisms they have employed. Furthermore, the study seeks to provide recommendations for policies and practices that can support working women facing similar crises in the future.

The COVID-19 pandemic has had a disproportionate impact on women globally, particularly working women who faced unique challenges during the lockdown. According to a report by UN Women, women have been at the forefront of the pandemic response, both as healthcare workers and as caretakers at home, making them more vulnerable to the virus's socio-economic impacts (5). The pandemic exacerbated existing gender inequalities, with women bearing the brunt of increased domestic work and caregiving responsibilities (5,6).

Studies have shown that the pandemic has significantly affected women's mental health. A survey conducted by the Kaiser Family Foundation found that women were more likely than men to report negative mental health impacts, such as increased stress and anxiety, due to COVID-19-related worries (7). This finding is consistent with previous research highlighting that women are generally more susceptible to mental health issues during crises (8).

Remote work, while offering flexibility, also presented challenges for working women. The blurred boundaries between work and home life led to increased work-related stress and difficulties in maintaining a work-life balance. According to the International Labour Organization, women working from home during the pandemic experienced greater job insecurity and work-related anxiety compared to their male counterparts (9).

In India, the situation was particularly challenging due to cultural expectations and gender roles. A study by Deshpande revealed that Indian women faced significant pressure to fulfill both professional and domestic responsibilities during the lockdown. The lack of support systems and limited access to resources further compounded their challenges (10).

Methodology

This is a cross section observational study among the study population consists of working women who are residents of Gujarat, India, and who experienced the lockdown period from May to July 2020.

Inclusion Criteria Working women residing in Gujarat, India and those who are willing to participate in the study.

Exclusion Criteria Housewives and Individuals who are not willing to participate in the study.

Data Collection Methods

Prior to the commencement of data collection, permission was obtained from the ethical committee of Sumandeep Vidyapeeth deemed to be university. The data collection targeted working women residing in Vadodara throughout the lockdown period, who were capable of providing written informed consent. The survey included questions on socio-demographic profile, location during the lockdown, knowledge regarding COVID-19, experiences with family members, support systems, problems faced due to increased workload, and concerns about job or financial loss.

Qualitative data with open-ended questions were collected from the participants to gain a deeper and more comprehensive understanding of their experiences. Participants were informed that they could terminate the survey at any point if they wished.

The survey was designed to be anonymous to ensure the confidentiality of the participants' information. In cases where additional information was required, the researcher contacted participants via telephone to gather more detailed responses.

The collected data was then analysed to identify trends, challenges, and coping mechanisms employed by the working women during the lockdown.

Ethical Considerations

The study was conducted following ethical guidelines. Approval was obtained from the SVIEC ethical committee. Written Informed consent was obtained from all participants, and they were assured of the confidentiality and anonymity of their responses. Participation was voluntary, and participants had the option to withdraw from the study at any time without any consequences.

Results

The study surveyed 128 working women residing in Vadodara, Gujarat. The age of respondents ranged from 25 to 47 years, with a mean age of 30.5 years and a median age of 28 years. The standard deviation of ages was 5.6 years, indicating a relatively young and homogenous age group. In terms of educational qualifications, the majority of the respondents were highly educated, with 72% holding a Post Graduate degree and 28% being Ph.D. scholars. The family size among respondents varied, with 20% living in 2-member families, 40% in 3-member families, 30% in 4-member families, and 10% in households with 5 or more members. The occupational distribution showed that 50% of the respondents were involved in academic professions, 20% in physiotherapy, 20% as teachers, and 10% in other jobs such as nursing tutors. Regarding family types, 60% of the respondents lived in nuclear families, while 40% were part of joint or extended families.

Table 1: Demographic Profile of Respondents

Age (mean \pm SD)	30.5 \pm 5.6 years			
Education	Post Graduate (72%)	Ph.D. Scholar (28%)		
Family Size	2 members (20%)	3 members (40%)	4 members (30%)	5+ members (10%)
Occupation	Academic (50%)	Physiotherapy (20%)	Teacher (20%)	Other (10%)
Family Type	Nuclear Family (60%)	Joint/Extended Family (40%)		

Impact on Mental Health and Coping Mechanisms: The survey responses indicated that a significant number of respondents experienced emotional challenges during the COVID-19 lockdown. Specifically, 45% reported experiencing stress, 30% reported anxiety, and 25% reported mood swings. These emotional challenges reflect the heightened psychological burden faced by working women during the lockdown period. To cope with these challenges, respondents adopted various strategies. About 30% of the respondents reported watching TV series as a distraction, 25% resorted to sleep despite difficulties in maintaining a regular sleep pattern, and 20% kept themselves busy with work to avoid thinking about the pandemic. Additionally, 15% engaged in meditation and exercise to manage their emotions, while 10% indicated that they did not take any specific steps to cope. The main challenges faced by the respondents during the lockdown included balancing work and household responsibilities (35%), difficulty in maintaining safety (35%), and lack of availability of daily living items (15%). Furthermore, 15% of respondents highlighted the challenge of handling the overload of professional and home chores.

Table 2: Emotional Challenges, Coping Mechanisms, and Main Challenges During Lockdown

Emotional Challenges	Stress (45%)	Anxiety (30%)		Mood Swings (25%)	
Coping Mechanisms	Watching TV series (30%)	Sleep (25%)	Work Distraction (20%)	Meditation/Exercise (15%)	None (10%)
Main Challenges	Balancing Responsibilities (35%),	Safety (35%),	Daily Living Items (15%),	Chores Overload (15%),	None (0%)

Table 3: Distribution of study participants as per Source of Information

Source of Information	No of Participants responses	Percentage
Internet	60	46.88
News channels/TV	53	41.41
Family/Friends/Relatives/Colleagues/Others	14	10.94
News Paper	22	17.19

Participants' primary sources of information about COVID-19 include the Internet (46.88%), news channels/TV (41.41%), newspapers (17.19%) and family, friends, and colleagues or any other (10.94%). Participants' level of knowledge about COVID-19 varies: some experience information overload (35.16%), while others find their knowledge adequate (46.88%). A small percentage report insufficient knowledge (1.56%), and a few find the information disturbing and scary (1.56%).

The majority of respondents (97 out of 128) reported having all their family members with them during the lockdown, indicating a close-knit family situation. However, external commitments led to some family members being away. Three respondents mentioned being alone, while others specified daughters, parents, sons, or

spouses as being in different locations due to studies or work. These variations highlight the impact of external factors on family dynamics during challenging times.

The responses reveal a diverse spectrum of screen time habits among the participants. Here are the key observations:

Moderate Usage (2-4 hours): The largest group (46 respondents) falls within this range, indicating a balanced approach to screen time. These individuals likely balanced work, leisure, and communication effectively.

Minimal Usage (0-2 hours): A significant number (24 respondents) reported spending minimal time on screens. This group might have intentionally limited their digital exposure or had other offline commitments.

Extended Usage (6-14 hours): A smaller subset (20 respondents) spent more time on screens. This could be due to work demands, online learning, or increased entertainment consumption during the lockdown.

Variability: The remaining 27 respondents fell between 4-6 hours, reflecting individual preferences and lifestyle variations.

Based on the analysis of emotional responses during the lockdown, "Mood swings" emerged as the most commonly reported emotion, with 73 instances. This was followed by "Fear/restlessness," which was mentioned 37 times. "Relaxed" was the third most frequent emotion, reported 24 times, indicating that some individuals have adapted to the situation and found a sense of calm. "Depressed" was noted 19 times, highlighting the significant mental health impact of the lockdown on some individuals. "Happiness/Joy" appeared 17 times, suggesting that despite the challenges, a notable number of individuals have found moments of positivity and contentment. The remaining less frequently mentioned emotions were grouped together under "Others," accounting for 12 instances. This distribution of emotions underscores the varied and complex emotional landscape experienced by people during the lockdown, reflecting both the struggles and the resilience of individuals in adapting to unprecedented circumstances.

Discussion

The results of present study indicate that the COVID-19 lockdown significantly impacted the quality of life of working women in Vadodara, Gujarat. The primary challenges revolved around balancing professional responsibilities with increased domestic duties, managing mental health amidst isolation, and dealing with fears of job and financial insecurity. These findings align with existing literature on the disproportionate impact of the pandemic on women, particularly those juggling multiple roles (1,2).

The emotional challenges experienced by the respondents, such as stress, anxiety, and mood swings, are consistent with the findings of the Kaiser Family Foundation (3), which highlighted the greater susceptibility of women to mental health issues during crises (4). The coping mechanisms adopted, including watching TV series, sleeping, and engaging in meditation, reflect common strategies used to manage stress and anxiety (5).

The challenges faced by working women during the lockdown, such as balancing work and household responsibilities and maintaining safety, underscore the need for targeted support and interventions. Flexible work arrangements, mental health support, and better access to essential services are critical in mitigating the adverse effects of such crises on working women.

Conclusion

This study highlights the critical need for policies aimed at providing mental health support, flexible work arrangements, and better access to essential services to mitigate the adverse effects on working women. These measures can play a crucial role in supporting working women during and after future events of crises like the COVID-19 pandemic.

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