Family members' psychological experiences of the COVID-19 lockdown: A qualitative study

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Research Article

Keywords: Family, COVID-19, Lockdown, psychological, qualitative research

Posted Date: May 7th, 2021

DOI: <https://doi.org/10.21203/rs.3.rs-257826/v1>

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Abstract

Background: Major traumatic events such as the COVID-19 pandemic and related lockdown can affect the family as the fundamental unit of all societies. This study aimed to describe the psychological experiences of healthy families during the COVID-19 lockdown.

Methods: A descriptive qualitative research was conducted by purposive sampling. The sample size was achieved 29 by data saturation. Semi-structured in-depth interviews were used to collect the data. Content analysis was used in data analysis.

Results: The findings of this study included both positive and negative psychological aspects, each of which had some subcategories. Negative psychological aspects: Anxiety, a sense of isolation and intensification of loneliness, Mood and energy changes (hardship and fatigue from lockdown/Boredom, anger, depression), disruption of the sleep-wake patterns, feelings of helplessness, more frequent family disputes and arguments, Increasing the risk of the problematic Internet use. Positive psychological aspects: The expansion of the worldview and a sense of pleasure and happiness.

Conclusion: The COVID-19 pandemic lockdown created negative and disruptive experiences and positive and constructive experiences for different individuals.

Background

The COVID-19 pandemic has led to high morbidity and mortality rates as well as many changes and complications in daily life (1). To reduce the prevalence of coronavirus (COVID-19) infection worldwide, governments urge their citizens to keep their physical distance and stay at home to prevent the spread of COVID-19 (2-4). Nations have been locked down to implement social distancing as a measure to curb the spread of infection (5). This is an effective way to reduce the rate of infection. Contact with fewer people reduces the risk of infection and makes the spread of the coronavirus less likely (6). Overall, more than 100 countries around the world have had either a full or partial lockdown by the end of March 2020, affecting billions of people (7). Billions of people are confined to their homes (5). It is estimated that nearly 4 billion people were in social isolation during the April 2020 epidemic (8).

Mboera defines the lockdown as a set of measures to reduce COVID-19 transmission, which is mandatorily enforced by the community and applied indiscriminately to the public (9). This means that you do not leave the house, except to buy the necessary goods, reduce the number of trips outside the house, and ideally only a healthy family member leaves the house if necessary (10). Although lockdown minimizes the physical damage of the virus, it may harm the well-being of communities (11). In the present study, the meaning of a healthy family is the family in which there is not a member suffered by COVID-19.

The family is the fundamental unit of all societies (4). Families are the closest and most powerful source of growth, development, and health to individuals throughout life (12). Family members rely on each other to varying degrees with emotional, social, and economic support (13). Family interaction patterns are dynamic and shaped by socio-cultural, economic, and political conditions (4). Moreover, major traumatic events such as the COVID-19 pandemic can reinforce the positive and negative aspects of interpersonal relationships and

lead to competing narratives of injury and reinforcement (14, 15). The COVID-19 pandemic is a stressor that originated outside the family system, but given the novelty and uncertainty about the disease, it is perceived as a significant stressor for many parents and children (16). Even families who have not been directly exposed to the virus, are likely to experience indirect effects of COVID-19 (17). As COVID-19 continued to spread, it became clear that the virus and its associated problems were not limited to biomedical issues (4) , for example, problems among spouses or other family members, family caregivers, and community primary health care providers. There is such a complex interconnection among these individuals and groups that social distancing and virtual interactions are not effective or adequate (4). Studies have been published on the increase in domestic violence against women (18, 19), children (18), and the elderly (20, 21) and psychological distress (22) during natural disasters and the COVID-19 pandemic. There is little knowledge about the effect of the COVID-19 induced lockdown on mental health status (23) and the dimensions of the psychological experiences of healthy families who were under lockdown are hidden. Given that one of the applications of qualitative research is the discovery of the unknown when we have little information about the target phenomenon, therefore, researchers have used explanatory descriptive qualitative research to depict the living conditions and experiences of closure and lockdown during the COVID-19 pandemic. Previous studies have shown that understanding the psychological and behavioral responses to emerging infectious diseases is critical to managing outbreaks (24, 25). In the present study, the meaning of a healthy family is the family in which there is not a member suffered by COVID-19. This study aimed to describe the psychological experiences of healthy families during the COVID-19 lockdown.

Methods

2.1. Study design and participants:

This study is a part of the research project. A qualitative descriptive approach was utilized to explore families’ descriptions of their experiences of COVID-19 induced lockdown.

Purposive sampling was used. The sample size reached 29 at data saturation. Qualitative sampling can be started with volunteer participants and new participants may be recruited through snowballing (26). In this study, we began sampling with volunteer participants and new participants were recruited through snowballing of desired participants with sampling variety from different locations. The mean age of the participants was 37.5 years (table 1). In qualitative studies, sampling is usually based on information requirements and continues until data saturation is reached (27). Semi-structured in-depth interviews were used to collect the data. An EDQR approach was used to evaluate the experiences of the participants under closure. EDQR studies use the principles of naturalistic research or study a phenomenon in its natural state as much as possible (28). Inclusion criteria included The members of the healthy families which did not have any affected member by COVID-19. We recruited healthy family members from different locations and characteristics by purposive sampling since this promotes the rigor of the study.

Table 1: Participants’ characteristics

No	Family Role	gender	age	Education	Job	Family Size	Type of Family	City of residence
1	Mother	F	28	Diploma	housewife	3	Nuclear	Isfahan
2	Mother	F	31	MSc	University lecturer	3	Nuclear	Isfahan
3	Father	M	34	Bachelor	Military	3	Nuclear	ShahinShahr
4	Mother	F	40	MA	Employee	5	Nuclear	Khorramabad
5	Mother	F	39	Ph.D.	Employee	2	Single-headed family	Khorramabad
6	Mother	F	34	MA	Employee	4	Nuclear	Khorramabad
7	The child of the family	F	35	Ph.D.	University lecturer	5	Nuclear	Ahwaz
8	wife	F	24	MA	Chess teacher	2	Nuclear	Najafabad
9	The child of the family	M	23	Student	university student	3	Nuclear	Dezful
10	Mother	F	45	Bachelor	High school Teacher	4	Nuclear	Mashhad
11	Mother	F	40	Bachelor	Employee	4	Nuclear	Broujerd
12	Mother	F	51	Ph.D.	Employee	4	Nuclear	Bushehr
13	Mother	F	50	Bachelor	Housewife/unemployed	4	Nuclear	Dezful
14	Father	M	36	Bachelor	Employee	3	Nuclear	Mashhad
15	The child of the family	M	27	Bachelor	self-employment	9	extended	Khorramabad
16	Father	M	52	Bachelor	Farmer	4	Nuclear	Kashan
17	Mother	F	28	Post graduate Student	Nurse	4	Nuclear	Tabriz
18	The child of the family	F	31	MA	Teacher	6	Nuclear	Khorramabad
19	Father	M	37	Post graduate Student	Clergyman	4	Nuclear	Zahedan
20	Mother	F	32	MA	Employee	3	Nuclear	Sanandaj
21	Mother	F	50	Diploma	Tailor	2	Nuclear	Rasht
22	Pregnant wife	F	29	Bachelor	saleswoman	2	Nuclear	Yasuj
23	Father	M	30	Diploma	Taxi driver	2	Nuclear	Yasuj
24	Mother	F	50	Illiterate	Housewife/unemployed	5	Nuclear	Birjand
25	Father	M	65	Bachelor	Retired	8	extended	Ahwaz
26	Mother	F	45	Intermediate Education	Housewife/unemployed	7	Nuclear	Hamedan
27	The child of the family	F	14	High school student	unemployed	4	Nuclear	Kermanshah

28	Single and lonely	F	49	Ph.D.	University professor	1	Single	Dorud
29	Father	M	45	Ph.D.	Employee	2	Nuclear	Khorramabad

1.2. Data collection:

Before the interviews, we sent the informed consent forms to the participants electronically. We interviewed them after they gave their consent. The interviews were conducted via WhatsApp video chat and lasted about 20 to 60 minutes and were conducted individually. A voice recorder was used to record the participants' voices. The primary research question in this study was: "What are your emotional experiences of staying at home during the COVID-19 induced lockdown?" Probing questions were asked according to the statements of the participants to get as much in-depth information as possible (Table 2).

Table 2: the topic guide of study/Questions asked in the interviews

Questions
What is your emotional experiences of staying home during the COVID-19 lockdown?
What's your idea about the negative psychological effects of COVID-19-induced lockdown?
What's your idea about the positive psychological effects of COVID-19-induced lockdown?
How has the COVID-19-induced lockdown affected you?

The interview environment was calm and devoid of disruptive factors. The first author (SS) conducted the interviews and with the permission of the participants, all interviews were recorded with a voice recorder and the second author (MM) transcribed the recorded interviews verbatim. The interviews were analyzed by the first author and the codes and the coding process were revised by the second author. After analyzing the previous interview and extracting its codes accurately, the next interview was conducted. At the same time as conducting the interviews, the interviews were also analyzed. We also asked an expert in qualitative research (NB) and a psychologist (NM) to review the coding process. Data collection was conducted from October to December 2020 through semi-structured in-depth interviews in a secluded and quiet environment and time according to the convenience of the participants. The content analysis approach proposed by Graneheim and Lundman was used to analyze the data (29). The various types of data can be analyzed by Qualitative content analysis, however, in general, before analysis can start, the data need to be a transcript (30). as follows; At the end of each interview, the participants' recorded statements were repeatedly listened to and their statements were transcribed verbatim. The researchers read each transcribed interview several times to understand the participants' psychological experiences and perceptions. Then, significant statements and other related statements were underlined and in this way, meaningful units were identified. Then, each meaningful unit was reduced to a condensed meaningful unit and the initial codes appeared. S.S. carefully

studied the original codes and categorized them according to the similarity of their concepts as subcategories. During this inductive process, similar subcategories were classified into main categories. This coding process and the emergence of the main categories were reviewed and discussed by M.M. with a third experienced researcher (N.B). Finally, the obtained categories were considered as expressing the hidden content of the text.

1.3. Trustworthiness:

In qualitative content analysis, trustworthiness is often presented by applying terms such as dependability, credibility, transferability, conformability, and authenticity (3).

Credibility means establishing assurance that the results (from the participants' perspective) are true, believable, credible (4). In the present study, the extracted codes were referred to the participants and with their approval, the findings were validated (member check). Also, the researchers must ensure that the participants in the research are identified and described accurately (5) In the present study, we provided the participants' characteristics. the researchers have the required research skills and knowledge to conduct their roles. There are many techniques to gauge the accuracy of the findings. The researcher also referred the findings and extracted codes to an expert in qualitative research (N.B) and the validity of the research findings was confirmed by her (peer check). The credibility of the findings was enhanced by carefully reviewing the transcripts, trying to achieve consensus among researchers, and validating the findings with the participants (6). In the present study, as mentioned above the coding process and the emergence of the main categories were reviewed and discussed by two main researchers (SS & MM) with a third experienced researcher (N.B).

Dependability means the consistency of data over time and under different conditions (7) So the findings of the qualitative study is repeatable if the study is conducted within the same cohort of researchers, participants, and context (4). In the present study, the dependability of the findings was achieved by performing the data analysis process by more than one researcher.

Confirmability means extend the assurance that the results would be corroborated or confirmed by other researchers (4). It means objectivity, that is, the potential for congruence between two or more independent researchers about the data's relevance, accuracy, or meaning (2). Confirmability was achieved by bracketing; i.e. setting aside preconceptions and assumptions, and reporting and recording the research steps and the decisions made during them (1), so that others can examine them if they wish by accessing the research audit trail (7, 8). In the present study, researchers tried to put aside their personal experiences, preconceptions in their engagement with evolving findings and with data. Also, researchers use the audit trail to establish the confirmability of a study by providing the details of data analysis and some of the decisions that led to the findings.

Transferability means the extend the degree to which the results can be generalized or transferred to other contexts or settings (4). It relies on the reasoning that findings can be generalized or transferred to other settings or groups. In the present study, transferability was ensured by selecting a variety of samples from different locations and with various demographic characteristics.

Authenticity means the extent to which researchers, faithfully and fairly, show a range of facts (7, 8). In the present study, the researchers tried to make reassurance that both the research conducts, and evaluation are

credible and genuine not only in terms of the experiences of the participants but also about the wider social and political implications of the research.

Limitations of the study: although the use of online interview cause to save our time in the lockdown condition, we have to conduct the online interview via WhatsApp messenger because all participants have access to it. So we couldn't obtain the field notes.

Results

The findings of this study included both positive and negative psychological aspects, each of which had some subcategories (Table 3).

Table 3: subcategories, categories of data analysis

Subcategory1	Subcategory2	categories
Fear of getting sick	Anxiety	Negative psychological aspects
The stress of leaving home		
Obsession with washing and the stress of cleanliness		
A sense of isolation and intensification of loneliness		
Hardship and fatigue from lockdown/ Boredom	Mood and energy changes	
Anger		
Depression		
Disruption of the sleep-wake patterns		
feeling of helplessness		
More frequent family disputes and arguments		
Excessive use of social networks	Increasing the risk of the problematic Internet use	
Internet abuse in children		
High risk of addiction to the Internet and digital devices in children		
Understanding the reality of death	The expansion of the worldview	Positive psychological aspects
Taking advantage of the short opportunity of a life		
Developing a sense of help and cooperation		
Understanding the beauties of life and the world		
Satisfaction and intimacy	A sense of contentment and happiness	
Gratefulness for health		

3.1. Negative psychological aspects: this subcategory describes the family members' experiences of Anxiety, a sense of isolation and intensification of loneliness, Mood and energy changes, disruption of the sleep-wake patterns, feelings of helplessness, more frequent family disputes and arguments, Increasing the risk of the problematic Internet use.

3.1.1. Anxiety:

This category describes the family members' experiences of the fear of getting sick, the stress of leaving home, obsession with washing, and the stress of being clean.

All participants experienced stress and fear of infection. This category is one of the key themes that all participants spoke of it. Some participants mentioned overcoming and managing this stress and fear. In particular, two participants in the early stages of the COVID-19 pandemic were pregnant and endured a great deal of stress.

"...we all stayed home and I felt scared, and now little by little it became serious and we observed it. Little by little, we overcame the fear, and we began to follow the health protocols." P2

"The only bad thing that happened during the lockdown was the stress, mostly because of my worries for my baby and my father." P3

"When I got pregnant, two months later we found out that the COVID-19 was prevalent. I was very scared. I had just gotten pregnant. I was scared. It was my first child, and I was scared. I did not go out much, just for the ultrasound scan. I was afraid of catching the coronavirus disease." P2

The Participants experienced obsessive-compulsive disorder caused by the stress of the COVID-19 disease. In some participants, this obsession with washing had become a disorder.

"During the lockdown, even though we were inside the house, I always disinfected the bathroom and the whole house regularly, and I had a feeling of stress and anxiety. I used to disinfect the clothes. If we went out, we would hang our clothes outside the house." P1

"When I breastfeed, I wash my hands three times before breastfeeding, and I'm really scared." P2

One participant reported excessive stress and a morbid obsession with her son.

"My son washes his hands regularly and when I ask him to quit this habit, he says a voice in my ear commands me to wash your hands." P 21

3.1.2. A sense of isolation and intensification of loneliness:

Participants experienced social isolation, which gave them a sense of loneliness and created or exacerbated feelings of depression.

"We traveled much less, we all observed health protocols, we disinfected the equipment a lot, we kept our distance at home and we sat at a distance from each other." P2

"My children say we wish to see someone other than ourselves." P10

The participants reported the feeling of loneliness had exacerbated during the lockdown for old people. They stated this phenomenon had two reasons; firstly, decreasing social relationships cause the Exacerbation of elderly loneliness. Secondly, the family members prefer to not visit older people because they think the older people are weak and may be infected by closer contact. "This lockdown has exacerbated loneliness in the elderly." P28

3.1.3. Mood and energy changes:

3.1.3.1. Hardship and fatigue from lockdown/Feelings of boredom:

The experience of having a hard time staying home and the resulting boredom was expressed by some family members.

“It was a difficult time. It is not very easy for people who go to work and have a particularly high work efficiency and work hard to be idle, and this causes them to be moody and have a lot of time on their hands without anything to do. This causes boredom and moodiness.” P18

3.1.3.2. Anger

Some of the participants stated anger as an experience during COVID-19 induced lockdown. Which it also can have relations with other COVID-19 induced issues such as become unemployment and it induced low income, lack of entertainment, “It is not tolerable for children and parents to be at home all the time, and a person becomes nervous, upset, and sometimes even depressed, and this also hurts the foundation of a good family. Anyway, anger arises, there are conflicts, there are conflicts. In a family that now requires strong management”. P: 11

3.1.3.3. Depression:

Participants experienced depression due to limited recreation and staying at home. depression can be an outcome of other COVID-19 induced issues mentioned above.

“We used to take our son out before the pandemic, but we could not take him anymore. I was depressed, I could not go out anymore, we could not go out to have fun. We have not gone to a place of entertainment at all for 8 months.” P1

“It was a very bad experience and many families became depressed” P27

3.1.4. Feelings of helplessness:

Family members were also tired of the restrictions due to the COVID-19 pandemic and expressed a sense of helplessness. Participant 2, who is a lecturer at university said:

“With the prolongation of the COVID-19 pandemic, another damage to the mental health of families is the induction of some kind of helplessness. Helplessness refers to situations in which a person becomes frustrated with lack of improvements in their affairs and lack of control over them, and succumbs to frustration and despair.” P2

The fatigue caused by restrictions caused some people to become careless and show disregard for wearing masks and observing social distancing.

“It is hard for me not to have any contact with society. Life has become soulless and un-motivating for me. Sometimes, I get so tired of the lockdown that I go to visit my friends without a mask.” P28

“Concerning the COVID-19 crisis, it is possible that after a while and with the chronic continuation of the malignant crisis, people will neglect the observance of health protocols and social distancing and complicate the situation for themselves and others.” P2

“Not having to work is a pain that you suffer and there is nothing you can do about it except to endure. It’s really hard to stay at home and look at the wall all the time.” P27

“It was a very difficult time because my son was not used to staying at home.” P1

3.1.5. Disruption of the sleep-wake patterns:

Participants complained of sleep disturbances during the lockdown, among other issues, such as stress and psychological conditions. This issue had a close relationship with impatience and the difficulty of bearing the lockdown.

“During the lockdown, my sleep-wake pattern has become disrupted.” P28

3.1.6. Increasing family disputes:

Some participants experienced an increase in marital discord during their stay at home due to the lockdown, which led to increased disagreements and arguments in some families due to fatigue from the lockdown and staying at home.

“Marital relationships have changed. Many unspoken things are being said now. Of course, well, these are sometimes good and sometimes positive, but in most cases, it can be said to have a negative effect, unfortunately. And it has weakened these relationships.” P17

“Well, this boredom and moodiness caused by the closure affect all members of the family, which somehow reduces the warmth of the relationships in families.” P18

Although some participants stated this experience differently, so they experienced the improvement in family relations. Participants 9 simulated it as a “double-edged phenomenon experience”.

“The effects of staying at home during lockdown were double-edged, and in some cases led to the provision, development, and rapprochement of family relationships, but in other cases, it also led to disputes and arguments, and according to reports published by the Welfare Organization, referrals for counseling have increased more than before COVID-19.” P29

3.1.7. Increasing the risk of the problematic Internet use:

From the participants’ point of view, addiction to the Internet and virtual networks was one of the wrong ways to adapt to the lockdown and that people used to fill their solitary times with. The participants mentioned the excessive use of the Internet for any purpose, social networks, cause, the increase the risk of problematic Internet use in children, the high risks of addiction to the Internet and digital devices in children such as a tablet, phone, etc.

"Vice versa, those who came to social networks were drawn in a lot more and became more immersed in the virtual world. Some things result from the lockdown." P5

Given the participants worried about the increase in internet use and observe the prolonged internet use for online learning or other goals in their children, they predicted the risk of internet abuse or problematic Internet use will increase. Especially they couldn't manage them.

"I was a mother cannot determine whether my son is learning virtually or he is busy with other work, sometimes I have not enough time to control him" P 10

2.2. Positive psychological aspects:

This category included two subcategories; Movement toward the expansion of the worldview and a sense of pleasure and happiness.

2.2.1. The expansion of the worldview: this subcategory describes; Understanding the reality of death, taking advantage of the short opportunity of life, developing a sense of help and cooperation, understanding the beauties of life and the world)

The participants have had the experiences, during the COVID-19 pandemic and induced lockdown, who have not had ever. in other words, they nurtured other awareness toward encompassing the environment and others. Study participants understood the reality of death from the COVID-19 pandemic and the increased mortality among friends and relatives and came to believe that the short opportunity for life should be seized.

"The coronavirus pandemic made me realize that life is short and death is imminent." P28

Participants became more aware of the beauties of life, grateful for their health, satisfied with the lockdown, learned to try to enjoy their lives and developing a sense of help and cooperation, felt the expansion of their worldviews and perfection and better understood the meaning of life.

Also, the participants understood the health is real wealth and asset.

"One of the positive effects was that we did not appreciate health [before the pandemic], we did not know how good it is when we are healthy, how bad it feels when we are sick, we did not appreciate it, we should have been thankful, but unfortunately we were not." P12

2.2.2. A sense of pleasure and happiness: this subcategory describes the contentment and intimacy, gratefulness for health.

As mentioned above, some participants experienced feelings of satisfaction and increased intimacy in their family lives and felt happy with having more free time. So some of them are satisfied they have enough time to be together.

"But in the relationship between spouses, I think it was a good experience, we were closer to each other, we became more intimate, we are together much more, and this is one of the positive effects." P4

Discussion

The aim of the present study was the description of the psychological experiences of healthy families during the COVID-19 lockdown.

Findings of the present study showed the negative and positive psychological aspects of the lockdown. Other studies confirmed the COVID-19 disease has had a profound psychological effect on the public (22, 31).

The negative psychological subcategories showed that the negative psychological aspects experienced by family members include anxiety, feelings of isolation, Mood and energy changes Disruption of the sleep-wake patterns, feeling of helplessness, more frequent family disputes and arguments, Increasing the risk of the problematic Internet use.

The COVID-19 pandemic has caused many negative physical and mental health issues in humans (1). Other studies have shown that long-term school and work closures during the COVID-19 pandemic have negative effects on the physical and mental health of young people (32).

One of these negative psychological aspects is anxiety, which was the key theme, includes the subcategories of fear of getting sick, the stress of leaving home, the obsession with washing, and the stress of cleanliness. Other studies confirm that COVID-19 has led to increased uncertainty and concerns, partly caused by the heartbreaking news from around the world (4). In addition to threatening people's physical health, COVID-19 causes a lot of worries and affects people's mental health (33). Which is complicated by lockdown-induced isolation (5). Regarding the experience of high levels of stress during pregnancy in the present study, the findings of the Zheng study also confirm that pregnant women experienced moderate to severe anxiety in the early stages of the COVID-19 pandemic (34). All participants experienced a variety of degrees of anxiety that could be a trigger for emerging other conditions.

Some family members reported feeling lonely and isolated. This depended on the degree of social interactions before the lockdown because some did not. Other studies confirm that lockdown-induced isolation is an unpleasant experience, which can lead to sadness and even impose significant mental illness on those who suffer from isolation (35). Loneliness is a common experience for many people during the lockdown season. Loneliness can develop or exacerbate physical and mental illness (36). Participants in the present study reported an exacerbation of loneliness among the elderly. Other studies confirm this. The main reason for loneliness was the reverse quarantine, in which older people were separated from the rest of their families to prevent infection (37). A study by Palgi showed that the prevalence of depression and anxiety in the elderly during the COVID-19 pandemic is high (38). This social isolation leads to chronic loneliness and boredom, which, if prolonged enough, can have devastating effects on physical and mental health. The negative effects of isolation are intensified in combination with widespread panic and anxiety. Crises often affect the human mind in crucial ways, increase provocation by threats, and turn anxiety into an ever-increasing snowball (5). Participants mentioned being fed up with the lockdown, and impatience and boredom during the lockdown. Lockdown is generally described as an unpleasant experience for those who are under it because it is accompanied by separation from loved ones, financial problems, insecurity, and impatience, among other consequences (35, 39). Under these social constraints, individuals are forced to come to terms with the frightening fact of isolation that can contribute to interpersonal violence and boredom in the family.

Experiences of anger and depression were also reported by participants. Sigdel's study showed the prevalence of anxiety and depression and depression-anxiety co-morbidity were high among the community during the COVID-19 pandemic induced lockdown in Nepal (23)

Some participants noted an increase in family disputes during the COVID lockdown. Other studies confirm that more domestic disputes and violence have been reported during the lockdown (18, 19, 40), which may be due to economic pressures, unemployment, prolonged periods of staying home, anxiety, and so on.

The present study showed that excessive use of social networks, search abuse/cyberspace abuse, Increasing the risk of problematic Internet use and digital devices such as a tablet, phone, personal computer in children are among the effects of lockdown and staying at home. The findings of a study by Dong show significant evidence of overuse of the Internet among Chinese children and adolescents during the pandemic. Internet use is mainly affected by the COVID-19 pandemic in a variety of ways, including the frequency and duration of recreational Internet use and the rate of stay-up use, it means they stay wake in order to stay on the internet (41). Studies have also shown that teens use social media to adapt and respond to feelings of loneliness and anxiety during the lockdown (42). Social media is a primary source of adaptation to a lack of social communication under lockdown (42).

Participants in the present study reported sleep and biological rhythm disturbances. Other studies suggest that during the holiday season, people may experience difficulty sleeping and focusing on household chores (10). Roy et al. (2020) have stated that people experienced anxiety, paranoia, and sleep disorders during the COVID-19 pandemic (43). During a pandemic, people experience sudden and major changes in their daily routines (44). Such Sleep was severely affected during the COVID-19 pandemic and lockdown (45). Previous studies reported sleep disturbance (45, 46) and different factors that could be as trigger it in COVID-19 induced lockdown (44, 47).

Prolonged stress and other anxiety-arousing factors caused family members to feel tired and helpless during the lockdown. Findings from other studies confirm that repeated exposure to traumatic stress impairs a person's ability to maintain a consistent routine and creates feelings of threat, vulnerability, anxiety, confusion, uncertainty, and helplessness (22).

Positive psychological aspects: This category describes the expansion of the worldview and a sense of contentment and happiness.

The subcategory of the expansion of the worldview describes understanding the reality of death, taking advantage of the short opportunity of life, developing a sense of help and cooperation, and understanding the beauties of life and the world which we called it the nurturing of awareness toward encompassing the environment and others. No study was found in this area.

A sense of contentment and happiness was expressed by participants with expressions such as satisfaction and intimacy and gratefulness for health. In the present study, people who were not financially anxious enjoyed being under lockdown, being together, and happy. Marital satisfaction increased by spending more time with one's spouse during the lockdown (48). In contrast, Greyling's study showed that the lockdown hurts happiness (11). The happier people are, the more likely they are to comply with the lockdown and stay home.

The findings of the study confirm that past and present happiness predict compliance with lockdown and the greater the happiness, the stronger this relationship (2).

Conclusion

This study explored the positive and negative psychological aspects of lockdown and staying at home due to COVID-19. Poor families experienced more emotional problems and symptoms. Because of the higher stress levels in these families, the challenges within the family were greater and the compliance with the lockdown was reduced. The COVID-19 pandemic lockdown created negative and disruptive experiences and positive and constructive experiences for different individuals. We understand the effects of these factors are interchangeable which means to have a transaction with each other as a whole. Further studies are needed to investigate strategies for coping with COVID-19 induced anxiety. Also, the empowerment of family members to take care of themselves and others. Family education to obtain Valid and appropriate information from valid resources. Community-based mental health interventions should be accessible to Families at risk.

List Of Abbreviations

Explanatory descriptive qualitative research (EDQR).

Declarations

Ethics approval and consent to participate

Given the participants' voluntary involvement and we informed them that they could withdraw without any repercussions at any time. Anonymity and confidentiality were assured; data were no identifiers and were anonymized used in the final report. Only the main researchers had the access to data. The Informed written consent from the participants was obtained. Additionally, participants were informed of the objectives and methods of the study, including the need to record interviews as well as their rights, including the confidentiality of information, anonymity, and the unconditional right to withdraw from the study.

This study was approved by the Ethics Committee of the Lorestan University of Medical Sciences with the ethics code IR.LUMS.REC.1399.204. Therefore, we hereby confirm that all study procedures were performed by the relevant guidelines and regulations.

Consent for publication: N/A

Availability of data and materials

All datasets analyzed during this study are available from the corresponding author on the reasonable request

Competing interests: None declared.

Funding: The vice-chancellor for research of Lorestan university of medical sciences was responsible for the cost of the project (Award Number: 1434).

Authors' contributions:

SS: Design of the study; analysis and interpretation of data; making drafted work and substantively revised the article. Ms-M: doing the interviews; transcription of interviews; revising of the coding process. MA: revised it critically for important intellectual content and translated it to the English language. All authors read and approved the final manuscript

Acknowledgment:

This article is a part of the findings of a research project approved by the vice chancellorship for research of the Lorestan University of Medical Sciences (research code: 1434). We would like to thank the study participants for participating in this study and the vice chancellorship for research of the Lorestan University of Medical Sciences for supporting this project. We would also like to thank Dr. Narjes Bahri and Dr. Nahid Momeni for reviewing the coding and analysis process.

References

1. Xiang Y-T, Yang Y, Li W, Zhang L, Zhang Q, Cheung T, et al. Timely mental health care for the 2019 novel coronavirus outbreak is urgently needed. *The Lancet Psychiatry*. 2020;7(3):228-9.
2. Krekel C, Swanke S, De Neve JE, Fancourt D. Are Happier People More Compliant? Global Evidence From Three Large-Scale Surveys During Covid-19 Lockdowns. 2020.
3. Matias T, Dominski FH, Marks DF. Human needs in COVID-19 isolation. SAGE Publications Sage UK: London, England; 2020.
4. Tom T, Chipenda C. COVID-19, Lockdown and the Family in Zimbabwe. *Journal of Comparative Family Studies*. 2020;51(3-4):288-300.
5. Banerjee D, Rai M. Social isolation in Covid-19: The impact of loneliness. *International Journal of Social Psychiatry*. 2020;66(6):525– 7.
6. Unknown. Lockdown in order to minimise contact between people Netherlands: Government of the Netherlands; 2020b [Available from: <https://www.government.nl/latest/news/2020/12/14/lockdown-in-order-to-minimise-contact-between-people>].
7. Canet-Juric L, Andrés ML, Del Valle M, López-Morales H, Poó F, Galli JI, et al. A Longitudinal Study on the Emotional Impact Cause by the COVID-19 Pandemic Quarantine on General Population. *Frontiers in Psychology*. 2020;11:2431.
8. Sandford A. Coronavirus: Half of humanity now on lockdown as 90 countries call for confinement. Available at: [https://www.euronews.com/2020/04/02/coronavirus-in-europe-spains-death-toll-hits-10-000-after-record-950-newdeaths-in-24-hou\(accessed_14_April_2020\)](https://www.euronews.com/2020/04/02/coronavirus-in-europe-spains-death-toll-hits-10-000-after-record-950-newdeaths-in-24-hou(accessed_14_April_2020)). 2020.
9. Mboera LE, Akipede GO, Banerjee A, Cuevas LE, Czipionka T, Khan M, et al. Mitigating lockdown challenges in response to COVID-19 in Sub-Saharan Africa. *International Journal of Infectious Diseases*. 2020;96:308-10.
10. Unknown. Minding our minds during the COVID-19 2020c [Available from: <https://www.mohfw.gov.in/pdf/MindingourmindsduringCoronaeditedat.pdf>].

11. Greyling T, Rossouw S, Adhikari T. A tale of three countries: How did Covid-19 lockdown impact happiness? : GLO Discussion Paper; 2020.
12. Weiss-Laxer NS, Crandall A, Okano L, Riley AW. Building a Foundation for Family Health Measurement in National Surveys: A Modified Delphi Expert Process. *Maternal and child health journal*. 2020a;24(3):259-66.
13. Weiss-Laxer NS, Crandall A, Hughes ME, Riley AW. Families as a Cornerstone in 21st Century Public Health: Recommendations for Research, Education, Policy, and Practice. *Frontiers in Public Health*. 2020;8.
14. Goodwin R. *Changing relations: Achieving intimacy in a time of social transition*: Citeseer; 2009.
15. Goodwin R, Hou WK, Sun S, Ben-Ezra M. Quarantine, distress and interpersonal relationships during COVID-19. *General psychiatry*. 2020;33(6).
16. Chung SKG, Lanier P, Wong P. Mediating Effects of Parental Stress on Harsh Parenting And Parent-child Relationship During Coronavirus (COVID-19) Pandemic in Singapore. 2020.
17. Van Bavel JJ, Baicker K, Boggio PS, Capraro V, Cichocka A, Cikara M, et al. Using social and behavioural science to support COVID-19 pandemic response. *Nature Human Behaviour*. 2020:1-12.
18. Guedes A, Bott S, Garcia-Moreno C, Colombini M. Bridging the gaps: a global review of intersections of violence against women and violence against children. *Global health action*. 2016;9(1):31516.
19. Roesch E, Amin A, Gupta J, García-Moreno C. Violence against women during covid-19 pandemic restrictions. *British Medical Journal Publishing Group*; 2020.
20. Makaroun LK, Bachrach RL, Rosland A-M. Elder abuse in the time of COVID-19—Increased risks for older adults and their caregivers. *The American Journal of Geriatric Psychiatry*. 2020;28(8):876-80.
21. Han SD, Mosqueda L. Elder Abuse in the COVID-19 Era. *Journal of the American Geriatrics Society*. 2020.
22. Lahav Y. Psychological distress related to COVID-19—the contribution of continuous traumatic stress. *Journal of affective disorders*. 2020;277:129-37.
23. Sigdel A, Bista A, Bhattarai N, Poon BC, Giri G, Marqusee H, et al. Depression, Anxiety and Depression-anxiety comorbidity amid COVID-19 Pandemic: An online survey conducted during lockdown in Nepal. *MedRxiv*. 2020.
24. Yeung NC, Lau JT, Choi KC, Griffiths S. Population responses during the pandemic phase of the influenza A (H1N1) pdm09 Epidemic, Hong Kong, China. *Emerging infectious diseases*. 2017;23(5):813.
25. Lau J, Yang X, Tsui H, Kim J. Monitoring community responses to the SARS epidemic in Hong Kong: from day 10 to day 62. *Journal of Epidemiology & Community Health*. 2003;57(11):864-70.
26. Polit DF, Beck CT. *Nursing research: Generating and assessing evidence for nursing practice*: Lippincott Williams & Wilkins; 2008.
27. Polit DF, Beck CT. *Study guide for essentials of nursing research: appraising evidence for nursing practice*: Lippincott Williams & Wilkins; 2013.
28. Sandelowski M. What's in a name? Qualitative description revisited. *Research in nursing & health*. 2010;33(1):77-84.
29. Graneheim UH, Lundman B. Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. *Nurse education today*. 2004;24(2):105-12.

30. Zhang Y, Wildemuth BM. Qualitative analysis of content. Applications of social research methods to questions in information and library science. 2009;308:319.
31. Qiu J, Shen B, Zhao M, Wang Z, Xie B, Xu Y. A nationwide survey of psychological distress among Chinese people in the COVID-19 epidemic: implications and policy recommendations. General psychiatry. 2020;33(2).
32. Kılınçel Ş, Kılınçel O, Muratdağı G, Aydın A, Usta MB. Factors affecting the anxiety levels of adolescents in home-quarantine during COVID-19 pandemic in Turkey. Asia-Pacific Psychiatry. 2020b:e12406.
33. Wu M, Xu W, Yao Y, Zhang L, Guo L, Fan J, et al. Mental health status of students' parents during COVID-19 pandemic and its influence factors. General Psychiatry. 2020;33(4).
34. Zhang Y, Ma ZF. Psychological responses and lifestyle changes among pregnant women with respect to the early stages of COVID-19 pandemic. International Journal of Social Psychiatry. 2020:0020764020952116.
35. Brooks SK, Webster RK, Smith LE, Woodland L, Wessely S, Greenberg N, et al. The psychological impact of quarantine and how to reduce it: rapid review of the evidence. The Lancet. 2020.
36. Mushtaq R, Shoib S, Shah T, Mushtaq S. Relationship between loneliness, psychiatric disorders and physical health? A review on the psychological aspects of loneliness. Journal of clinical and diagnostic research: JCDR. 2014;8(9):WE01.
37. Gulia KK, Kumar VM. Reverse quarantine in Kerala: managing the 2019 novel coronavirus in a state with a relatively large elderly population. Psychogeriatrics: the Official Journal of the Japanese Psychogeriatric Society. 2020.
38. Palgi Y, Shrira A, Ring L, Bodner E, Avidor S, Bergman Y, et al. The loneliness pandemic: Loneliness and other concomitants of depression, anxiety and their comorbidity during the COVID-19 outbreak. Journal of Affective Disorders. 2020.
39. Cava MA, Fay KE, Beanlands HJ, McCay EA, Wignall R. The experience of quarantine for individuals affected by SARS in Toronto. Public Health Nursing. 2005b;22(5):398-406.
40. Zhang H. The influence of the ongoing COVID-19 pandemic on family violence in China. Journal of family violence. 2020:1-11.
41. Dong H, Yang F, Lu X, Hao W. Internet addiction and related psychological factors among children and adolescents in China during the coronavirus disease 2019 (COVID-19) epidemic. Frontiers in Psychiatry. 2020;11:751.
42. Cauberghe V, Van Wesenbeeck I, De Jans S, Hudders L, Ponnet K. How Adolescents Use Social Media to Cope with Feelings of Loneliness and Anxiety During COVID-19 Lockdown. Cyberpsychology, Behavior, and Social Networking. 2020.
43. Roy D, Tripathy S, Kar SK, Sharma N, Verma SK, Kaushal V. Study of knowledge, attitude, anxiety & perceived mental healthcare need in Indian population during COVID-19 pandemic. Asian Journal of Psychiatry. 2020:102083.
44. Altena E, Baglioni C, Espie CA, Ellis J, Gavriloff D, Holzinger B, et al. Dealing with sleep problems during home confinement due to the COVID-19 outbreak: Practical recommendations from a task force of the European CBT-I Academy. Journal of Sleep Research. 2020:e13052.

45. Trakada A, Nikolaidis PT, Andrade MdS, Puccinelli PJ, Economou N-T, Steiropoulos P, et al. Sleep During "Lockdown" in the COVID-19 Pandemic. *International Journal of Environmental Research and Public Health*. 2020;17(23):9094.
46. Malay DS. COVID-19, Pandemic, and Social Distancing. *The Journal of Foot and Ankle Surgery*. 2020;59(3):447.
47. Huang Y, Zhao N. Generalized anxiety disorder, depressive symptoms and sleep quality during COVID-19 outbreak in China: a web-based cross-sectional survey. *Psychiatry research*. 2020:112954.
48. Hamermesh DS. Life satisfaction, loneliness and togetherness, with an application to Covid-19 lockdowns. *Review of Economics of the Household*. 2020;18(4):983-1000.