



**IMPACT ON WORK LOAD DUE TO COVID-19 INDUCED LOCKDOWN AMONG MARRIED WOMEN OF INDIA**

**Tuba Tanveer, Dr Neha Taneja\*, Dr. Aanchal Anant Awasthi and Dr Rajiv Janardhanan**

Assistant Professor, Amity Institute of Public Health, Amity University, Noida- UP, 201304

**ARTICLE INFO**

**Article History:**

Received 06<sup>th</sup> March, 2020

Received in revised form 14<sup>th</sup>

April, 2020

Accepted 23<sup>rd</sup> May, 2020

Published online 28<sup>th</sup> June, 2020

**Key words:**

COVID-19, Pandemic, Impact, Work load

**A B S T R A C T**

**Background:** COVID19 emerged in Wuhan, China in 2019. This COVID-19 pandemic could have serious consequences on married women.

**Objective:** To assess the impact of workload on married women of Delhi/NCR during COVID-19 enforced Lockdown.

**Methods:** A cross sectional survey was conducted among 267 married women of Delhi-NCR. Information on socio-demographic, personal and lockdown related variables on married women was collected using an online survey. Perceived Stress Scale was used to evaluate the stress level among married women. SPSS Version 25 was used for the analysis.  $p < 0.05$  was considered statistically significant.

**Result:** 62.5% of study participants accepted an increase in the work load during the lockdown period. Assessment of subjects using PSS scale revealed that majority of the study subjects (70.4%) of were moderately stressed, while a small proportion (15%) of the subjects were highly stressed. Stress was significantly associated with increased workload ( $p=0.007$ ). Increase in domestic violence was reported in 15% of the study participants. 27% of the study participants reported an increase in sexual intercourse.

**Conclusion:** The women who experienced increased work load, domestic violence, less help from family in domestic chores, or had no self-time were more vulnerable to stress.

Copyright©2020 **Tuba Tanveer et al.** This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

**INTRODUCTION**

A pneumonia of unknown cause detected in Wuhan, China was first reported to the WHO Country Office in China on 31 December 2019. Soon the outbreak was declared a Public Health Emergency of International Concern on 30 January 2020. (Rolling updates 2019, World Health Organisation). Corona virus disease 2019 (COVID-19) is an acute infectious respiratory disease caused by a newly discovered coronavirus called SARS-CoV-2. Coronaviruses are a large family of viruses that are known to cause illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). The novel corona virus has taken a few months to sweep the globe raising certain questions about its modus operandi that are impossible to fathom as the disease rages. (Rolling updates 2019, World Health Organisation). Coronavirus disease spreads primarily through contact with an infected person when they cough or sneeze. It also spreads when a person touches a surface or an object that has the virus on it, then touches their eyes, nose, or mouth. Most infected people will develop mild to moderate symptoms.

Most common symptoms include fever and dry cough, as well as fatigue. Serious symptoms may range from respiratory failure to multi-organ dysfunction. Most severe illness occurs in adults 65 years and older and people of any age with serious underlying comorbid risk factors (Centres for Disease Control and Prevention, COVID-19).

Reports that health systems in Wuhan were overwhelmed, and that many cases of coronavirus disease 2019 (COVID-19) were not being counted, made China the epicentre of this outbreak (Rene Niehus *et al*, 2020).

No specific medicine has been identified or invented for the treatment of the disease COVID-19 because of mutation in strain CoV-19 (Paital B *et al*, 2020). Noticing the virulence of this virus several preventive measures have been taken at a global level to protect the human race. The virus is being controlled from spreading worldwide through the strategy of social distancing (Singh R *et al*, 2020).

Social distancing measures for patients with respiratory infections or symptoms show evidence of effectiveness in controlling the spread of respiratory disease epidemics and, therefore, should be used as a way to reduce the spread of the epidemic (Alexandre Figueiredo *et al*, 2020)

As already discussed above with the significant demographic spread of this pandemic many countries including India have

\*Corresponding author: **Dr Neha Taneja**

Assistant Professor, Amity Institute of Public Health, Amity University, Noida- UP, 201304

taken some strict measures to control its menace. Implementation of Lockdown being one of the most major steps taken in this regard. Compliance with measures such as quarantine is low among the citizens (Hye-Jin Paek *et al*, 2008).

Lockdown has affected every individual's life and everyone irrespective of their gender, race and age are facing inordinate challenges during this critical time. However pieces of evidence from history reveals that Pandemics treat men and women differently (Helen Lewis *et al*, 2020). Unfortunately, these domestic engineers who we call housewives are often neglected. Under the umbrella of women empowerment there are still certain issues still left untouched. One being this unfair treatment to women during pandemics. This pandemic could have some serious repercussions on women especially the ones who are married. This Lockdown will surely not treat both the gender with equality. Across the world, women's independence will be a silent victim of the pandemic. At the same time, school closures and household isolation are impacting women not just physically but also psychologically as workload would have increased manifold (Helen Lewis *et al*, 2020). According to UNESCO, 300 million children are missing school globally due to the current virus outbreak, increasing the responsibilities of women (Swarnima Bhattacharya *et al*, 2020).

Covid-19 has clearly shown that our Public Health infrastructure must be fortified, and this time, women's mental health urgently needs to be a priority. Covid-19 has affected women much more profoundly, even though the Chinese Centre for Disease Control and Prevention (CCDC) found that the fatality rate for men at 2.8% was higher than women's at 1.7%.

Lockdowns and self-quarantine measures across the world have increased women's workload as more people are home-bound for a continued period of time and caregiving tasks have increased. Already vulnerable due to huge physical transitions, unexpected health issues and discomfort, a lack of domestic and emotional support can have long term consequences on their mental health (Swarnima Bhattacharya *et al*, 2020).

Given the concerns about the increasing spread of COVID-19, it is imperative that infection control and safety precautions be followed (Chen P *et al*, 2020). But staying in quarantine for prolonged duration is expected to have a statutory impact on the behaviour and lifestyles of women. This formed the premise of our study to assess the impact on Work load due to COVID-19 enforced lockdown among Married women of India.

## Method

### Study design and study population

A web based cross sectional survey was conducted among 267 married women of India, from 13<sup>th</sup> April, 2020 to 3<sup>rd</sup> May, 2020. As it was not feasible to do a community-based national sampling survey during the lockdown period, we decided to collect data online.

An online questionnaire was administered via social networks and all the possible networks to contact potential participants. The link to the Google form was sent to the study participants which contained a brief introduction, objective, voluntary nature of participation, declarations of anonymity and confidentiality. The study protocol and procedures of informed

consent before the formal survey was done. The participants had to confirm their willingness to participate voluntarily.

### Inclusion and exclusion criteria

Inclusion criteria: Married women between age 19-60 years residing in India who gave their consent to participate in the study.

Exclusion criteria: Unmarried women.

### Study Tool

A self-structured, pre-tested questionnaire was used to collect information on socio demographic and COVID19 enforced lockdown related variables. Perceived Stress Scale (PSS-10), a classic stress assessment instrument was used to analyse the level of stress among the married women. The 10 questions in the scale assessed the study subjects about their feelings and thoughts that provided a valuable insight on the degree to which respondents find their current life situation unpredictable, uncontrollable and stressful. The responses of the study subjects were graded on a Likert scale (0 = never, 1 = almost never, 2 = sometimes, 3 = fairly often, 4 = very often). The higher score of the study subjects was indicative stress levels perceived by the respondents. The Likert scale evaluates various psychosocial parameters such as depression, anxiety, and perception of poor health, and decreased satisfaction with self, with job and life in general<sup>23,24,25</sup>. Individual scores on the PSS can range from 0 to 40 with higher scores indicating higher levels of perceived stress.

- ✓ Scores ranging from 0-13 would be considered low stress.
- ✓ Scores ranging from 14-26 would be considered moderate stress.
- ✓ Scores ranging from 27-40 would be considered high perceived stress.

### Statistical analysis

Data analysis was done using Statistical Package of Social Sciences (SPSS) software Version 25. The categorical data is presented as percentages and the continuous data is presented as mean  $\pm$  standard deviation analysed through descriptive statistics. The chi-squared test was also applied to find out the association between different variables considering the significance level of  $p < 0.05$ .

## RESULT

267 Participants were included in the study. Non response rate was 15%. Socio-demographic characteristics of the study participants are represented in Table 1. Majority females (27.3%) belonged to 42-61 year of age group. 43.4% were homemakers, 37.8% were smokers and 43.4% consumed alcohol. It was noticed that 70.4% of the study subjects were living in nuclear families and suffered from one or the other health issues like Diabetes mellitus (10.1%), Thyroid dysfunction (10.1%).

**Table 1** Socio-Demographic Characteristics of Study Participants (N=267)

Variable	Number (n)	Percentage (%)
Age (in years)		
0-27	62	23.2
28-34	71	26.6
35-41	61	22.8
42-61	73	27.3
Occupation		
Govt Employee	42	15.7
Homemaker	116	43.4
Private	109	40.8
Family		
Joint	79	29.6
Nuclear	188	70.4
Have you ever Smoked?		
No	166	62.2
Yes	101	37.8
Have you ever consumed alcohol		
No	149	55.8
Yes	116	43.4
Select if you suffer from any health Condition.		
Diabetes Mellitus	29	10.9
Thyroid Dysfunction	27	10.1
Others	131	49.06
None of the above	79	29.6

Figure 1 highlights the most crucial outcome drawn from this study indicating COVID-19 induced lockdown led to an increase in workload among 62.5% of the study participants. Table 2 describes the pragmatic aspect noted in the study where 73.4% of women were helped in the domestic chores. These women received help from either their husband (34.1%) or children (20.2%) or both (31.8%). 35.6% of women missed their domestic help sometimes where as 25.5% missed them all the time.. 51.3% women were able to find self-time and only 36.7% got time to pursue their hobby. Different ways for managing groceries was noticed like getting from stores (41.6%), buying online (27.7%) and some stocked at home (30.7%). The family relations improved in more than half of the population 52.4%. 47.6% of study participants reported improvement in relationship with their spouses. 12% of women reported deterioration in their relationship with their spouse. 39.7% of the study population worked from home and 27% found it difficult to manage work from home.

**Table 2** Distribution of Lockdown related variable among study participants

Variable	Number (n)	Percentage (%)
Are you receiving help from family members?		
No	71	26.6
Yes	196	73.4
If yes, who's helping you?		
Husband	91	34.1
Children	54	20.2
Both	85	31.8
How much you miss your domestic help?		
All the time	68	25.5
Little	32	12.0
Not at all	72	27.0
Sometimes	95	35.6
Are you getting self-time?		
No	130	48.7

Yes	137	51.3
No	169	63.3
Yes	98	36.7
How are you managing groceries?		
Buying from store	111	41.6
Buying online	74	27.7
Stalk at home	82	30.7
How has the lockdown affected your relation with your family?		
Decreased	26	9.7
Improved	140	52.4
No effect at all	101	37.8
How has the lockdown affected your relation with your husband?		
Decreased	32	12.0
Improved	127	47.6
No effect at all	108	40.4
Are you working from home?		
No	161	60.3
Yes	106	39.7
How do you rate yourself in managing work from home?		
Difficult	72	27.0
Easy	11	4.1
Same	22	8.2
When will the Lockdown end in your opinion?		
1 month	81	30.3
15 days	42	15.7
15-30 days	72	27.0
More than 2 months	69	25.8
Is the duration of Lockdown causing stress to you?		
Yes	112	41.9
No	77	28.8
Maybe	74	27.7

Figure 2 shown below clearly indicates the level of domestic violence in the the household. There was no violence reported in 73%, whereas it increased in 15% of study participants.

Figure 3 shows swaying in the frequency of sexual intercourse in the couples under the leverage of this pandemic. 43.1% reported no change in the frequency, 27% showed an increase, and 30% decrease.

Table 3 shows prevalence of certain physical, psychological and emotional issues in the participants.

**Table 3** Most common Complaints during lockdown

Complaint	Decreased	Increased	No effect
Fatigue	50(18.7%)	128(47.9%)	89(33.3%)
Gastritis	52(19.5%)	98(36.7%)	117(43.8%)
Gaining Weight	48(18%)	124(46.4%)	95(35.6%)
Joint Stiffness	44(16.5%)	118(44.2%)	105(39.3%)
Menstrual Disorder	32(12%)	72(27%)	163(61%)
Stress	42(15.7%)	131(49.1%)	94(35.2%)

Figure 4 indicating the results found on the basis of the evaluation by PSS in this study showing the highest prevalence of moderately stressed women accounting to 70.4% followed by high (15%) and low stressed women (14.6%). The PSS scale used to evaluate the level of stress reported the least score to be 3 and highest 33.

Table 4 Describes the association of work load with different socio demographic variables and with COVID-19 induced lockdown variables. Age group 28-34 years shows the highest increase in work load (n=49,69%) followed by age groups 35-41 (n=42,68.9%) and 42-61 (n=42,57.5%). Highest level of work load was seen in women working in the private sector

(n=72,43.1%). Women living with nuclear families were found to be more loaded with work (n=118, 70.7%) than the ones living in joint families (n=49, 29.3%). Non-smokers also reported an increase (n=62.3%, 104) in the work load than among the smokers (n=63,37.7%). These associations however were not statistically significant. It was seen that alcohol consumption habit was significantly associated with the work load on women (p=0.008.)

**Table 4** Bivariate analysis of Association of work load with socio demographic variables

Variable	Effect on work load			p value
	Decreased	Increased	No effect	
Age				.390
0-27	11 (17.7%)	34 (54.8%)	17(27.4%)	
28-34	10 (14.1%)	49 (69%)	12 (16.9%)	
35-41	11 (18%)	42 (68.9%)	8 (13.1%)	
42-61	13 (17.8%)	42 (57.5%)	18 (24.7%)	
Occupation				.126
Govt Employee	12(26.7%)	25(15%)	5 (9.1%)	
Homemaker	20(44.4%)	70(41.9%)	26(47.3%)	
Private	13(28.9%)	72(43.1%)	24(43.6%)	
Family				.970
Joint	14 (31.1%)	49 (29.3%)	16(29.1%)	
Nuclear	31 (68.9%)	118 (70.7%)	39 (70.9%)	
Have you ever smoked?				.733
No	26(57.8%)	104 (62.3%)	36 (65.5%)	
Yes	19(42.2%)	63(37.7%)	19 (34.3%)	
Have you ever consumed alcohol?				.008
No	30(66.7%)	90 (53.9%)	29 (52.7%)	
Yes	13 (28.9%)	77(46.1%)	26 (47.3%)	

Table 5 Depicts the bivariate analysis of association of work load with Lockdown related variables. Women missing their domestic help all the time (n=52,13.1%) and sometimes (n=67.40.1%) showed increase in the work load in comparison to who missed little (n=20,12%) or not at all (n=28,16.8%) and this was statistically significant as well (p<0.001). Women who did not get time to pursue their hobby showed increase work load (n=117, 70.1%) than the ones who got time (n=50, 29.9%) and this association was statistically significant (p=.012). Work Load was seen directly proportional to the level of stress in the women during the lockdown. Women buying groceries from stores complained of increase work load (n=76, 45.5%) in comparison to the ones getting online (n=41,24.6%) and keeping a stock at home (n=50,29.9%) and this association was also statistically significant (p=0.009). Women working from home reported an increase in work load (n=60, 35.9%), Off which 27.5% of the study subjects (n=46) found it difficult in managing it from home and this was statistically significant (p=0.04). As per the PSS scale evaluation women in all the three categories mild (n=27, 69.2%), moderate (n=113, 60.1%), high (n=27, 67.5%) reported increase in work load however this association was not statistically significant.

**Table 5** Bivariate Analysis of Association of work load with Lockdown related variables

Variable	Effect on work load			p value
	Decreased	Increased	No effect	
Are you Receiving help from family members?				.089
No	14 (31.1%)	37 (22.2%)	20 (36.4%)	
Yes	31 (68.9%)	130 (77.8%)	35 (63.6%)	

If yes, who helps?				.027
Husband	12 (26.7%)	56 (33.5%)	23 (41.8%)	
Children	16 (35.6%)	32 (19.2%)	6 (10.9%)	
Both	15 (33.3%)	55 (32.9%)	15 (27.3%)	
How much you miss your domestic help?				<.01
All the time	6 (13.3%)	52 (13.1%)	10 (18.2%)	
Little	5 (11.1%)	20 (12%)	7 (12.7%)	
Not at all	23(51.1%)	28 (16.8%)	21(38.2%)	
Sometimes	11(24.4%)	67 (40.1%)	17 (30.9%)	
Are you getting self-time?				.692
No	23(51.1%)	83 (49.7%)	24 (43.6%)	
Yes	22 (48.9%)	84 (50.3%)	31 (56.4%)	
Are you able to pursue your hobby?				.012
No	24 (53.3%)	117 (70.1%)	28 (50.9%)	
Yes	21 (46.7%)	50 (29.9%)	27 (49.1%)	
How are you managing groceries?				.009
Buying from store	8 (17.8%)	76 (45.5%)	27 (49.1%)	
Buying online	19 (42.2%)	41 (24.6%)	14 (25.5%)	
Stalk at home	18 (40%)	50 (29.9%)	14 (25.5%)	
How has the lockdown affected your relation with your family?				.144
Decreased	6 (13.3%)	18 (10.8%)	2 (3.6%)	
Improved	25 (55.6%)	90 (53.9%)	25 (45.5%)	
No effect at all	14 (31.1%)	59 (35.3%)	28 (50.9%)	
How has the lockdown affected your relation with your husband?				.060
Decreased	11(24.4%)	15 (9%)	6 (10.9%)	
Improved	21 (46.7%)	81 (48.5%)	25 (45.5%)	
No effect at all	13 (28.9%)	71 (42.5%)	24 (43.6%)	
Are you working from home?				.170
No	22 (48.9%)	107(64.1%)	32 (58.2%)	
Yes	23 (51.1%)	60 (35.9%)	23 (41.8%)	
How do rate yourself in managing work from home?				.040
Difficult	15 (33.3%)	46 (27.5%)	11 (20%)	
Easy	4 (8.9%)	4 (2.4%)	3 (5.5%)	
Same	4 (8.9%)	9 (5.4%)	9 (16.4%)	
When will the Lockdown end in your opinion?				.138
1 month	9 (20%)	55 (32.9%)	17(30.9%)	
15 days	9 (20%)	26 (15.6%)	7 (12.7%)	
15-30 days	20(44.4%)	37(22.2%)	15 (27.3%)	
More than 2 months	7 (15.6%)	47 (28.1%)	15 (27.3%)	
Is the duration of Lockdown causing stress to you?				.007
Yes	22 (48.9%)	72 (43.1%)	18 (32.7%)	
No	20 (44.4%)	38 (22.8%)	19 (34.5%)	
Maybe	3 (6.7%)	54 (32.3%)	17 (30.9%)	
PSS level of stress				.446
MILD	4(10.3%)	27(69.2%)	8(20.5%)	
MODERATE	37(19.7%)	113(60.1%)	38(20.2%)	
HIGH	4(10%)	27(67.5%)	9(22.5%)	

## DISCUSSION

The world has always been biased and opinionated on the issue of gender equality. Unfortunately, in 21<sup>st</sup> century too, women are still considered to be inferior than men. The trends observed in current COVID-19 pandemic are

unfortunately not deviant from the expected outcome with respect to treatment of women. Data from the Organisation for Economic Cooperation and Development (OECD) conclusively showed that Indian women do nearly six hours of unpaid care work each day. Indian men, on the other hand, spend less than an hour on an average doing the same. Globally, women perform 76.2% of total hours of unpaid care work (Swarnima Bhattacharya *et al*, 2020). To the best of our knowledge there are no studies aimed at understanding the impact of COVID-19 enforced lockdown among married women across the Indian sub-continent. Therefore, our study was a pioneering endeavour to explore the lives of women during this period of COVID-19 Pandemic.

According to the British government's figures, 40 percent of employed women work part-time, compared with only 13 percent of men. In heterosexual relationships, women are more likely to be the lower earners, meaning their jobs are considered a lower priority when disruptions come along. And this particular disruption could last months, rather than weeks (Helen Lewis *et al*, 2020). This eventually might lead to not only poor relation between couples but also stress and anxiety. The same fact has been highlighted in our study where women who reported stress have experienced increased work load.

Our study gives clear evidence of miscellaneous complaints reported by women like fatigue, gastritis, Joint Stiffness, Menstrual Disorder, feeling of sadness and emptiness, lack of motivation. Peter Beech opined on similar lines in The Economic Forum of the UN Population Fund that the COVID-19 pandemic could have serious consequences for women's health (Peter Beech *et al*, 2020).

Evaluation of stress by PSS in our study depicts the highest prevalence of moderately stressed women accounting to 70.4% followed by high (15%) and low stressed women (14.6%). Similar findings were seen in a knowledge, attitude, and practice study towards SARS pandemic by Abdulbari Bener (Abdulbari Bener *et al*, 2004). It reveals that the psychological impacts of anxiety and fear were common among the subjects who participated in this study.

An increment in the stress levels was seen in working women as they found it difficult to manage domestic and professional work simultaneously. However, the homemakers were less effected with the increased work load due to COVID-19 enforced lockdown. As Professor Andreas Rauch from the University of Sydney quipped "We weren't surprised that adults who stopped working reported worse mental and physical health conditions as well as distress. Work can provide people with a sense of purpose and routine, which is particularly important during this global pandemic." (First study on the health conditions of adults one month into COVID-19 lockdown, University of Sydney)

Jonathan Chadwick deduced from his studies that significant increase in job satisfaction is seen in workers on working from home in the midst of this pandemic (Jonathan Chadwick *et al*, 2020). The team surveyed 253 hospitality workers and assessed their online friendships on Facebook with their co-workers and attitudes towards their jobs. They found that social networking sites strengthen relationships between colleagues because they break down workplace

formalities and blur the boundaries of work and social life. In contrast, observations from our study reveal that 72% of the study subjects faced difficulty while working from home. According to an article published in Time magazine, female study participants said that COVID-19 (the disease caused by the new coronavirus) enforced lockdown has trapped them in their homes with their abusers, isolated from the people and the resources that could be of help to them. (Helen Lewis *et al*, 2020; Mellisa Godin *et al*, 2020). Results obtained from our study also corroborate the above-mentioned findings with respect to an increase in the domestic violence among 15% of the women during lockdown period. This is one of the adverse effects of the COVID-19 enforced lockdown where the women were isolated with their abusive spouses for prolonged periods of time making them vulnerable to episodes of violence by their male partners. Data obtained from our study indicates multiple factors to be associated with the increased burden of work load among women during COVID-19 enforced lockdown suggesting that there is a need to conduct more studies to explore how such situations impact the emotional and psychological well-being of women so as to provide policy makers evidence to frame policies leading to empowerment of women even at times of such emergencies. All the aspects should be kept in mind to reinforce the necessity of keeping women in front and centre of mental health policy.

## **CONCLUSION**

We can conclude that the women who experienced increased work load, domestic violence, with limited help from family in domestic chores, or had no self-time were more vulnerable to stress and feeling of sadness and emptiness. Relationship with the family and husbands significantly improved where they were helped by their family members. Moderately stressed women showed the highest prevalence with 70.4% as analysed with the help of PSS tool.

We all need to come forward in our community to bridge this gap of inequality by making men understand that their contributions in domestic chores with women will not turn them an inferior gender in the society. Innovative measures should be adopted to create awareness for improving their emotional and psychological well-being, which in turn is directly correlated with better health outcomes. Through education, love and empowerment we seek to create a society equal in its norms of gender and appreciative of differences. A community built on compassion and hope will definitely see the world transform into a society with no malice or gender bias against women.

### ***Strength***

This is one of the pioneering studies in India focusing upon the impact of a lockdown on the emotional and psychological well-being of women who are married. This study could provide useful insights in framing policies to handle such emergencies in future.

### ***Limitations***

The study could be conducted on a large sample size but sample collected was small due to online survey. Limited availability of literature was another challenge to combat the issue. More and more research is required at a global level.

**Conflict of Interest**

The authors mentioned in the manuscript certify that they have NO affiliations with or involvement in any organization or entity with any financial interest (such as honoraria; educational grants; participation in speakers’ bureaus; membership, employment, consultancies, stock ownership, or other equity interest; and expert testimony or patent-licensing arrangements), or non-financial interest (such as personal or professional relationships, affiliations, knowledge or beliefs) in the subject matter or materials discussed in this manuscript.

**Acknowledgment**

We are really thankful to all the study participants for contributing in this research study.

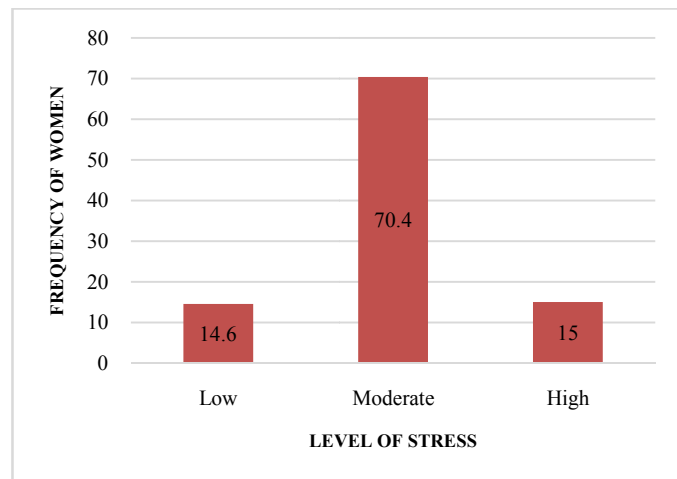


Figure 4 Level of stress analysed by PSS scale of evaluation

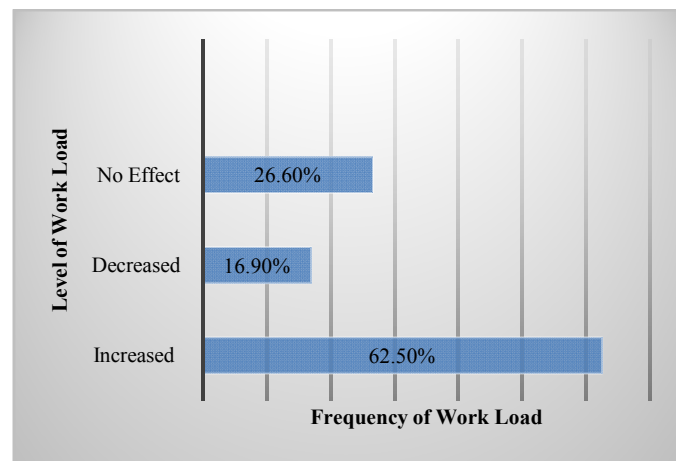


Figure 1 Level of Work Load among Married women

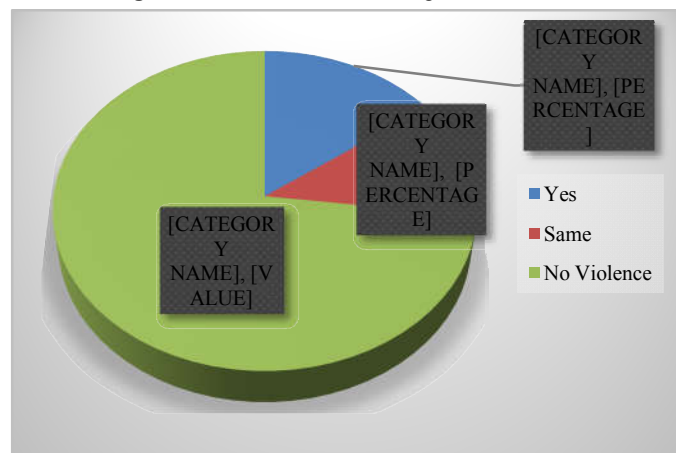


Figure 2 Level of Domestic Violence among married women.

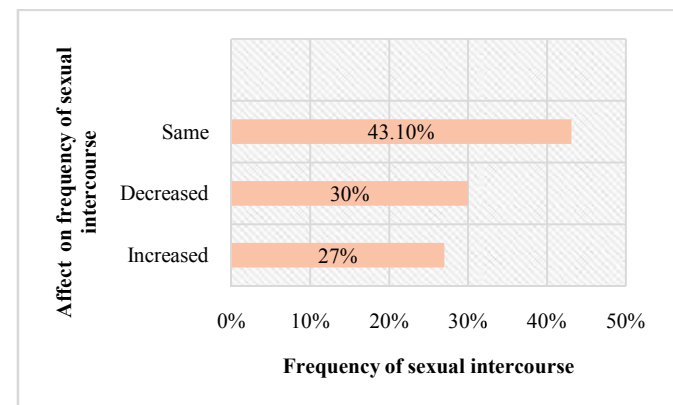


Figure 3 Affect on the frequency of sexual intercourse during lockdown

**References**

Abdulbari Bener, Abdullatifal Khal, Knowledge, attitude and practice towards SARS, The Journal of The Royal Society for the Promotion of Health. July 2004 Vol 124 No 4 <https://doi.org/10.1177/146642400412400408>.

Alexandre Figueiredo, Antonio Daponte Codina, Daniela Cristina Moreira Marculino de Figueiredo, Marc Saez, Andrés Cabrera León, Impact of lockdown on COVID-19 incidence and mortality in China: an interrupted time series study, Bull World Health Organisation, 6 April 2020, <http://dx.doi.org/10.2471/BLT.20.2567>

Ali Ezzati, Julie Jiang, Mindy J. Katz, Martin J. Sliwinski, Molly E. Zimmerman, Richard B. Lipton, Validation of the Perceived Stress Scale in a community sample of older adults, International Journal of Geriatric Psychiatry, Volume 29, Issue 6 June 2014, Pages 645-652, <https://doi.org/10.1002/gps.4049>.

Chen P, Mao L, Nassis GP, Harmer P, Ainsworth BE, Li F. Wuhan coronavirus (2019-nCoV): The need to maintain regular physical activity while taking precautions. J Sport Heal Sci [Internet]. 2020;9(2):103-4, <https://doi.org/10.1016/j.jshs.2020.02.001>

Cohen S, Williamson G: Perceived stress in a probability sample of the United States. The Social Psychology of Health. Edited by: Spacapam S, Oskamp S. 1988, Sage Publications Newbury Park: CA

Helen Lewis, The Coronavirus Is a Disaster for Feminism, The Atlantic, March 19, 2020, <https://www.theatlantic.com/international/archive/2020/03/feminism-womens-rights-coronavirus-covid19/608302/>

Hye-Jin Paek, Karen Hilyard, Vicki S. Freimuth, J. Kevin Barge, Michele Mindlin, Public Support for Government Actions During a Flu Pandemic: Lessons Learned From a Statewide Survey, Health Promotion Practice / October 2008. <https://www.ncbi.nlm.nih.gov/pubmed/18936261>

Jonathan Chadwick, Working from home amid coronavirus pandemic could lead to increased job satisfaction 'as colleagues develop strong online friendships, Journal, March 2020, <https://www.dailymail.co.uk/sciencetech/article-8171269/Remote-working-coronavirus-lockdown-create-job-satisfaction.html>

- Mellisa Godin, As Cities Around the World Go on Lockdown, Victims of Domestic Violence Look for a Way Out, Time, 2020, <https://time.com/5803887/coronavirus-domestic-violence-victims/>
- Monique Chaaya, Hibah Osman, Georges Naassan & Ziyad Mahfoud, Validation of the Arabic version of the Cohen perceived stress scale (PSS-10) among pregnant and postpartum women, BMC Psychiatry volume 10, Article number: 111 (2010), <https://bmcp psychiatry.biomedcentral.com/articles/10.1186/1471-244X-10-111>
- Paital B, Das K, Kumar S. Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID- 19 . The COVID-19 resource centre is hosted on Elsevier Connect , the company ' s public news and information . 2020;(January).
- Peter Beech, The COVID-19 pandemic could have huge knock-on effects on women's health, says the UN, The Economic Forum, April 2, 2020, <https://www.weforum.org/agenda/2020/04/covid-19-coronavirus-pandemic-hit-women-harder-than-men/>
- Rene Niehus, Pablo M De Salazar, Aimee R Taylor, Marc Lipsitch, Using observational data to quantify bias of traveller-derived COVID-19 prevalence estimates in Wuhan, China, Lancet Infect Dis 2020, [https://doi.org/10.1016/S1473-3099\(20\)30229-2](https://doi.org/10.1016/S1473-3099(20)30229-2)
- Roberti J, Harrington L, Storch E: Further psychometric support for the 10-Item version of the perceived stress scale. Journal of University Counselling. 2006, 9: 135-147.
- Rodrigo Siqueira Reis, Adriano Akira Ferreira Hino, Ciro Romélio Rodriguez Añez, Perceived Stress Scale: Reliability and Validity Study in Brazil, Sage Journals, 2010, <https://journals.sagepub.com/doi/abs/10.1177/1359105309346343>
- Saman Maroufizadeh, Fatemeh Foroudifard, Behnaz Navid Zahra Ezabadi, Bentolhoda Sobati, Reza Omani-Samani, The Perceived Stress Scale (PSS-10) in women experiencing infertility: A reliability and validity study, Middle East Fertility Society Journal, Volume 23, Issue 4, December 2018, Pages 456-459, <https://doi.org/10.1016/j.mefs.2018.02.003>
- Singh R, Adhikari R. Age-structured impact of social distancing on the COVID-19 epidemic in India. 2020;(March), <http://arxiv.org/abs/2003.12055>
- Swarnima Bhattacharya, What Covid-19 teaches us about women's mental health The times of India, <https://timesofindia.indiatimes.com/blogs/uterus-diaries/what-covid-19-teaches-us-about-womens-mental-health/>
- University of Sydney, First study on the health conditions of adults one month into COVID-19 lockdown, Psychiatry Research Volume 288, June 2020, 112958, <https://www.sciencedaily.com/releases/2020/04/200408102137.htm>

**How to cite this article:**

Tuba Tanveer *et al* (2020) 'Impact on Work Load Due to Covid-19 Induced Lockdown Among Married Women of India', *International Journal of Current Advanced Research*, 09(06), pp. 22575-22581.  
DOI: <http://dx.doi.org/10.24327/ijcar.2020.22581.4459>

\*\*\*\*\*