



Lived Experiences of Home Quarantine During the Coronavirus Pandemic in the Women Residing in Tehran, Iran

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Abstract

The present study aimed to describe the lived experiences of women regarding the home quarantine during the coronavirus pandemic. A qualitative study was conducted on 12 women residing in Tehran, Iran who were selected via purposive sampling. Data were collected via semi-structured interviews and analyzed by thematic content analysis. The obtained results indicated seven dimensions regarding the quarantine period from the perspective of threat and opportunity, including family (keeping the family foundation intact, incapability in controlling problems), individual (performance-based pleasure, performance-based numbness), spiritual (resorting to God, impatience), and health-related aspects (observation, indifference). Each dimension was divided into various subcategories. Our findings indicated that proper actions must be taken by all walks of life and authorities to enhance the physical and mental health of the community during this critical period.

Keywords: Home Quarantine, Coronavirus, COVID-19, Lived Experience, Women

1. Background

Coronaviruses are a large family of disease-causing viruses in humans and possibly animals. In humans, several types of viruses lead to respiratory infections, such as the flu and more severe diseases, including Middle East respiratory syndrome (MERS), and severe acute respiratory syndrome (SARS). COVID-19 is an infectious disease, which has recently become a pandemic worldwide. Before the spread of the disease in Wuhan (China) in December 2019, no sign of the disease had been recognized. Although scientists are endeavoring to find a cure for the disease, public health strategies have been constantly implemented in every country to control the spread of the disease due to the unavailability of specific treatment options (1). As the COVID-19 pandemic is continuously spreading across the world, numerous protective actions have been taken by authorities in various fields, such as the termination of school and university activities, cultural, sports, social, and religious activities, and placing a travel ban (2).

The available scientific evidence regarding contagious diseases (especially COVID-19) attests to the importance of the control and prevention of the disease spread, particularly before finding definitive treatment methods and pro-

duction of an effective vaccine. One of the most important mechanisms in this regard involves cutting the disease transmission chain through the isolation of patients and quarantine/confinement for vulnerable individuals. Through these mechanisms and postponing the disease transmission, new cases of the infection could be delayed in order for the required facilities and information to be provided to the community transparently. Furthermore, the capability of the health system could be improved, and proper medications and vaccines could be produced (3).

Quarantine was the primary mechanism used by most governments to fight the disease despite the knowledge that it could damage the community in terms of the economy, social activities, families, and even mental health. Staying at home and the disruption of the daily life and the subsequent reduction of contact (natural/social) with others mostly lead to boredom and frustration, as well as feeling isolated from the outside world. Naturally, this is an unpleasant experience for those confined by the quarantine (4-6), and the frustration will be intensified due to routine activities such as making basic and everyday purchases (7) and limited participation in social networks via phone or the internet (8).

Dispersed psychological studies have evaluated the

consequences of quarantine, including confusion (8), fear (9, 10), anger (11), feeling guilty (12), numbness (13), and insomnia (14, 15). According to the literature, people have fears regarding their own health or the transmission of the disease to others (16), and most of those who are not quarantined have a fear of disease transmission to their families (9).

Only few studies have been focused on the psychological damages of the coronavirus spread and the issues caused by home quarantine.

2. Objectives

The present study aimed to shed light on the hidden aspects of the issue meticulously. Notably, most of the studies in this regard have described the threats associated with the disease, and a more general and comprehensive view is required in this regard. During this period, women's activity should be evaluated so that possible opportunities and threats would be clarified.

3. Methods

This study is a qualitative approach and phenomenological method. In order to describe the lived experiences of the women in Tehran and determine whether quarantine has been a threat or an opportunity, phenomenology was applied based on multiple qualitative approaches. To this end, 12 women residing in Tehran were initially interviewed. Sample size was determined through theoretical saturation, and the participants were selected via purposive sampling. The most important criterion in purposive sampling is the selection of an individual who is capable of providing the required information adequately in responding to the research questions.

In 2020, the researcher interviewed some women residing in Tehran via phone and video calls since face-to-face interviews were not possible. The inclusion criteria of the study were having the minimum marriage duration of five years, having at least one child, and voluntarily participation in the research. The exclusion criteria were the women not completing the research process and not meeting the inclusion criteria becoming apparent through the research process. Data were collected via semi-structured interviews, which were recorded using a voice recorder by the researcher. The interview questions were designed by the researcher in a semi-structured format, and the interviews were performed after confirming the face validity of the questions. The main interview questions were as follows: What have been you been doing during the quarantine? How has time passed for you during the quarantine period? How you have behaved toward

your spouse and children during this period? What have been the advantages and disadvantages of the quarantine period for you and your family? The interviews also contained some follow-up questions for clarity. Various questions were asked considering the diversity of the problems stated by the participants. To assess and verify the validity and reliability of the data, the evaluation method of the participants and external viewer were applied. Data were changed into the written form, and the texts were sent to the interviewees to obtain their confirmation. Furthermore, the external viewer was employed to supervise all the stages of the study from the interviews to the coding processes. Data collection and analysis were also reviewed and confirmed. To analyze the qualitative data, thematic analysis was used as a highly efficient analytical method of qualitative data, especially in phenomenological studies. In thematic analysis, units of meaning are the keywords or analytical hierarchies that are extracted from the lived experiences or narrations of participants. Thematic analysis has various stages to be followed by every researcher, so that the hidden and obvious content of the studied text would become clear, and the goals set by the research would be met. Accordingly, the entire interviews in the current research were reviewed several times, followed by initial text analysis. The units of meaning in the research were sentences since every sentence related to the subject would be underlined and efforts would be made toward the sentences bearing meaning to be converted into words or phrases, so that a special concept would be extracted. In a research, some concepts could form the main categories or themes. Data classification was carried out at the next stage, and each concept was repeated and considered as a subset of a main theme. In a research, several hundreds of concepts could be extracted, while there are fewer and more general categories compared to concepts. In the current research, each interview was evaluated separately, and the information was formed into an independent unit.

4. Results

Table 1 shows the general specifications of the participants. The mean age of the female and male subjects was 36.75 and 40.58 years, respectively. The mean duration of the interviews was 48.5 minutes, and the mean number of children was 1.6. The mean duration of marriage in the subjects was 12.5 years. In terms of education level, four participants had a high school diploma (and below), two subjects had an associate degree, two had a bachelor's degree, three had a master's degree, and one subject had a doctoral degree.

The categories obtained from the interviews were classified into four dimensions of family, individual, spiritual,

Table 1. General Specifications of Participants

Code	Education	Age	Years of Married Life	Number of Children	Interview Duration (minutes)
1	Master of Science	31	7	1	42
2	Sub-Diploma	51	32	3	29
3	Sub-Diploma	51	35	3	40
4	Diploma	55	35	2	55
5	Bachelor	42	17	2	52
6	Diploma	32	11	2	57
7	Bachelor	42	20	3	40
8	Master of Science	39	11	2	30
9	Phd	38	18	2	42
10	Diploma	36	14	1	45
11	Master of Science	44	30	2	50
12	Diploma	31	9	1	40

and health. The experiences of the interviewees were also categorized as threats and opportunities. Finally, the sub-categories were also extracted. Table 2 shows these findings.

4.1. Family Dimension

This dimension encompassed family-related issues, such as the relationship with the spouse and children.

4.1.1. Opportunity: Maintaining the Family Foundation

Some of the extracted subcategories in this regard were joint activities (playing with children, reading books, group entertainment activities, Jihadi and cultural activities), crisis control, more frequent sexual intercourse, tranquilizing family members, cooperation and sympathy, more understanding of parenting, becoming aware of marital responsibilities, learning skills, more friendship among children, talking more, making each other happy, life planning, less marginal discussions, acceptance of issues, unity against the enemy outside, being happy with togetherness, reminiscence, and spending time with each other.

4.1.2. Threat: Incapability in Controlling Problems

The main subcategories in this regard included couple quarrels, arguments with children, creating and spreading anxiety to the family members, sadness about separation from the main family members, spending more time in the cyberspace, increased pressures and activities, concerns about children’s education, cancellation of travel, concerns about the future, and concerns about the sickness of the family members.

4.2. Individual Dimension

The dimension of individual problems was focused on each individual and their time management during home quarantine.

4.2.1. Opportunity: Performance-Based Pleasure

Some of the extracted subcategories in this dimensions included the completion of unfinished businesses, physical exercise, learning new arts and crafts, watching movies and series, thinking and in-depth reviews of the issue, creating diversity, gardening, experiencing, learning lessons, practicing patience, coming to terms with the conditions, using different approaches to repeated tasks, improving creativity, and earning money from home activities.

4.2.2. Threat: Performance-Based Numbness

The subcategories related to this dimensions were the lack of motivation, numbness, incapability in routine activities, physical inactivity and obesity, lack of a bedtime schedule, dissatisfaction with the physical status, anxiety, anger, concerns about sickness, and dailiness.

4.3. Spiritual Dimension

This dimension was mainly focused on the review of spirituality in the participants and subcategorized as resorting to God and Imams (opportunity) and impatience (threat).

4.3.1. Opportunity: Resorting to God and Imams

The subcategories in this dimensions were praying and reading Quran, fervent prayer to God, sympathy with the poor, helping organizations in sanitizing passages, Jihadi

Table 2. Research Findings

Dimensions	Main categories	Subcategories	Phrase
Family			
Opportunity	Maintaining family foundation	Doing joint activities (playing with kids, reading book, group entertainment, jihadi and cultural activities), crisis control, more sexual intercourse, tranquilizing family members, cooperation and sympathy, understanding more sense of parenting, becoming aware of marital responsibilities, learning skills, more friendship among children, more talks, making each other happy, life planning, reduction of marginal discussions, being happy of being together, talking about memories, spending time together	Their father was trying to play with them and I was not so picky on them to prevent them from becoming angry (code 5), Every year during Eid it was either me or my husband going to hospital; but, this year this did not happened as no pressure on behalf of families was on us. This was a great opportunity to plan for future of children and ourselves (code 6)
Threat	Incapability in controlling problems	Arguments between couples and between them and children, creation of anxiety and its spread to the family members, being sad about separation from main family members, spending more time in cyberspace, increase of pressure and activities, being concerned about children's' education, cancelling travel arrangements, being concerned about family members becoming sick	Always I have been anxious about one of us becoming sick. So, I was always reminding them of the subject and shouting at them (code 2), I spent time in cyberspace to the extent that I ignored my husband and children (code 10)
Individual			
opportunity	Performance-based pleasure	Performing works remained from past, doing sports activities, learning new arts, watching movies and series, thinking and in-depth review of what has happened, creating diversity, gardening, experiencing, taking lessons, becoming patience, coming to terms with conditions, doing activities in other forms, increase of creativity, making money from home activities	I have tried to make myself busy, I have downloaded many embroidery clips and act did embroidery works. I wanted to learn it for a long period of time, with no chance (Code 1)
Threat	Performance-based numbness	Having no motivation, numbness, incapability in doing routine activities, physical inactivity and obesity, having no bed time schedule, dissatisfaction regarding physical status, anxiety, anger, being concerned about becoming sick	I was not in the mood of doing something. I was sleeping from 7a.m. to 7 p.m. and after waking up I did not do anything especial (code 8)
Spiritual			
Opportunity	Making resort to	Praying, sympathy with poor people, helping organizations in sanitizing passages, jihadi activities, learning lesson from, appreciating God, committing less sin (upon females and males less presence at society)	My husband and I along with children have been reading Tavvsol (making resort to Imams) prayer asking God as for the disease to be ended soon (code 11)
Threat	Impatience	Complaining to God, complaining to authorities	From fear of becoming sick either me or my family; I have been complaining to God about this catastrophic disease (code 3)
Health- Related			
Opportunity	Observation	Consuming medicinal plants, consuming nutritional supplements, administering an inhalant, washing hands, using mask and gloves, eating appropriately	Even at home I have been wearing mask, I have been distancing myself from children, water and vinegar has been continuously on heater for air conditioning purposes (code 4)
Threat	Paying no attention	No usage made of mask and gloves, going to parties, going out of house several times a day	Till today, we have used not one mask or glove (code 3)

activities, taking lessons, appreciating God, and less sinful acts (due to the decreased presence of males and females in the society).

4.3.2. Threat: Impatience

The subcategories in this dimensions included complaining to God, others, and authorities due to the prob-

lems the women were involved with.

4.4. Health Dimension

In this dimensions, the interviewees were focused on the health concerns of the subjects at home or when going out, and the results were subcategorized as observation (opportunity) and indifference (threat).

4.4.1. Opportunity: Observation

The subcategories in this dimensions included the use of medicinal plants and nutritional supplements, administering an inhalant, hand washing, using masks and gloves, and eating appropriately. Notably, many of the studied women properly observed health recommendations.

4.4.2. Threat: Inattention

The subcategories in this dimension were no use of masks and gloves, going to parties, and going out several times. As such, health recommendations were not observed properly by two women.

5. Discussion

The current research aimed to describe the lived experiences of women in the home quarantine enforced by the coronavirus pandemic and propose a model to fight the virus in the Iranian community. All the obtained categories addressed the following question:

What have been experienced by women during the home quarantine imposed by the coronavirus spread?

The four dimensions of family, individual, spiritual, and health were extracted from the interviews with the subjects, and the lived experiences of the women were categorized as opportunities and threats. The interviewees took home quarantine into consideration both as an opportunity and a threat. Some of the positive experiences mentioned by the women in this period included dependence on the family, increased intimacy among the family members, individual thinking and growth, occasional spiritual improvement through resorting to God and Imams, tolerating difficult economic conditions through entrepreneurship and saving money, gained importance of the social dimension and changes in the viewpoint of individuals through observation, increased Jihadi activities and unity of the community members, and gained importance of individual and collective health. On the other hand, the negative experiences during the quarantine period were the economic pressure imposed on families, continuous contact of family members and possible tension, increased responsibility of women and their fatigue, boredom of children and higher stress of mothers, fear of an ambiguous and unpredictable future, fear of the sickness of self or the family members, complaining to God, and regrets for inconsiderate community members. A research capable of covering all these concepts has not been conducted yet; however, dispersed psychological studies have been performed regarding the adverse consequences of quarantine, including confusion (8), fear (9, 10), anger (11),

feeling guilty (12), numbness (13), and insomnia (14, 15). Accordingly, the individuals who have fears regarding their own health or disease transmission to others (16) and most of those who are not quarantined are afraid of disease transmission to their families (9). The negative aspects of quarantine have mostly been highlighted, while limited data have been published regarding the positive aspects. Such examples are the increased quality time of couples, individual progress and completing unfinished businesses, efforts to keep the family happy, reduced tension within the family, activities in other forms, and increased sympathy and social unity. The main reason for these positive aspects during the coronavirus quarantine is the unity of family members against outside threats as they constantly make efforts to overcome and/or solve the crisis. This has also appeared in the macro-perspective of the society since everyone is endeavoring to solve the issue. One of the limitations of the present study was that we primarily attempted to interview men and women, and the men had less interest in the subject matter and had to be excluded from the research population; therefore, the findings should be generalized with caution. Further investigations in this regard are recommended considering that numerous aspects of the phenomenon remain unknown. Studies within the country have seldom addressed the issues associated with the coronavirus spread and quarantine, and such studies are required in Iran for compatibility with our culture.

In addition, the review of some of the mechanisms required to be performed by psychologists and mental health professionals is suggested. Psychologists must teach the needed skills by the community in crisis, so that the success of the community members would not be threatened under critical circumstances. In case of improper crisis management, unresolved issues will arise in the future and damage the foundation of the family.

5.1. Conclusion

Previous findings have only highlighted the negative aspects of home quarantine, while we extracted some positive aspects in this regard. Such examples were the increased quality time of couples, personal progress and completing unfinished businesses, trying to keep the family happy, reduced tension within the family, doing activities through others, and increased empathy and social unity, which could be considered the strength of the present study.

Footnotes

Authors' Contribution: The first author, Seyedeh Maryam Pourmousavi: The initial idea, conducting inter-

views, analyzing the findings. Second author: collecting information, supervising work, writing discussions, and conclusions. Third author: collecting information, assisting in methodology, setting tables, assisting in translation.

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